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Form 990-PF	
Department of the Treasury Internal Revenue Service	

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

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

For	calendar year 2013 or tax year beginning		, and ending		
Nar	me of foundation			A Employer identification	number
Ţ	HE SUKUP FAMILY FOUNDATION	N		42-1488675	
Nun	nber and street (or P O box number if mail is not delivered to street	Address)	Room/suite	B Telephone number	
_1	379 BEEDS LAKE DRIVE	641-892-42	22		
	y or town, state or province, country, and ZIP or foreign po IAMPTON, IA 50441	ostal code		C If exemption application is po	ending, check here
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	check here
u	Final return	Amended return	The public charts	p 1,1 oroign organizations	, condox note
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H C	Check type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	us was terminated
		Other taxable private founda		under section 507(b)(1)	
1 Fa	air market value of all assets at end of year J Accountir	=	Accrual	F If the foundation is in a 6	
		her (specify)	nacie I	under section 507(b)(1)	(B), check here
_	-\$ 921,810. (Part I, coluinant Analysis of Revenue and Expenses			(a) Advicted pot	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	1,400,000.			
	2 Check If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,327.	3,327.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents b Net rental income or (loss)			<u> </u>	· · · · · · · · · · · · · · · · · · ·
	62 Net com or (lone) from sole of persta net on line 10		······································		
nge	b Gross sales price for all				
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
~	8 Net short-term capital gain		 	 	
	9 Income modifications Gross sales less returns				
	103 and allowances				<u> </u>
	b Less Cost of goods sold c Gross profit or (loss)		·		
	11 Other income				
	12 Total. Add lines 1 through 11	1,403,327.	3,327.	0.	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages			<u> </u>	
Ø	15 Pension plans, employee benefits				
euse	16a Legal fees b Accounting fees STMT 2	685.	685.	0.	0.
Expens	c Other professional fees	005.	005.		
Ve E	17 Interest				
rati	18 Jaxes STMT 3	57.	57.	0.	0.
nist	19 Depreciation and depletion				
Ē	20 Occupancy				
ΨÞ	21 Travel, conferences, and meetings				
gar	22 Printing and publications U14 (2) 23 Other expenses			<u> </u>	
atin	24 Total operating and administrative			··	
Operating and Administrative	expenses - Add lines 13 through 23	742.	742.	0.	0.
ō	25 Contributions, gifts, grants paid	1,803,193.			1,803,193.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	1,803,935.	742.	0.	1,803,193.
	27 Subtract line 26 from line 12:	400 600			
	& Excess of revenue over expenses and disbursements	<400,608.	2,585.		
	b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		2,303.	0.	
					

For	rm 99	0-PF (2013) • THE SUKUP FAMILY FOUNDA	TION		1488675 Page 2
٦	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u></u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	1	Savings and temporary cash investments	1,322,418.	921,810.	921,810.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	}		
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•	1	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	}		
	ł	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶		į	
	ł	Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_	<u></u>	instructions. Also, see page 1, item 1)	1,322,418.	921,810.	921,810.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe			
	1				
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
	-	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.		Ì	
Ces	24	Unrestricted			
ă	25	Temporarily restricted			
Ва	26	Permanently restricted			
Ē	ł	Foundations that do not follow SFAS 117, check here			
Ť	1	and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,322,418.	921,810.	
Zet	30	Total net assets or fund balances	1,322,418.	921,810.	
_	1				
	31	Total liabilities and net assets/fund balances	1,322,418.	921,810.	
٦	art				
_					
1		net assets or fund balances at beginning of year - Part II, column (a), line	30	1 1	4
	•	st agree with end-of-year figure reported on prior year's return)		1	1,322,418.
		r amount from Part I, line 27a		2	<400,608.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	921,810.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	921,810.
					Form 990-PF (2013)

5 1,330,111. 6 26. 7 1,330,137. 8 1,803,193.

