Form **990**

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

^	Ec. 1	ha 2017 cala:-	day year or tay year beginning 7/01 0017 1 "	- 61	20	300.00	0010	P67
			dar year, or tax year beginning 7/01 , 2017, and ending	g 6/			, 2018	
В		if applicable:					fication number	
	\vdash	ddress change	Comm. Foundation of Carroll County, Inc		20-1			
	\vdash	ame change	721 N. Main St. Carroll, IA 51401		E Telephor			
	\vdash	nitial return	Carlori, in Sigui		712-	792	-3508	
	HFi	nal return/terminated						
	ША	mended return			G Gross re			
	A	pplication pending	, ,		a group return		☐ 163 []	
			Same As C Above	H(b) Are all If 'No,'	subordinates attach a list. (included see inst	fructions) Yes	No
<u> </u>		-exempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				,	
J	We	bsite: ► N/	A	H(c) Group	exemption nur	nber ►	-	
K		n of organization:	Corporation Trust Association Other ► L Year of formation	on:	M st	ate of le	egal domicile:	
Pa	ırt I	_ Summar	у					
	1	Briefly descri	be the organization's mission or most significant activities: See Sched	lule 0				_
ģ								
anc								
E								
Activities & Governance	2	Check this bo		re than 2	25% of its r	net as:	sets.	
જ	3 4	Number of in	oting members of the governing body (Part VI, line 1a)dependent voting members of the governing body (Part VI, line 1b)			3	***************************************	9
es	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a)			5		9
ΞΞ	6	Total number	of volunteers (estimate if necessary)			6		<u>0</u> 9
Act	7a		ed business revenue from Part VIII, column (C), line 12			7a	(<u>.</u>
-	b		business taxable income from Form 990-T, line 34			7b		5.
					rior Year		Current Year	
ď	8		and grants (Part VIII, line 1h)		457,2	77.	416,031	Ι.
Revenue	9		vice revenue (Part VIII, line 2g)					<u></u>
эле	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		20,3	19.	26,805	<u>.</u>
ď	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					_
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		477,5	96.	442,836	<u>5.</u>
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	i	234,4	00.	292,728	3.
	14		to or for members (Part IX, column (A), line 4)					
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)					
1Se	16 a	Professional	fundraising fees (Part IX, column (A), line 11e)					
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ►		rent trak a la salah Managan a la salah	ENV.		
ñ	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	24.7 glo §1: 02*0	5,9	52	38,016	
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		240,3		330,744	
	19		s expenses. Subtract line 18 from line 12		237,2		112,092	
- S		-			ng of Current		End of Year	<u>- · </u>
ets	20	Total assets	(Part X, line 16)		L,342,8		1,454,662	
Ass Ba	21	Total liabilitie	s (Part X, line 26)		-,011,0	0.		<u>.</u>
Net Assets or Fund Balances	22	Net assets or	fund balances. Subtract line 21 from line 20	1	L,342,8	11	1,454,662	
	ırt II	Signatur			1,542,0	11.	1,434,002	<u></u>
				he hest of m	ov knowledge :	and hali	ef it is true correct and	
com	plete. C	Declaration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to t arer (other than officer) is based on all information of which preparer has any knowledge.	110 003(01 11	iy kilowicage e	aria ben	or, it is true, correct, and	
								_
Sig	gn	Signatu	re of officer	Da	ate			
He	re	▶ Ste	phanie Hausman	Pres	ident			
		Type or	print name and title					
		Print/Type p	preparer's name Preparer's signature Date	1 10	Check	if	PTIN	
Pa	id	FRANK	J COMITO H-14	1-18	self-employe	d .	P00965277	
	epar		9 000					
	e Or				Firm's EIN	421	1306208	
			Carroll, IA 51401		Phone no.	(712		
Ma	y the	IRS discuss th	is return with the preparer shown above? (see instructions)				X Yes No	

	990 (2017) Comm. For	undation of Ca	rroll County,	Inc	20-	1413585	Page 2
Par		ogram Service Acc					
1	Priofly describe the experie	contains a response o	r note to any line in	this Part III			X
•	Briefly describe the organiza	ation's mission:					
	See_Schedule_O						
2	Did the organization undertake	e any significant program	n services during the v	year which were	not listed on the prior		
_	Form 990 or 990-EZ?					TYes	X No
	If 'Yes,' describe these new	services on Schedule	Ο.			🗌 163	A NO
3	Did the organization cease			how it conduc	ts, any program services?.		X No
	If 'Yes,' describe these char				· · · · · · · · · · · · · · · · · · ·	🗀	21
4	Describe the organization's	program service accor	nplishments for each	n of its three la	rgest program services, as	measured by	expenses.
	Section 501(c)(3) and 501(c) and revenue, if any, for each	c)(4) organizations are ch program service rep	required to report the orted.	e amount of gr	rants and allocations to oth	ners, the total e	xpenses,
4 a		nses \$296,5	89. including gran	its of \$	292,728.) (Revenue	\$)
	See_Schedule_O						
4 b	(Code:) (Expen	nses \$	including gran	ts of \$) (Revenue	\$)
					· · · · · · · · · · · · · · · · · · ·	*	
	/O I : =	A					
4 c	(Code:) (Expen	ıses \$	including gran	ts of \$) (Revenue	\$)
4 d	Other program services (Des	scribe in Schedule O.)	192.000	· · · · · · · · · · · · · · · · · · ·		***************************************	
	(Expenses \$		grants of \$) (Revenue \$)
4 e	Total program service exper	***************************************	296,589.		, , ,		<u>, </u>

. KTAT	1 <u></u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
į	o A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		X
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		Х
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х

BAA

Form **990** (2017)

Form 990 (2017) Comm. Foundation of Carroll County, Inc Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.....

