

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Fo	or ca	endar year 2013 or tax year beginning		, 2013, and endi			, 20
	Name	of foundation			A Employ	er identifi	cation number
7	AMEF	RICAN CENTURY INVESTMENTS FO	UNDATION		43-	18812	25
_	Numb	er and street (or P O box number if mail is not delivered	to street address)	Room/suite	B Teleph	one numb	er (see instructions)
]		
4	500	MAIN STREET, P.O. BOX 4182	10		816	-340-	3614
		town, state or province, country, and ZIP or foreign pos					
	•				C If exemp	otion applica	ation is
1	KANS	SAS CITY, MO 64141			pending	, check here	
		ck all that apply Initial return	Initial return o	f a former public char	ITV D 4 5		hans about bors
G	CITE	Final return	Amended reti	•			tions, check here . Fig. 1
		Address change	Name change		85%	test, check h	nere and attach
_	Cho	ck type of organization x Section 501(comp	utation .	
ï		ection 4947(a)(1) nonexempt charitable trust	Other taxable private				n status was terminated
Τ.			unting method x Ca			•	o)(1)(A), check here .
ı		I ~			II.		in a 60-month termination
		• • •	ther (specify)	anch hage	under s	ection 507 (b	/(I/(D), Glock Holo
			Column (a) must be on	Casii basis)			(d) Disbursements
L	'art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net investment	(c) Adjuste	d net	for charitable
		may not necessarily equal the amounts in	expenses per books	income	income	е	purposes
_		column (a) (see instructions))					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule).	1,000,000				
	2	Check ► attach Sch B		50			
	3	Interest on savings and temporary cash investments	52	52			
	4	Dividends and interest from securities	198,904	198,904			
	5 a	Gross rents					
	b	Net rental income or (loss)					
<u>o</u>	6a						<u> </u>
i e	Ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)		100,946	-		<u> </u>
2	8	Net short-term capital gain					
	9	Income modifications · · · · · · · · · · · · · · · · · · ·					
	10 a	Gross sales less returns and allowances · · · · ·					
	Ь	Less Cost of goods sold			139	$\angle \setminus \mathcal{L}$	
	c	Gross profit or (loss) (attach schedule)				/	
	11	Other income (attach schedule)			1	<u> </u>	
	12	Total. Add lines 1 through 11	1,198,956	299,902			1/2/
_	13	Compensation of officers, directors, trustees, etc			10	~~	//01
40	44	Other employee salaries and wages			10	<u>k</u>	(O)
ses	1	Pension plans, employee benefits				V	18 /CU
e	16 a	Legal fees (attach schedule)				YO	, , , O
Ä	100	Accounting fees (attach schedule)					St.
ē	٦	Other professional fees (attach schedule)	-			•	1
aţi	15 16 a b c 17 18 19	·	-			-	
str	40	Interest	20,000	20,000			
Ξ	18	Taxes (attach schedule) (see instructions)					
투	19	Depreciation (attach schedule) and depletion.				-	
Ž	20	Occupancy		<u></u>			
and	21 22 23 24	Travel, conferences, and meetings					
ָבָּ בַּ	22	Printing and publications					
ă i	23	Other expenses (attach schedule)					
geve perati	24	Total operating and administrative expenses.	00.000	20 000			
Ö	1	Add lines 13 through 23	20,000	20,000	· · ·		1 200 000
_	25	Contributions, gifts, grants paid	1,200,000	00 000			1,200,000
_	26	Total expenses and disbursements Add lines 24 and 25	1,220,000	20,000			1,200,000
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-21,044				
	b	Net investment income (if negative, enter -0-)		279,902			
	C	Adjusted net income (if negative, enter -0-).					<u> </u>