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

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Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Forn		488675		Page 4
Pa	art Vi Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see instru	ctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	-	- 4.	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%			26.
	of Part I, line 27b			
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2			26.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u> 26.</u>
6	Credits/Payments:			
a	2013 estimated tax payments and 2012 overpayment credited to 2013			
b	Exempt foreign organizations - tax withheld at source			
C	: Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			26.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11				
	art VII-A Statements Regarding Activities		., -	
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c		X
6	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;			
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	1		
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers. ► \$			٠,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			İ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			₹
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3		X
	b If "Yes," has it filed a tax return on Form 990-T for this year? N/2	A 4a 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
J	If "Yes," attach the statement required by General Instruction T.	-		^
6	and the second s			
U	By language in the governing instrument, or	}		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			1
	remain in the governing instrument?	6	X	
7		7	X	
′	bid the foundation have at least \$5,000 in assets at any time during the year? If Tes, Complete Fait in, Col. (5), and Fait XV	- '	<u>~~</u>	
Re	Finter the states to which the foundation reports or with which it is registered (see instructions)			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation	8b	x	
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	-00	-47	
9	9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			
10		10		X
<u>-:-</u>	and any position and any more account and any more and more in the annual more more more and and expresses			

Form **990-PF** (2013)

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Form 990-PF (2013) THE SUKUP FAMILY FOUNDATION	42-1	.488675 Pa	ge 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	hly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of s	ervice	(c) Compensa	ition
NONE	-		
Part IX-A Summary of Direct Charitable Activities		•	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
N/A			
			_
·			
Post IV P. O			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
N/A			
2			
All other program-related investments. See instructions.			
Total. Add lines 1 through 3	•		0.
		Form 990-PF (2	.013)

	art X As:: Inc. Survey Family Foundation	44	1400075 14900
	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,137,834.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	1,137,834.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,137,834.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4_	17,068.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,120,766.
6	Minimum investment return. Enter 5% of line 5	6	56,038.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certaın	
_			56,038.
1	Minimum investment return from Part X, line 6 Tax on investment income for 2013 from Part VI, line 5 26.	1	30,030.
2a	· · · · · · · · · · · · · · · · · · ·		
b		0.	26.
C	Add lines 2a and 2b	2c	56,012.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	36,012.
4	Recoveries of amounts treated as qualifying distributions	4	56,012.
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	<u>0.</u> 56,012.
7 P	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	50,012.
_	Qualifying Distributions (see instructions)	, <u>.</u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>1,803,193.</u>
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,803,193.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5_	26.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,803,167.

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

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part Xi,				
line 7				56,012.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:		· O.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 1,068,114.				
b From 2009 838,686.				
c From 2010 2,539,045.		!		
dFrom 2011 1,838,997.				
e From 2012 2,498,310.	ľ			
f Total of lines 3a through e	8,783,152.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: \triangleright \$ 1,803,193.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount		-		56,012.
e Remaining amount distributed out of corpus	1,747,181.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,530,333.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	:	0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	4 050 444			
not applied on line 5 or line 7	1,068,114.			
9 Excess distributions carryover to 2014.	0 450 515			
Subtract lines 7 and 8 from line 6a	9,462,219.			
O Analysis of line 9:				
a Excess from 2009 838, 686.				
b Excess from 2010 2,539,045.				
c Excess from 2011 1,838,997.				
d Excess from 2012 2,498,310.				
e Excess from 2013 1,747,181.			<u> </u>	5 000 PE (0040)

	UP FAMILY F				<u> 188675 Page 1</u>
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	}				
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	1		1		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	į į				
e Qualifying distributions made directly			 	 	<u> </u>
for active conduct of exempt activities.	<u> </u>				
Subtract line 2d from line 2c]				
3 Complete 3a, b, or c for the	} 	 			
alternative test relied upon:					
a "Assets" alternative test - enter:	!				
(1) Value of all assets	}				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	ļ				
b "Endowment" alternative test - enter	<u> </u>		 		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	 		 		
(1) Total support other than gross	1				
investment income (interest,	}				
dividends, rents, payments on	}		1		
securities loans (section					
512(a)(5)), or royalties)	ļ		 		
(2) Support from general public and 5 or more exempt					
organizations as provided in	,	j	j		
sečtion 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	1				
an exempt organization					
(4) Gross investment income	<u> </u>	<u></u> _			<u> </u>
Part XV Supplementary Info			if the foundatio	n had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			itributions received by th	ne foundation before the cl	ose of any tax
SEE STATEMENT 4					
 b List any managers of the foundation who other entity) of which the foundation has 	o own 10% or more of these a 10% or greater interes	e stock of a corporation st.	ı (or an equally large por	tion of the ownership of a	partnership or
NONE	-				
2 Information Regarding Contributi	ion Grant Gift Loan	Scholarship etc. I	Programe:		
Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitabl	e organizations and does		
a The name, address, and telephone num	` 				
a the name, address, and telephone num	DEL OF E-MAII AUGUESS OF I	ne person to whom app	nications should be addi	e55eu.	
b The form in which applications should b	pe submitted and informat	tion and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographics	al areas, charitable field	s, kinds of institutions of	r other factors	
a . mg (vocatoriono or miniatrono on dward	s, soon as by goograpinos	oue, enumente nelle	., or monditionly of		
223601 10.10 12					Form QQ0-PF (2013