					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0			17/19
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming	12577		AZZ
	(gambling) winnings to prize winners?			1 c		2050.cd
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return					
	· · · · · · · · · · · · · · · · · · ·	2 a	0	*1.1	1911	2.44
b	off at least one is reported on line 2a, did the organization file all required federal employment			2 b	1, 55/57805	Sec. 45.4
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:			ALSMI	THE	
	Did the organization have unrelated business gross income of \$1,000 or more during the year			3 a		X
	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q</i>			3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er auth	ority over, a	4 a		X
		manci	al account):	4 a	THE STATE OF	25 56/8364
	olf 'Yes,' enter the name of the foreign country: •	Λ	mta (EDAD)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				38.39%	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-		5 a 5 b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf					
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did	the organization	6 a		Х
Ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?			6 b		
7	Organizations that may receive deductible contributions under section 170(c).			1000	25 y 37	240
	l Did the organization receive a payment in excess of \$75 made partly as a contribution and p	orth.	for goods and			
č	services provided to the payor?	artiy		7 a	C. Staniera	X
ŀ	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it values 8282?			7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		7.703.3		10 TO
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	$\overline{}$		7e	r diak	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber			7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file					
•	as required?			7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	e orga	nization file a			
	Form 1098-C?Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	 I by the	. ,	7 h	a spektivlen	Les des grits
0	organization have excess business holdings at any time during the year?			8	555.50	ALSONE AND
_				(51000)	000.000	1.194130.5
9	Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?			9 a	. Redivers) Street
	a Did the sponsoring organization make a distribution to a donor, donor advisor, or related per			9 b		
		5011:	, , , , , , , , , , , , , , , , , , , ,	30	125,435	1.837264
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	10 a				150
	g Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 a				
	Section 501(c)(12) organizations. Enter:	100				
	a Gross income from members or shareholders	11 a	Ī		1 1	
		11a		-		
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		1. b. h		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	1	m 1041?	12 a		ļ
I	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			180		
;	a Is the organization licensed to issue qualified health plans in more than one state?			13 a	1	
	Note. See the instructions for additional information the organization must report on Schedu	le O.				
1	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1 4 2 1	1			
		13b				
	c Enter the amount of reserves on hand	13 c	<u> </u>	_ 3.550 v	Joseph	X
	a Did the organization receive any payments for indoor tanning services during the tax year?.			14 a	+	^
200	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	ocned	иие U	14b		(2017

Form 990 (2017) Comm. Foundation of Carroll County, Inc 20-1413585 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... See Sch O Χ 4 5 X Did the organization have members or stockholders?.... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Χ 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8 a b Each committee with authority to act on behalf of the governing body?.... X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a Did the organization have local chanters, branches, or affiliates?

Tea big and organization have local enapters, branches, or anniates:	l IVa	Δ	
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	Х	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		A.M.	W.W.
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	. and Alle
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		Х
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		Х
13 Did the organization have a written whistleblower policy?	13	Х	
14 Did the organization have a written document retention and destruction policy?	14	Х	
 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. 	17	ÿ*	Х
b Other officers or key employees of the organization.	15 a		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	15 b		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Section C. Disclosure			

17	List the states with which a copy of this Form 990 is required to be filed ► None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
~~	

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Mike Nelson 510 W US Highway 30 Carroll IA 51401 712-792-9772

Form 990 (2017)	Comm.	Foundation	of	Carroll	County,	Inc	20-1413585	Page :	7
Part VII Com Inde	pensatio pendent (n of Officers, Contractors	Dire	ectors, Tru	ıstees, Key	Employees,	Highest Compensated Employees,	and	
Check	if Schedule	e O contains a re	snon	ise or note to	any line in t	his Part VII			_

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)							, or a deces,	
(A) Name and Title	(B) Average hours per	Pos than	ition n one s both dir	(do n box, an o ector	ot ch unle: officer /trust	eck moss pers and a ee)	ore son	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) James Gossett	0_									
Director	0	X						0.	0.	0.
(2) Stephanie Hausman	0									
President	0	X						0.	0.	0.
(3) Laura_Lake	0									
Director	0	X						0.	0.	0.
_(4)_Jon_Sturm	0									
Director	0	X						0.	0.	0.
_(5) Jessica Morton	0							_	_	
Director (6) Cine Redding	0	X						0.	0.	0.
_(6) Gina_Badding	0	37						_		
(7) Karen Kienast	0	X				-		0.	0.	0.
Secretary	0 -	Х						0	0	0
(8) Joseph Behrens	0	Λ						0.	0.	0.
Vice President	0	Х						0.	0.	0.
(9) Kevin Milligan	0	1						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(10)								0.	0.	<u> </u>
(11)										
(12)										
(13)										
(14)										

(16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A. 0 0 0 0 0 0	raru	MIN Section A. Officers, Directors, 1rt	(B)	rtey	<u>LII</u>		C)	es, ₍	anc	i nigilest coll	ipensaleu Emp	loyees (continued)
Compensation Comp			hours per	offic	, unle cer ar	ess pe	erson direct	is bott or/trus	h an tee)	Reportable compensation from	Reportable	Estimated amount of other
(15) (16) (17) (18) (29) (21) (22) (23) (24) (25) 1 b Sub-total (24) (25) 1 b Sub-total from continuation sheets to Part VII, Section A.			(list any hours for related organiza tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related
(17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total continuation sheets to Part VII, Section A.	(15)											
(18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total (25) 1 to Sub-total (add lines 1b and 1c) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(16)											
(29) (22) (23) (24) (25) 1b Sub-total continuation sheets to Part VII, Section A. D. O. O. O. d. d. Total from continuation sheets to Part VII, Section A. D. O. O. O. d. d. Total (add lines 1b and 1c). O. O. O. O. d. d. Total (add lines 1b and 1c). O. O. O. O. O. d. d. Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, "complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, "complete Schedule J for such person. 5 Lost Independent Contractors 1 Complete bits lable for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(17)											
(20) (21) (22) (23) (24) (25) 1 b Sub-total	(18)											
(21) (22) (23) (24) (25) 1 b Sub-total	(19)											
(22) (23) (24) (25) 1 b Sub-total (25) 1 total from continuation sheets to Part VII, Section A. (27) 1 total (add lines 1b and 1c). 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person. 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(20)											
(23) (24) (25) 1 b Sub-total 1 c Total from continuation sheets to Part VII, Section A. 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(21)											
(24) (25) 1 b Sub-total	(22)											
1 b Sub-total	(23)			-								
1 b Sub-total C Total from continuation sheets to Part VII, Section A D D D D D D D D D D D D D D D D D D	(24)											
c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(25)											
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No									>			
from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	d T	otal (add lines 1b and 1c)							>	0.	0	. 0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		•	to those	iistea	abo	ve)	wno	recei	ivea	more than \$100,00	or reportable com	
such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	01	n line 1a? If 'Yes,' complete Schedule J for suc	ch individu	ual					• • • •			
For services rendered to the organization? If 'Yes,' complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	4 Fe th se	or any individual listed on line 1a, is the sum o ne organization and related organizations great such individual	f reportab er than \$' 	ole co 150,0	mpe 00?	ensa If '	atior <i>Yes,</i>	and <i>con</i>	l oth nple	ner compensation ete Schedule J for	from 	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	5 D	id any person listed on line 1a receive or accruor services rendered to the organization? If 'Yea	ie compei s,' comple	nsatio	on fr che	rom dule	any J fo	unre or sue	elate ch p	ed organization or person	individual	
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 C	omplete this table for your five highest comper	nsated inc	leper	nden	nt co	ontra	ctors	s tha	at received more	than \$100,000 of	
		<u> </u>		uie c	alei	iuai	yea	enu	iiig v	-		
		, , ,		ited t	o th	ose	liste	d abo	ove)	who received more	e than	