D	art II	Balanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End (of year
	artii	Balance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing	444,437	1,074,489	1,074,489
			cash investments			
				,		
		Less allowance for dou	btful accounts ▶			
	4					
		Less allowance for dou	btful accounts ▶			
	5					; <u> </u>
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
	7	Other notes and loans r	eceivable (attach schedule)		,	
			btful accounts ►			
ţ	8		e			
Assets	9	Prepaid expenses and d	eferred charges			
ĕ	10 a		e government obligations (attach schedule).		<u>-</u>	
			stock (attach schedule)			
			bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis	s, >			
ĺ		Less accumulated deprecia	ation >			
	12	(attach schedule)	loans			
	12	Investments - other (atta	ach schadula)		2,661,137	2,661,137
	14	Land, buildings, and equipment basis	>		_, -, -, -, -, -, -, -, -, -, -, -, -, -,	
		Less accumulated deprecia	atron >			
	15	(attach schedule) Other assets (describe	>)		·····	
	16		completed by all filers - see the			
			age 1, item I)	3,701,050	3,735,626	3,735,626
7	17		accrued expenses			
- 1	18					1
S	19					7
itie	20		ors, trustees, and other disqualified persons			
Liabilities	21		otes payable (attach schedule)			-
Ë	22		⇒ ►)			
		(2000)				
	23	Total liabilities (add line	es 17 through 22)			
			low SFAS 117, check here . ▶ 🗓			
S			24 through 26 and lines 30 and 31.			
ıces	24	Unrestricted		3,701,050	3,735,626	
ılar	25					
ä	26					
핕	24 25 26 27 28 29 30	-	not follow SFAS 117, ▶			
Œ			plete lines 27 through 31.			
ō	27		cipal, or current funds			
et	28		r land, bldg, and equipment fund		·	
1SS	29	• • •	ulated income, endowment, or other funds			
t,	30	=	i balances (see instructions)	3,701,050	3,735,626	
Ž	31		net assets/fund balances (see			
		instructions)		3,701,050	3,735,626	_
P	art II	Analysis of Cha	anges in Net Assets or Fund	Balances		
			palances at beginning of year - Part		nust agree with	
			ed on prior year's return)			3,701,050
2					_	-21,044
3	Othe	er increases not includ	line 27a ded in line 2 (itemize) ▶REALIZED &	UNREALIZED GAINS - S	EE STMT 3	55,620
		lines 1, 2, and 3				3,735,626
_	D		- I O (-I		-	
6	Tota	ıl net assets or fund b	n line 2 (itemize) ► palances at end of year (line 4 minus	line 5) - Part II, column (t	o), line 30 6	3,735,626
						Form 990-PF (2013)

Form 990-PF (2013)

Ě	art IV Capital Gains	and Losses for Tax on Inve	stment Income			
	(a) List an 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
<u>1</u> a	SECURITIES - DETA					
_ <u>t</u>						
0						
0						<u> </u>
<u>_e</u>	(e) Gross sales price	(h) Gain or (loss) (e) plus (f) minus (g)				
			 	100,946		
t						•
_0						
	<u> </u>					
_6	<u> </u>					
-	Complete only for assets	showing gain in column (h) and owned			Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	COI	(k), but not less t Losses (from co	i (h))
_a	<u></u>					100,946
_ <u>k</u>)			<u> </u>		
c						
				<u> </u>		
e			gain, also enter in Part I, line 7	 		
2	Capital gain net income or		loss), enter -0- in Part I, line 7	2		100,946
3	Net short-term capital gair	or (loss) as defined in sections 12			77	
		rt I, line 8, column (c) (see instru				
		· · · · · · · · · · · · · · · · · · ·	T .	з		
P	art V Qualification l	Under Section 4940(e) for Red	luced Tax on Net Investment I	ncome		
w		leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e)	· · · · · · · · · · · · · · · · · · ·	ase perio	d?	Yes X No
		ount in each column for each year,		anv entr	ies	
÷	(a)	(b)	(c)	<u> </u>	(d)	-
(Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
_	2012	1,500,000	4,227,209			0.3548
_	2011	1,450,000	4,095,113			0.3541
_	2010	1,439,860	3,314,362			0.4344
_	2009	1,314,000	4,202,205			0.3127
_	2008	1,412,440	4,482,616	 		0.3151
2	Total of line 1, column (d)	·		2		1.7711
3		for the 5-year base period - divide				0.0540
	number of years the found	dation has been in existence if less	than 5 years	-3		0.3542
4	Enter the net value of nor	ncharitable-use assets for 2013 from	m Part X, line 5	4	<u> </u>	3,408,787
5	Multiply line 4 by line 3			5		1,207,392
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		2,799
7	Add lines 5 and 6			7		1,210,191
						1,200,000
	If line 8 is equal to or gre Part VI instructions	ons from Part XII, line 4 eater than line 7, check the box in	Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate See the

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)
ìa	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5,	<u>598</u>
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		5 ,	598_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5,	<u>598</u>
6	Credits/Payments			
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 20,860			
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 6d		20	0.00
7	Total credits and payments Add lines 6a through 6d		20,	860
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		15,	262
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 15, 262 Refunded ▶ 11		10,	202
_	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			1
_	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			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	-	-	
	foundation managers > \$			
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			
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	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MISSOURI			
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)		v	
_	of each state as required by General Instruction G? If "No," attach explanation	8b_	X	
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	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			,
	addresses	10		<u> X</u>