Supplementary Information (continued) Part X₹ 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year CHARITABLE 1ST GRACE BAPTIST CHURCH NONE PUBLIC 404 GILMAN STREET SHEFFIELD IA 50475 2,000, 1ST UNITED METHODIST CHURCH NONE PUBLIC CHARITABLE 214 E JEFFERSON STREET IOWA CITY IA 52245 2,000. ZION REFORMED CHURCH NONE PUBLIC CHARITABLE 2029 JONQUIL AVENUE SHEFFIELD, IA 50475 2,000. PUBLIC CHARITABLE ZION LUTHERAN CHURCH NONE 4300 BEAVER AVENUE DES MOINES, IA 50310 25,000. APPLE DAY CARE CENTER NONE PUBLIC CHARITABLE 119 N 17TH ST SHEFFIELD IA 50475 18 000. SEE CONTINUATION SHEET(S) Total ▶ 3a 1,803,193, b Approved for future payment NONE Total ▶ 3b

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
groot amounts among exist more indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b	1 1				
C	1				
G	1 1		+		
e	·				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	3,327.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		· 			
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a	·				
b	-				
c					
d	-				
e	· -		5.	3,327.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u>' • 1</u>		3,327
(See worksheet in line 13 instructions to verify calculations.)				13	<u> </u>

Eme No. ▼	the foundation's exempt purposes (other than by providing funds for such purposes).
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orm 990	D-PF (2013) - THE S	SUKUP FAMILY FO	OUNDATION	42-148	<u> 38675</u>	Pa Pa	<u>age 13</u>
Part 2	Information R Exempt Organ	•	o and Transactions an	d Relationships With Nonch	aritable	•	
1 Did			owing with any other organization	described in section 501(c) of		Yes	No
	_		n 527, relating to political organiza		1 1		
		dation to a noncharitable exemp					
(1)	Cash				1a(1)		X
(2)	Other assets				1a(2)		X
b Oth	er transactions:						ł
٠.,	Sales of assets to a noncharit	• •			1b(1)		X
		oncharitable exempt organization	n		1b(2)		X
	Rental of facilities, equipment				1b(3)		X
٠,	Reimbursement arrangement	S			1b(4)		X
	Loans or loan guarantees	ambarahin ar fundraisina salisi	tationa		1b(5)		X
		nembership or fundraising solici			1b(6) 1c		X
		nailing lists, other assets, or paid		lys show the fair market value of the goods		ets	<u> </u>
	-		, -	in any transaction or sharing arrangement		.013,	
		, other assets, or services receiv		and the control of the control o	,		
(a) Line n			table exempt organization	(d) Description of transfers, transactions, ar	nd sharing arr	rangeme	ents
		N/.	A				
							
					-		
		-		-			
	<u> </u>						
					·		
			···		-		
2a s1	he foundation directly or indire	ctly affiliated with, or related to.	one or more tax-exempt organiza	tions described			
	•	er than section 501(c)(3)) or in			Yes	X	No 🖸
b If "	es," complete the following sci	hedule.					
	(a) Name of or	rganization	(b) Type of organization	(c) Description of relatio	nship		
	N/A						

	I						
Cian				atements, and to the best of my knowledge tion of which preparer has any knowledge	May the IRS o	discuss e prepa	this
Sign Here	MINIE.	Luhup	11/1/14		shown below		str)?
	Signature of officer or truste	xy cycly	Date	MANAGER - Secreta	LX Yes		No
	Print/Type preparer's r			Date Check If PTII			
	DONALD R.	1 % \	1 (1)	self- employed	•		
Paid	CPA	John,	John Colorenii I	102/14	00031	029)
Prep		HNURR&COMPANY,	LLP CPA'S & CON	ISULTANTS Firm's EIN ▶ 42-			
Use (11 mile marrie						

Phone no. 515-576-7136
Form **990-PF** (2013)