Гаг	tgaristEs	Check if Schedule O		sponse or note to an	y line in this Part V	nini		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns	1	а	6.	WY - W - DAY	***************************************	
oun	b	Membership dues	1	b				
S, G	С	Fundraising events	1	С				
Sift lar		Related organizations		d				
imi	е	Government grants (contributi	ons) <u>1</u>	e 267,345.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, g similar amounts not included	grants, and above 1	f 148,686.				
	g	Noncash contributions included	d in lines 1a-1f:					
Sol	h	Total. Add lines 1a-1f			416,031.	\$ 0:		
				Business Code				
Program Service Revenue	2 a				The Brooks for Christian County and American acceptance and Appeal	1 - 20 m/ -		
Be B	b							
içe.	С							
Sen	d							
E	е							
gu		All other program service						
Ĕ	-	Total. Add lines 2a-2f						
	3	Investment income (inc	luding divide	nds, interest and				
		other similar amounts).			40,100.	29,103.		
	4 Income from investment of tax-exempt5 Royalties		•					
	5	Royalties	(i) Real		Compart of the Fig. 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	1 1949 CM2		
	6.	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses				<i>\$</i>		
		Rental income or (loss)						
	d Net rental income or (loss)				A. Collection			
			(i) Securities					
	7 a	Gross amount from sales of assets other than inventory	23,53					
	1-	-	23,32	751.				
	D	Less: cost or other basis and sales expenses	26,56	58				
	С	Gain or (loss)	-3,02		- The			
		Net gain or (loss)			-2,298.	-2,298.		
d)		Gross income from fund			7	1,250.		
ž	- u	(not including. \$	_					
3Ve		of contributions reporte	d on line 1c).		13. 420. 281.26			
Ä		See Part IV, line 18		. a				
Other Revenue		Less: direct expenses						
ō	С	Net income or (loss) from	om fundraisin	g ev <u>ents</u>				
	9 a	Gross income from gan See Part IV, line 19	ning activities	s. , a				
	b	Less: direct expenses						
		Net income or (loss) from			_ 1 lists the revisibility and lists in windows.	Francis Line (1)		
					3740036000000000		<i>\$</i>	
	iva	Gross sales of inventor and allowances	y, 1655 fetulli	. a			(a)	
	b	Less: cost of goods sole	d	. b				
	С	Net income or (loss) from	om sales of ir	nventory		Access to the later and the horizontal		
		Miscellaneous Reven	ue	Business Code				A SEA MARKET
	11 a							
	b							
	С	T						***************************************
	-	All other revenue		<u> </u>				
		Total. Add lines 11a-11						
	12	Total revenue. See inst	ructions		442 836	26 805	1	1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX......

Da :-	Crieck if Scriedule O contains a r	(A)	(B)	(C)	(D)
6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total èxpenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	292,248.	292,248.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	480.	480.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	27,585.	2,896.	24,689.	
	Legal				
	: Accounting	1,680.		1,680.	
	Lobbying	1,375.	Totale and an admirator of the state of the	1,375.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	3,836.		3,836.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	1,600.		1,600.	
12	Advertising and promotion	1,930.	965.	965.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
;	a Utilities	10.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.	
	b Misc				
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	330,744.	296,589.	34,155.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Comm. Foundation of Carroll County, Inc

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	4,245.	1	9,530.
	2	Savings and temporary cash investments	375,376.	2	265,830.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments — publicly traded securities	963,223.	11	1,179,301.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	W 40
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,342,844.	16	1,454,662.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
/A	20	Tax-exempt bond liabilities		20	
Įį.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	actives sectionally developed and the pro-	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Šes		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	263,073.	27	78,204.
3 <u>a</u>	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets	1,079,771.	29	1,376,458.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ŝ	30	Capital stock or trust principal, or current funds	The state of the s	30	***************************************
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u> t	33	Total net assets or fund balances	1,342,844.	33	1,454,662.
_	34	Total liabilities and net assets/fund balances	1,342,844.	34	1,454,662.
ВА	Α				Form 990 (2017

Forn		1413585	P	age 12
Pai	t XIII Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	442,	836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	330,	744.
3	Revenue less expenses. Subtract line 2 from line 1	3	112,	092.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,342,	844.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	_	270.
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9		-4.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
[200	column (B))	10	1,454,	<u>662.</u>
Pai	TXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		56 560 F EXEGS	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
ı	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		20	
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
1	alf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Comm. Foundation of Carroll County, Inc 20-1413585 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations.... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes Nο (A) (B) (C) (D) (E) Total

20-1413585 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		ted below, piedse		• • • • • • • • • • • • • • • • • • • •		
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	142,327.	505,960.	390,712.	457,277.	416,031.	1,912,307.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	142,327.	505,960.	390,712.	457,277.	416,031.	1,912,307.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,				82,694.
6	Public support. Subtract line 5 from line 4	52 °			,	·	1,829,613.
Sec	tion B. Total Support	-					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	142,327.	505,960.	390,712.	457,277.	416,031.	1,912,307.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,737.	10,586.	14,884.	20,319.	26,805.	78,331.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10	itios eta (cas inc	tructions			110	1,990,638.
	Gross receipts from related active	,	•			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) 	▶ □
	tion C. Computation of Pu Public support percentage for 20			11 (0)			
14 15	Public support percentage from	*	• •				91.91 %
	33-1/3% support test—2017. If t and stop here. The organization	he organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	k this box
b	33-1/3% support test—2016. If the and stop here. The organization	ne organization did	t not check a box	on line 13 or 16a	and line 15 is 3	3-1/3% or more (check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est—2017. If the or meets the 'facts-a s-and-circumstanc	ganization did no and-circumstances es' test. The orga	t check a box on to test, check this nization qualifies	line 13, 16a, or 10 box and stop her as a publicly sup	5b, and line 14 is e. Explain in Par ported organization	10% t VI how on►
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	e. Explain in Par ed organization .	t VI how the ▶
18	Private foundation. If the organi	ization did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see in	structions

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	osts listed below,	picase complete i	art II.)				
Calend	lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	7	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(b) 2014	(0) 2010	(u) 2010	(e) 2017		(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge			. 60				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)	ge.					·	
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	7	(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, a	or fifth tax year as	a section 50	01(c)(3)	▶
	tion C. Computation of Pul							
	Public support percentage for 20						15	%
	Public support percentage from 2						16	%
	tion D. Computation of Inv							
17	Investment income percentage for						17	%
18	Investment income percentage for	rom 2016 Schedu	le A, Part III, line	17			18	%
	33-1/3% support tests—2017. If to not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organi	zation	
	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qι	ualifies as a public	ly supported	l organiza	tion 🟲 🔝
20	Private foundation. If the organize	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	l see instruc	tions	▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* 'Yes,' provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ì	3a		
	3b		
	3c	Prosta Post You	
	4a	Ville (A) Ville (A) Ville (A)	76 (30%)
	4b		.'
	4c	in all	
	5a		
	5a 5b	ing stall	
	5c		
	7	Y.	
,'	8		
	9a		
	9b		
	9c		
5, '	10a	A 7 252251 FS	
- 00	10b		
า 99	u or s	230-ピ	Z) 2017

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

20-1413585

rai	Type in Non-Functionally integrated 303(a)(3) Supporting Orga	IIIZa	110115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	lov. 20, 1970 (explain in st complete Sections A t	Part VI). See hrough E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	DMAN Living		
	A Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount		muster 1 august – Lander State (1982) 1 august – Lander State (1982)	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	T 10	
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	egrate		
BA	A		Schedule A (Fo	orm 990 or 990-EZ) 2017

	V.			
Sche	dule A (Form 990 or 990-EZ) 2017 Comm. Foundation of	Carroll County.	Inc 20-141	.3585 Page 7
	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continued)	
	tion D – Distributions	.,	<u></u>	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	72.00		
6	Other distributions (describe in Part VI). See instructions.		N.E. N.E.	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide o	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			e de la companya de l
3	Excess distributions carryover, if any, to 2017		17.00	
a				
Ł	From 2013		7	
C	From 2014			
C	From 2015			
e	From 2016			
•	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
ŀ	Applied to 2017 distributable amount	4.		
	Carryover from 2012 not applied (see instructions)	30 No.		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		la.	
4	Distributions for 2017 from Section D, line 7: \$		P	
ē	Applied to underdistributions of prior years			8
t	Applied to 2017 distributable amount			
C	: Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	A.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:		1.0	
	Excess from 2013			
	Excess from 2014			

BAA

c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Comm. Foundation of Carroll County, Inc 20-1413585 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

Comm. Foundation of Carroll County, Inc 20-1413585				
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the General	Rule or a Special Rule.			
	nization can check boxes for both the General Rule and a S	necial Rule. See instructions.		
General Rule	and a c	poolar raior oco monacatorior		
	, or 990-PF that received, during the year, contributions tota	ding \$5,000 or more (in manay or		
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contributions	cor's total contributions.		
Special Rules				
X For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1	ort test of the regulations		
received from any one contributor, during the	ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	2% of the amount on (i)		
Form 990, Part VIII, line 1h; or (ii) Form 990	0-EZ, line 1. Complete Parts I and II.			
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit	rom any one contributor,		
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	erary, or educational		
purposes, or for the prevention of cruenty to	complete it aris 1, 11, and 111.			
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	rom any one contributor		
	r religious, charitable, etc., purposes, but no such contribution			
\$1,000. If this box is checked, enter here th	e total contributions that were received during the year for a	n <i>exclusively</i> religious,		
	ny of the parts unless the General Rule applies to this organi			
it received <i>nonexclusively</i> religious, charitan	ole, etc., contributions totaling \$5,000 or more during the year	ır		
Caution. An organization that isn't covered by t	the General Rule and/or the Special Rules doesn't file Sched	ule B (Form 990, 990-EZ, or		
990-PF), but it must answer 'No' on Part IV, lin	the General Rule and/or the Special Rules doesn't file Sched te 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EŻ or on its Form 990-PF,		
i are if the E, to octary that it doesn't infect the	ming requirements of confedure D (FOITE 330, 330-EZ, OF 330	77 I Ji		

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

1 of

1 of Part I

Employer identification number

Comm.	Foundation of Carroll County, Inc	20-12	413585
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	ce is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Grow Greene County PO Box 437 Jefferson, IA 50129	\$41,803.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	William Opperman 1401 Center St Manning, IA 51455	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	New Way Ford 30711 Hwy 141 Coon Rapids, IA 51463	\$ <u>\$12,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Spangler Automotive 125 E 9th St Glidden, IA 51443	 \$\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