Firm's address ▶ 822 CENTRAL AVE, SUITE 400

FORT DODGE, IA 50501

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization

Employer identification number

${f T}$	HE SUKUP FAMILY FOUNDATION	42-14886/5
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one controls of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or eductive to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not to cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions of \$5,000 or more during the year	otal to more than \$1,000. ely religious, charitable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA 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) (2013)

Name of organization

Employer identification number

mur	סוואווס	T'AMTT.V	FOUNDATION
TILL	SOLOE	LUMITHI	TOOMDETTON

42-1488675

<u> </u>	OROI IIMIIDI I OCUDIIIION		
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EUGENE SUKUP REVOCABLE TRUST 1379 BEEDS LAKE DRIVE HAMPTON, IA 50441	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY E SUKUP REVOCABLE TRUST 1379 BEEDS LAKE DRIVE HAMPTON, IA 50441	\$200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SUKUP MANUFACTURING COMPANY 1555 255TH STREET SHEFFIELD, IA 50475	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
23452 10-2	1.13	Schedule B (Form :	990 990-F7 or 990-PF) (2013)

Employer identification number

THE S	UKUP FAMILY FOUNDATION	42-1488675	
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II ıf addıtıonal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)			

No.

from

Part I

(d)

Date received

(b)

Description of noncash property given

(c)

FMV (or estimate)

(see instructions)

ame of organi	ration	Employer identification numbe				
HE SUK Part III	UP FAMILY FOUNDATION Exclusively religious, charitable, etc., individual year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.,	lual contributions to section 501(c following line entry. For organization	(c)(7), (8), or (10) organizations that total more than \$1,000 f tions completing Part III, enter or the year. (Enter this information once)			
	Use duplicate copies of Part III if additional		of the year. (Enter this mitorination office)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gif	ift Relationship of transferor to transferee			
 			Trade on participation to definition			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_		(e) Transfer of gif	ift			
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	ift			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
_						

Part XV **Supplementary Information** 3 . Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient BASH ON THE FARM NONE PUBLIC CHARITABLE 1950 US 69 1,000. GARNER IA 50438 BILLY GRAHAM EVANGELICAL ASSOCIATION NONE PUBLIC CHARITABLE 1 BILLY GRAHAM PKWY CHARLOTTE NC 28201 30,000. NONE PUBLIC WEST FORK METHODIST CHURCH CHARITABLE 2200 TULIP AVE SHEFFIELD, IA 50475 2,000. BRIDGE OF HOPE - HAMPTON NONE PUBLIC CHARITABLE 420 1ST AVE NE HAMPTON, IA 50441 4,000. UNITED METHODIST CHURCH - AREDALE NONE PUBLIC CHARITABLE 218 E MAIN STREET 2,000. AREDALE, IA 50605 CHILD EVANGELISM FELLOWSHIP NONE PUBLIC CHARITABLE 700 4TH ST, SUITE 230 SIOUX CITY, IA 51101 10,000. CHINA OUTREACH MINISTRIES NONE PUBLIC CHARITABLE 555 GETTYSBURG PIKE MECHANICSBURG, PA 17055 20,500, CHURCH OF THE DAMASCUS ROAD NONE PUBLIC CHARITABLE 239 NORTH 11TH STREET FORT DODGE, IA 50501 40,000. SUDAN RELIEF FUND NONE PUBLIC CHARITABLE PO BOX 7084 MERRIFIELD, VA 22116 2,000. CLEAR LAKES ART CENTER NONE PUBLIC CHARITABLE 17 SOUTH 4TH STREET CLEAR LAKE, IA 50428 25,000. Total from continuation sheets 1,754,193,