L to

of Part II

Name of organization

Comm. Foundation of Carroll County, Inc

Employer identification number

20-1413585

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received 316.456 shares of Weitz Funds Partners Value Fund 2_ 9/05/17 9,978. (b)
Description of noncash property given (a) No. from (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

1 to

of Part III

Name of organization Employer identification number Comm. Foundation of Carroll County, Inc 20-1413585 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (d) Description of how gift is held (a) No. from (c) Use of gift Part I N/A Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

		rganizations: Complete Part III.			
Name	of organization Comm. Fo	oundation of Carroll County	, Inc	Employer identifica	tion number
F = 10 to			•	20-141358	5
		rganization is exempt under section			zation.
1	Provide a description of the (see instructions for definition	organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.	
		xpenditures (see instructions)			
		campaign activities (see instructions)			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	> \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
Ŀ	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the o	rganization is exempt under section	on 501(c), except	section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities ►\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	exempt	
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		-			1 1 1 1 1
	organization made payments amount of political contribution segregated fund or a politica	and employer identification number (EIN) s. For each organization listed, enter the ar is received that were promptly and directly del al action committee (PAC). If additional spa	mount paid from the fivered to a separate po ace is needed, provide	iling organization's fund litical organization, such e information in Part IV	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if		tion of Carroll is exempt under se		20-141	
section 501(the organization [h)).	is exempt under se	ction 50 I(c)(5) and	illed Form 5/68 (6	election under
A Check ► if the filin	g organization belongs	to an affiliated group (and	list in Part IV each affilia	ated group member's nar	ne,
_		share of excess lobbying	· ·		
B Check ► ☐ if the filin	ng organization check	ked box A and 'limited co	ntrol' provisions apply.		
	-	is amounts paid or incur	· ·	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit			-		
b Total lobbying expendit					
c Total lobbying expendit	•	•			
d Other exempt purpose					
e Total exempt purpose e		·			
f Lobbying nontaxable ar both columns					
If the amount on line 1e, col		The lobbying nontaxable	amount is:		
Not over \$500,000		0% of the amount on line 1e.			
Over \$500,000 but not over \$1		1100,000 plus 15% of the excess	· · · · · · · · · · · · · · · · · · ·		
Over \$1,000,000 but not over \$		175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000		3225,000 plus 5% of the excess 31,000,000.	over \$1,500,000.		
g Grassroots nontaxable					
h Subtract line 1g from lin		·			
i Subtract line 1f from lin					
j If there is an amount other				roporting	
section 4911 tax for this	s year?	ine in or fine it, ala the ort	4/20	reporting	Yes No
		-Year Averaging Period	Under section 501/h)		
(Som	ne organizations that	made a section 501(h) elow. See the separate inst	lection do not have to d		
	Lobby	ring Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount	Employ Book on the Control of the Co		S -		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Fo	rm 990 or 990-EZ) 2017

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(crection under section so i(ii)).			(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X	X	1,375.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
i Other activities? j Total. Add lines 1c through 1i		X	1,375.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ģť	X	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	
Were substantially all (90% or more) dues received nondeductible by members?			Yes No

F

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
	b Carryover-from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Comm. Foundation of Carroll County, Inc. 20-1413585 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes Nο Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1..... b Assets included in Form 990, Part X.....▶\$

Schedule D (Form 990) 2017 Comm. Part III Organizations Maintai	Foundati	tion of	Carroll of Art, Histo	Cou orical	nty, In Treasure	es, or O	20-141 ther Similar Ass	3585 ets (c		Page 2 ed)
3 Using the organization's acquisition, items (check all that apply):	accession, and	d other re	cords, check a	any of t	he following	that are a	significant use of its	collectio	n	
a Public exhibition			d Loan	or exc	hange prog	rams				
b Scholarly research			e Other							
c Preservation for future genera										
4 Provide a description of the organiza Part XIII.							,			
5 During the year, did the organizat to be sold to raise funds rather th	tion solicit or r	eceive d	onations of a	rt, histo	orical treasu	ires, or o	ther similar assets	Yes		¬ _{No}
Part IV Escrow and Custodial	Arrangeme	ante C	s part or the c	the o	canization's com	ection?	orod 'Voc' on Fo			No
line 9, or reported an a	amount on F	orm 9	90, Part X,	line 2	21.	/// allsw	ered res offic		U, Fai	ιιν,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian	or other	intermediary	for co	ntributions	or other a	assets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement	in Part XIII an	id compl	ete the follow	ing tab	le:				L	
								Amoun	t	
c Beginning balance							1 c			
d Additions during the year							1 d			
e Distributions during the year							1 e			
f Ending balance							1 f			
2 a Did the organization include an a								Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. C	heck her	e if the expla	nation	has been p	rovided c	on Part XIII		[
Part V Endowment Funds. Co	omplete if the	he orga	anization ar	nswer	ed 'Yes'	on Form	n 990. Part IV. lir	ne 10.		
	(a) Current y		(b) Prior yea		(c) Two year		(d) Three years back		Four years	s back
1 a Beginning of year balance	1,342,	844.	1,105,5		940	0,538.	602,937	+ • •		219.
b Contributions	416,		457,2			712.	505,960			327.
c Net investment earnings, gains,						•			······································	
and losses	26,	805.	20,3	324.	14	1,884.	10,586		5,	737.
d Grants or scholarships	292,	728.	234,4	100.	229	9,882.	175,955		204,	912.
e Other expenditures for facilities and programs							0 .			
f Administrative expenses	38,2	290.	5,9	52.	10	0,657.	2,990		1,	434.
g End of year balance	1,454,		1,342,8		1,105	5,595.	904,538		602,	937.
2 Provide the estimated percentage		t year er	nd balance (lir	ne 1g,	column (a))	held as:				
a Board designated or quasi-endowme		5.	<u>40</u> %							
b Permanent endowment ►	94.60 %									
c Temporarily restricted endowmen			8							
The percentages on lines 2a, 2b, an	ıd 2c should eqi	ual 100%								
3 a Are there endowment funds not in the	ne possession d	of the org	anization that	are held	d and admin	istered for	the			
organization by:									Yes	No
(i) unrelated organizations								. 3a(i)		X
(ii) related organizations								(/		X
b If 'Yes' on line 3a(ii), are the rela								. 3b		
4 Describe in Part XIII the intended		rganizati	on's endowm	ent fun	ids. See	Part	XIII			
Part VI Land, Buildings, and I Complete if the organization		vered '\	∕es' on For	m 990). Part IV	. line 1	1a. See Form 99	0. Pai	t X. lir	ne 10.
Description of property		a) Cost o	r other basis	(b)	Cost or oth	ner	(c) Accumulated		Book va	
1 a Land		(IIIVE	oanony	L	را الالال	, (48)(8)	depreciation			
b Buildings					***************************************	1.78%	<u>. 1985</u> 11 - 11 - 11 - 12 - 12 - 12 - 12 - 12			
c Leasehold improvements	ļ									Alone to the second to
d Equipment			PARTITION OF THE PARTIT							
e Other	L									
Total. Add lines 1a through 1e. (Column		ıal Form	990, Part X.	columr	1 (B), line 1	0c.).	>		-	0.
ВАА	, ,		, ,		(-),	/		ule D (F	orm 990	