Supplementary Information 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or šubstantial contributor CONCORDIA SEMINARY NONE PUBLIC CHARITABLE 801 SEMINARY PLACE 200,000. ST. LOUIS MO 63105 ELS FOR AUTISM NONE PUBLIC CHARITABLE 3900 MILITARY TRAIL, STE. 200 2,000. JUPITER FL 33458 FRANKLIN RACE WELLNESS CENTER NONE PUBLIC CHARITABLE 1514 CENTRAL AVE E HAMPTON, IA 50441 12,500. FRIENDS OF WESTFIELD HOUSE NONE PUBLIC CHARITABLE 5800 WESTHEIMER RD HOUSTON, TX 77057 5<u>0 000.</u> GAIN - CAMPUS CRUSADE NONE PUBLIC CHARITABLE 100 LAKE HART DR ORLANDO FL 32832 5,000. PUBLIC NONE CHARITABLE INTERNATIONAL MESSENGER 110 ORCHARD COURT CLEAR LAKE, IA 50428 1,000. HAMPTON HISTORIC PRESERVATION NONE PUBLIC CHARITABLE 122 1ST AVE NW 1,000. HAMPTON IA 50441 HAMPTON SENIOR CITIZENS INC NONE PUBLIC CHARITABLE 23 1ST ST SW HAMPTON, IA 50441 10,000. HOPE MINISTRIES NONE PUBLIC CHARITABLE 1310 6TH AVE DES MOINES, IA 50314 20,000. IOWA DISTRICT EASTERN LCMS NONE PUBLIC CHARITABLE 1100 BLAIRS FERRY ROAD MARION, IA 52302 5,000, Total from continuation sheets

Supplementary Information 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient LUTHERAN SERVICES IN IOWA NONE PUBLIC CHARTTABLE 1323 NORTHWESTERN AVE AMES, IA 50010 100,000. NONE LUTHERAN MUSIC PROGRAM PUBLIC CHARITABLE 122 W FRANKLIN AVE, SUITE 230 MINNEAPOLIS, MN 55404 10,000. LUTHERAN RESOURCE CENTER NONE PUBLIC CHARITABLE 630 U.S. 18 CLEAR LAKE, IA 50428 2,500. NONE MASON CITY FOUNDATION PUBLIC CHARITABLE 308 S.PENNSYLVANIA AVE MASON CITY IA 50401 3,400. LUTHERN WORLD RELIEF NONE PUBLIC CHARITABLE 700 LIGHT STREET BALTIMORE, MD 21230 50,000. MISSION CENTRAL NONE PUBLIC CHARITABLE 40718 HIGHWAY E 16 282,793. MAPLETON, IA 51034 NONE NAVIGATORS PUBLIC CHARITABLE PO BOX 6000 COLORADO SPRINGS CO 80934 29,000. NEIGHBORHOOD BIBLE CHURCH NONE PUBLIC CHARITABLE 1570 HIGHWAY 65 HAMPTON IA 50441 2,000. MERCY HOSPITAL FOUNDATION NONE PUBLIC CHARITABLE 500 E MARKET STREET IOWA CITY, IA 52245 400,000. NORTH IOWA YOUTH FOR CHRIST NONE PUBLIC CHARITABLE 2210 SOUTH FEDERAL AVE MASON CITY, IA 50401 100,000. Total from continuation sheets

Supplementary Information Part XV 3 · Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor ROYAL FAMILY KIDS NONE PUBLIC CHARITABLE 3000 W MACARTHUR BLVD SUITE 412 2,000. SANTA ANA, CA 92704 PRISON FELLOWSHIP NONE PUBLIC CHARITABLE 44180 RIVERSIDE PARKWAY LANSDOWNE, VA 20176 10,000. NONE PUBLIC CHARITABLE SACRED HEART CATHOLIC CHURCH 1627 GRAND AVENUE 1,000, WEST DES MOINES, IA 50265 NONE PUBLIC CHARITABLE REDEEMER LUTHERAN DAY CARE 301 S MAIN ST VENTURA, IA 50482 15,000. RIVERSIDE LUTHERAN BIBLE CONFERENCE NONE PUBLIC CHARITABLE 3001 RIVERSIDE ROAD STORY CITY IA 50248 100,000. PUBLIC CHARTTABLE NONE SALVATION ARMY 503 BENTON STREET BOONE IA 50036 10,000. SURF FOUNDATION NONE PUBLIC CHARITABLE 460 NORTH SHORE DR 2,500. CLEAR LAKE, IA 50428 THE LUTHERAN CHURCH MISSOURI SYNOD NONE PUBLIC CHARITABLE 1333 S KIRKWOOD RD ST. LOUIS MO 63122 75,000. TIME OF GRACE NONE PUBLIC CHARITABLE PO BOX 301 MILWAUKEE, WI 53201 100,000. SIMON ESTES FOUNDATION NONE PUBLIC CHARITABLE 315 E 5TH STREET SUITE 110 DES MOINES IA 50309 10,000, Total from continuation sheets