Schedule D (Form 990) 2017 Comm. Foundation of	of Carroll Coun	ty, Inc	20-1413585 Page 3
Part VII Investments — Other Securities. Complete if the organization answered		N / D	Form 000 Dark V line 10
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives		(o) motified of validation, o	ost of Glu-of-year market value
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		Tantos tinam (Alapasea, Amorayan ambasa, amo	
Part VIII Investments — Program Related		N/A	
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11c. See	Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)	_		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	N/A	D11/ 12 11 1 0	E 000 D 134 H
Complete if the organization answered (a) Des	cription	, Part IV, line 11d. See	(b) Book value
(1)			(b) Dook value
(2)			
(4)			
(5)			
(6)			
(7)			
(9)		The County Count	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		
Part X Other Liabilities.	rm 000 Dort IV line 11	11f O E 000 D)	/ I: OF
Complete if the organization answered 'Yes' on Fo (a) Description of liability	(b) Book value	e or 111. See Form 990, Part X	(, line 25
(1) Federal income taxes	(a) = seri varias		
(2)			
(3)			
(5)		\dashv	
(6)			
(7)			
(8) (9)			
(10)			
(11)			
	>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fina	ancial statements that reports the orga	anization's liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote ha			
₩ . W	TEEA3303L 08/10/17		Schedule D (Form 990) 2017

ě			
Schedule D (Form 990) 2017 Comm. Foundation of Carroll Count	ty, Inc	20-1413585	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per Return. N/A	
Complete if the organization answered 'Yes' on Form 990	, Part IV, line 1	2a.	
1 Total revenue, gains, and other support per audited financial statements			*****
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			***************************************
Part XII Reconciliation of Expenses per Audited Financial Statem	nents With Exp	enses per Return, N/A	
Complete if the organization answered 'Yes' on Form 990	, Part IV, line 1.	2a.	
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 Subtract line 2e from line 1.....

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

The endowment funds are designed to generate income such that a percentage of the fund will be available in perpetuity to fund various projects through qualified grants for the benefit of the citizens of Iowa.

4 c

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-1413585

% U

XYes

See Part IV

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I | General Information on Grants and Assistance

Comm. Foundation of Carroll County, Inc

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) City of Glidden IA							resurface
108_Idaho							basketball
Glidden, IA 51443	42-6004712 501 (c) (3)	501(c)(3)	10,000.	.0			court
(2) City of Dedham IA							NFPA compliant
<u>City_Hall</u>							airpacks for
51440	42-1182423 501(c)(3)	501(c)(3)	8,000.	0.			fire de
(3) City of Coon Rapids IA							
123_3rd_Ave							publish
Coon Rapids, IA 50058	42-6004414 501 (c) (3)	501(c)(3)	7,000.	.0			community guide
(4) City of Lake View IA							historical
305_Main_St							kisoks &
Lake View, IA 51450	42-6004856 501 (c) (3)	501(c)(3)	26,150.	0.			Speaker Park
(5) City of Odebolt IA							museum wiring
205 W_2nd St							and ceiling
Odebolt, IA 51458	42-6005057 501(c)(3)	501(c)(3)	13,317.	0.			project
(6) Sac County Fair Board							install
<u>210_Park_Ave</u>							handrails &
Sac City, IA 50583	42-1211743 501 (c) (3)	501 (c) (3)	5,947.	0.			walkways for gr
7 City of Schaller							install Welcome
101_S_Main_St							to Schaller
	42-6005186 501(c)(3)	501(c)(3)	12,047.	0.			signs
(8) Coon Rapids Bayard Comm Schoo							
905_North_St							educational
8	42-6039185 501 (c) (3)	501(c)(3)	22,700.	0.			assistance
2 Enter total number of section 501(c)(3) and government organizations	3) and government o	rganizations listed i	listed in the line 1 table				16
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table				A	
	2000						

Schedule I (Form 990) (2017)

TEEA3901L 08/10/17

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

20-1413585

Page 2

Comm. Foundation of Carroll County, Inc

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

morphic condo in the management of the control of the condo in the con	200000000000000000000000000000000000000				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
ဆ					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information	required in Part I,	line 2; Part III, col	umn (b); and any other	additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Once an applicant has been approved for a grant, the Organization requires:

- A written certification by the grantee that the grant will be used for the
- purposes as described in its application.
- A summary of the project's costs, as well as supporting documentation for 2
- expenditures for the project such as invoices, photographs of the completed project, etc.
- 3. A final report describing the project its implementation, a discussion of its impact upon the community.
- Photographs of the project or impact of the project, any news articlels or 4.

BAA

Schedule I (Form 990) (2017)

2017

Schedule I, Part IV - Supplemental Information

Page 3

Client 005

Comm. Foundation of Carroll County, Inc

20-1413585

11/14/18

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Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

letters, website acknowledgements, or other recognition of the Organization or its affilliate's contribution to the project.

5. In the case of a large project, the Organization might also do a site visit to visually inspect the project.

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2017 accesible doors development of (h) Purpose of grant or assistance all inclusive οŧ modernizing playground streescape playground campground accessible electrical Veteran's refurbish Memorial handicap handicap Jathroom Continuation Page Employer identification number project ibrary Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) master 20-1413585 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 20,000. 15,000. 10,000. 21,803. 14,000. 20,000. 9,800 6,000 TEEA4001L 08/10/17 (c) IRC section (if applicable) 42-6005309|501(c)(3) 42-6004322|501(c)(3) 42-6005274 501 (c) (3) 42-1102094 501 (c) (3) 42-1427287 501 (c) (3) 42-6005179|501(c)(3)42-1126662 501 (c) (3) 26-1509209 501 (c) (3) Inc Comm. Foundation of Carroll County, **(b)** EIN Carroll Area Child Care Cente Manning Betterment Foundation Carroll Public Library Founda (a) Name and address of organization or government _ Manning Community Services_ City of Templeton, IA City_of Wall Lake IA Wall Lake, IA 51466 City of Carroll, IA 17944 Kittyhawk Ave. Templeton, IA 51463 Sac City, IA 50583 Manning, IA 51455 Carroll, IA 51401 Carroll, IA 51401 Manning, IA 51455 Carroll, IA 51401 __Sac_County,_IA_ 716 N Grant Rd 2970 280th St. 721_Center St 721_Third_St 113 W 7th St PO Box 106 Name of the organization PO Box 37

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Comm. Foundation of Carroll County, Inc.

Employer identification number 20-1413585

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The Organization's purpose is to administer various charitable funds, including funds received from the State of Iowa to be used for the benefit of the citizens of Carroll and Sac counties. The Organization administers and grows various 501(c)(3) endowment funds, including those endowment funds created for each county under state statute, for the benefit of Iowa citizens.

Form 990, Part III, Line 1 - Organization Mission

The Organization's purpose is to administer various charitable funds, including funds received from the State of Iowa to be used for the benefit of the citizens of Carroll and Sac counties. The Organization administers and grows various 501(c)(3) endowment funds, including those endowment funds created for each county under state statute, for the benefit of Iowa citizens.

Form 990, Part III, Line 4a - Program Service Accomplishments

The Organization directly administers multiple funds, including six endowment funds according to the federal and state requirements, and the National Standards for Community Foundations. The majority of the direct support for the Organization is received from the State of Iowa, currently for the benefit of Carroll County and Sac County. Of those funds, 25% are required to be placed in permanent endowments for the benefit of the citizens of Carroll County and Sac County. The remaining funds from the State are to be used for the public benefit of each county to enhance the cultural, educational, and recreational opportunities, as well as for the public health and safety of local communities and other community opportunities. The Organization will only provide grants to qualified projects meeting the charitable objectives to benefit community citizens and to governmental organizations or those recognized as eligible charitable organizations under 26 U.S.C. § 501(c)(3) or those

Employer identification number

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Form 990, Part III, Line 4a - Program Service Accomplishments

their stated functions, under the Organization's governing criteria.

During the current year the Organization awarded 47 grants for the following types of projects: veterans flag tribute, grandstand barrier at county fairgrounds and the installation of handrails and walkways, design room for early learning and after school programs, trail head signage, update and automate library, veteran's memorial, year round use and accessibility shelter, accessibility to medical clinic, hard surfacing trail bridges, campground electrical project, splash pad at park, historical kiosks at park, safe sidewalks at a nursing home, welcome signs, museum wiring and ceiling project, replacing pea gravel on day care playground, video projector, outdoor learning center, handicap accessible viewing deck on trail, materials for daycare curriculum, update Head Start curriculum, handicap accessible doors, paint for a restored historical church, folding chairs for VFW, outdoor surveillance system, artificial turf for playground, equipment for legal aid, replacing roof on historical train depot, city street scape project, senior meal program, resurface outdoor basketball court, computers for patrol cars, publishing a community guide, support of an all inclusive playground, construction of concession stand, computers for the training in mental illness, training materials for volunteers, electronic medication administration records, shower house, micro floor scrubber, improvements to public library and refurbishing playground at daycare.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

The Organization changed Article III of its Articles of Incorporation to read as follows:

The Corporation is organized exclusively for charitable, religious, educational, scientific, literary, public, and safety purposes, including, for such purposes, the

20-1413585

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, and its future amendments and revisions.

To carry out its purposes, the Corporation shall receive property by gift, devise, bequest, grant, or otherwise, shall invest and protect the principal as is prudent, shall distribute the earnings in the form of grants to or on behalf of person, firms, associations, societies, or corporations whose primary purpose is devoted to the betterment and advancement of the civic, social, cultural, recreational, educational, and artistic life, as well as the health and safety of the citizens of Iowa.

The Organization also did a complete re-write of its bylaws, a copy of which are attached.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Rounding \ddagger Total \ddagger = -4.

BYLAWS OF COMMUNITY FOUNDATION OF CARROLL COUNTY

ARTICLE I. OFFICES

The principal office of the Community Foundation of Carroll County ("CFCC") shall be located at 510 West U.S. Highway 30, Carroll, Iowa 51401. The CFCC may have other offices within the State of Iowa, as the board of directors may determine or as the affairs of the foundation may require.

The CFCC shall maintain in the State of lowa a registered office, and a registered agent whose office is identical with the registered office, as required under the lowa Nonprofit Corporation Act. The registered office may be, but not need be, identical with the principal office in the State of lowa, and the address of the registered office may be changed from time to time by the board of directors.

ARTICLE II. MEMBERS

The CFCC shall have no members.