Part XV Supplementary Information 3. Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient PUBLIC CHARITABLE ST.PATRICK - DOUGHERTY NONE 420 E PATRICK STREET DOUGHERTY, IA 50433 2,000. ST.PAULS LUTHERAN SCHOOL NONE PUBLIC CHARITABLE 212 2ND STREET 4 000. WAVERLY, IA 50677 Total from continuation sheets

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY C	CASH :	INVESTMENTS	STA	TEMENT	1
SOURCE	(A REVE PER B	NUE		(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
NOW ACCOUNT		3,327.		3,327.	3,327. 3,3		27.
TOTAL TO PART I, LINE 3		3,327.			3,327.		
FORM 990-PF	ACCOUNTI	NG FEES			STA	TEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET IN MENT IN	/EST-	(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
ACCOUNTING	685.		685	•	0.		0.
TO FORM 990-PF, PG 1, LN 16B	685.		685	•	0.		0.
FORM 990-PF	TAX	ES			STA	TEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET IN MENT I	JEST-	(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
2012 990PF ADDITIONAL TAX	46. 11.		46 11		0.		0.
TO FORM 990-PF, PG 1, LN 18	57.		57	•	0.		0.
FORM 990-PF	PART XV - L OF FOUNDATI		GERS		STA	TEMENT	

NAME OF MANAGER

EUGENE SUKUP MARY SUKUP CHARLES SUKUP

Form 88	368 (Rev. 1-2014)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		> X	
Note. O	only complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi		8868.		
Part				al (no c	opies need	led).	
	Additional (not Addonate) o month				<u> </u>	ee instructions	
T	Name of exempt organization or other filer, see instru	otione	Entermers			n number (EIN) or	
Type or	Name of exempt organization of other filer, see instru	Clions.		Embloke	nuentincation	i number (Env) or	
print THE CIPID FAMILY POINDAUTON					42-1488675		
due date for	tue date for				ocial security number (SSN)		
filing your return See 1379 BEEDS LAKE DRIVE				Social se	curity numbe		
instruction	S City, town or post office, state, and ZIP code. For a for HAMPTON, IA 50441	oreign add	lress, see instructions.				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applica	tion	Return	Application	· · · ·		Return	
ls For		Code	Is For		l c		
Form 99	00 or Form 990-EZ	01					
Form 99	90-BL	02	Form 1041-A	_		08	
Form 47	'20 (ındıvıdual)	03	Form 4720 (other than individual)	1720 (other than individual) 09			
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
STOP!	Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	ously file	d Form 8868	B	
Telep	MARY SUKUP books are in the care of ► 1379 BEEDS LAKE bohone No ► 515-892-4222 corganization does not have an office or place of business is for a Group Return, enter the organization's four digit of the corganization is sometimed.	s in the Ur	Fax No. ▶nited States, check this box		r the whole or	> □	
box ►	If it is for part of the group, check this box						
			BER 15, 2014.	all memo	ers the exten	SIOTI IS IOI	
	or calendar year 2013, or other tax year beginning	NOVE PAR	······································	,			
Γ	Change in accounting period	ricck reas	on Emiliarietum _		etam		
7 St	tate in detail why you need the extension						
	DDITIONAL TIME IS REQUIRED TO) (ZAT)	HER ALL OF THE INFO) PM A TI	TON NEC	FCCAPV	
	O FILE A COMPLETE AND ACCURAT			DIVINAT	TON NEC	PDOWLI	
	O FIBE A COMPDETE AND ACCORA	1713	I ORIV :				
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative toy less any			-	
	onrefundable credits. See instructions	01 0009,	enter the terriative tax, less any	0-		0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	ontor on	u refundable avadite and estimated	8a	\$	<u> </u>	
	x payments made Include any prior year overpayment all						
	reviously with Form 8868.	owed as a	credit and any amount paid			0	
	·		h Alice Course of the course of the course of	8b	\$	0.	
	alance due. Subtract line 8b from line 8a. Include your pa	•	n triis form, it required, by using	_		^	
E	TPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o	Bc_	\$	0.	
Under pe it is true	nalties of perjury, I declare that I have examined this form, includi correct, and complete, and that I am authorized to prepare this fo	ina accomo	•		f my knowledge	e and belief,	
			ap		_		
<u>Signature</u>	E ► Title ► 1	IANAG.	CK	Date	<u> </u>		

Form 8868 (Rev. 1-2014)