ARTICLE III. PURPOSE AND FUNCTION

Section 1. General. The purpose for which the CFCC is formed is to promote the welfare of the citizens of lowa in order to contribute to the citizens' quality of life by supporting the arts and culture, economic development, education and learning opportunities, the environmental, citizens' health and welfare, recreational activities, high-impact community opportunities, and similar projects and opportunities.

Section 2. Gifts and Expenditures. Gifts or donations to the CFCC or its affiliates may be:

- a. Unrestricted gifts, which shall be used in accordance with the best judgment of the board of directors in keeping with the purpose of the CFCC.
- b. Restricted or designated gifts, which shall be used for specific purposes as defined in the agreement, in keeping with the purpose of the CFCC.
- c. Grants, which shall be used in accordance with the grant requirements and the best judgment of the board of directors in keeping with the purpose of the CFCC.

For those funds set up as endowment funds, the CFCC shall implement an annual spend rate not to exceed five percent (5%) of the fund's accumulated principal and such funds shall be disbursed to further the stated objectives of the CFCC and its affiliates. Grants received from the County Endowment Fund established in Section 15E.311 of the Code of lowa, shall be disbursed in accordance with the provisions of Section 15E.311. Other grants received by the CFCC, shall be disbursed in accordance with the terms of the grant and consistent with the purpose and objectives of the CFCC.

- Section 8. Vacancies. Any vacancy occurring in the board of directors and any directorship to be filled by reason of an increase in the number of directors, shall be filled by the board of directors. A director elected to fill a vacancy shall be elected for the unexpired term of the director's predecessor in office.
- Section 9. Compensation. Directors shall not receive any stated salaries for their services, but by resolution of the board of directors, a fixed sum and expenses of attendance, if any, may be allowed for attendance at each regular or special meeting of the board.

Section 10. Informal Action by Directors. Any action required by law to be taken at a meeting of directors, or any action which may be taken at a meeting of directors, may be taken without a meeting if a majority of the directors consent in a writing, which includes a writing by electronic mail, setting out the action so taken, and acknowledged and affirmed by a majority of the directors.

ARTICLE V. OFFICERS

- Section 1. Officers. The officers of the CFCC shall consist of a president, a vice president, a secretary, and any other officers as the board of directors may from time to time deem necessary.
- Section 2. Election and Term of Office. The officers of the CFCC shall be elected annually by the board of directors at the regular annual meeting of the board. New offices may be created and filled at any meeting of the board of directors. Each officer shall hold office until their successor shall be elected and qualified.
- Section 3. Removal. Any officer elected or appointed by the board of directors may be removed by the board of directors whenever, in its judgment the best interests of the foundation would be served by such director's removal. However, such removal shall be without prejudice to the contract rights, if any, of the officer so removed.
- Section 4. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification, or otherwise, may be filled by the board of directors for the unexpired portion of the term.
- Section 5. President. The president shall be the principal executive officer of the foundation and shall, in general, supervise and control all of the business and affairs of the foundation. The president shall preside at all meetings of the foundation and of the board of directors. He or she may sign, with the secretary or other proper officer of the foundation authorized by the board of directors, any deeds, mortgages, bonds, contracts, or other instruments which the board of directors has authorized to be executed, except in cases where the signing and execution shall be expressly delegated by the board of directors or by these bylaws or by the state to some other officer or agent of the foundation; and he or she shall perform all duties incident to the office of president and such other duties as may be prescribed by the board.
- Section 6. Vice President. The Vice President shall be the second officer in the chain of command, may be required to provide notices to the directors on behalf of the president, and shall accept and perform the duties and exercise the power of the president in his or her absence.

Section 7. Secretary. The secretary shall take and distribute the minutes of the meetings of the foundation and of the board of directors, as well as any other duties required by the board of directors.

ARTICLE VI. RECORD MAINTENENCE, COMPLIANCE, INVESTMENT

The CFCC, in order to fulfill its mission, may require additional resources to perform due diligence and compliance functions on behalf of the organization. These functions include record retention, acceptance and acknowledgement of donations and gifts, the granting of funds, the prudent investment of assets, bookkeeping, accounting, and completing and filing appropriate compliance documents in compliance with federal and state statutes, regulations, and rules for non-profit IRC Section 501(c)(3) organizations, as well as many other potential functions. In able to fulfill these functions, the board of directors may hire or appoint:

Section 1. Administrator. The board of directors may authorize and contract with an administrator to perform compliance and investment related duties for the CFCC. Such administrator shall be a corporate entity. Duties delegated to the administrator may include the duties enumerated above, as well as authority to contract for services on behalf of the organization. Any such administrator shall be recognized as competent in the handling of such duties, shall be of good reputation, shall be bondable, and shall be held to CFCC standards and shall be subject to oversight by the board.

Section 2. Employees. The board of directors may hire employees to perform compliance duties for the CFCC. Duties may include items enumerated above, as well as other functions, including handling the day to day activities of the CFCC. Any employee hired shall be held to CFCC standards and shall be subject to oversight and supervision by the board.

Section 3. Financial Advisor. The board of directors may authorize and contract with a financial consultant/advisor/custodian to maintain financial accounts and to safeguard and invest the foundation's assets. Such financial advisor shall be held to CFCC standards and shall be subject to oversight by the board.

ARTICLE VII. FISCAL YEAR

The fiscal year of the foundation shall begin on the first day of July and end on the last day of June in each year.

ARTICLE VIII. WAIVER OF NOTICE

Whenever notice is required to be given under the provisions of the lowa Nonprofit Corporation Act or under the provisions of the articles of incorporation or the bylaws of the CFCC, a waiver in writing signed by the persons entitled to the notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of notice.

ARTICLE IX. AMENDMENTS TO THE BYLAWS

These bylaws may be altered, amended, or repealed and new bylaws may be adopted by a majority of the directors at any regular meeting or any special meeting, if at least two days' written notice is given of intention to alter, amend, or repeal or to adopt new bylaws at the meeting.

The Adopted this <u>Alay</u> of <u>Argust</u>, 2018 by the Board of Directors of the Community Foundation of Carroll County.

Stephanie Hausman, President

Community Foundation of Carroll County