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Χ

Х

Form 990-PF (2013)					Page 6
Part VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5a During the year did the foundation pay or incur any amoun	nt to				
(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (section	n 4945(e))?	Yes X No	•	
(2) Influence the outcome of any specific public elec-	ction (see section	4955), or to carry o	n,		į
directly or indirectly, any voter registration drive?			Yes X No	,	
(3) Provide a grant to an individual for travel, study, or oth	ner sımılar purposes?		. Yes X No	,	į
(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described			
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	see instructions)		. Yes X No	,	
(5) Provide for any purpose other than religious, ch	arıtable, scientific,	literary, or education	al		
purposes, or for the prevention of cruelty to children o	r anımals?		. Yes X No	,	1
b If any answer is "Yes" to 5a(1)-(5), did any of the					
Regulations section 53 4945 or in a current notice regard	ing disaster assistan	ce (see instructions)?		5b	
Organizations relying on a current notice regarding disast	er assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the f	foundation claim ex	kemption from the ta	ax x		
because it maintained expenditure responsibility for the gr	ant?		. Yes No	• [
If "Yes," attach the statement required by Regulations sect	tion 53 4945-5(d)				
6a Did the foundation, during the year, receive any fund	ls, directly or indire	ectly, to pay premiun	ns	i	
on a personal benefit contract?			. Yes X No	•	
b Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	ct?	6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a par	rty to a prohibited tax	shelter transaction?	. Yes X No	•	
b If "Yes," did the foundation receive any proceeds or have				7b	
Part VIII Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	, Highly Paid Emplo	oyees,	
1 List all officers, directors, trustees, foundation m	nanagers and thei	r compensation (see	e instructions).		
(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense acc	
(a) Hame and address	devoted to position	enter -0-)	and deferred compensation	other allowand	ces
MARK GILSTRAP	PRESIDENT & DIE	ECTOR			
4500 MAIN ST., KANSAS CITY, MO 64111	1/2 HOUR				
CHARLES ETHERINGTON	VICE PRESIDENT,	SECRETARY & DIR	ECTOR		
4500 MAIN ST., KANSAS CITY, MO 64111	1/2 HOUR				
JAMI WAGGONER	TREASURER & DIE	ECTOR			
4500 MAIN ST., KANSAS CITY, MO 64111	1/2 HOUR				
2 Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin	e 1 - see instruction	ons). If none,	enter
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense acc	count,
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other allowand	ces
Total number of other employees paid over \$50,000		·			

Form **990-PF** (2013)

Part VIII	Information About Officers, Directors, Trustees, Foundation Mar and Contractors (continued)	nagers, Highly Paid Employ	yees,
	ghest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
_			
_			_
_			
		·	
<u>Fotal number</u>	r of others receiving over \$50,000 for professional services	<u></u>	
Part IX-A	Summary of Direct Charitable Activities		
Luck Abo Sound			
	ation's four largest direct charitable activities during the tax year. Include relevant statistical and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 N/A -	NO EXPENSES INCURRED (SEE PAGE 1) - ONLY ACTIVI	TY WAS CHARITABLE	
	BUTIONS.		
22222			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		l
	wo largest program-related investments made by the foundation during the tax year on lines 1 ai	nd 2	Amount
1			
2			
All other progr	am valeted investments. See instructions		
•	am-related investments. See instructions		
3			
To And And June	non 1 through 2		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)	in foundat	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	2,943,855
b	Average of monthly cash balances	1b	516,842
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	3,460,697
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	3	3,460,697
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	4	51,910
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,408,787
6	Minimum investment return. Enter 5% of line 5	6	170,439
Part	XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private operating found and certain foreign organizations check here ► and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	170,439
2 a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	5,598
3	Distributable amount before adjustments Subtract line 2c from line 1	3	164,841
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	164,841
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	164,841
Pari	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,200,000
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,200,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,200,000
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculating	

Page 9

Гα	rt XIII Undistributed Income (see instru	ictions)			·
		(a)	(b)	(c)	(d) 2013
1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	
	line 7				164,841
2	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only				
b	Total for pnor years 20,20,20				
3	,,				
а	From 2008				
	From 2009 1,103,890				
	From 2010				
d	From 2011				
	From 2012 1,290,703	6 110 260			
	Total of lines 3a through e	6,110,369		-	
4	Qualifying distributions for 2013 from Part XII,	!	•		
	line 4 ▶ \$ 1,200,000				
а	Applied to 2012, but not more than line 2a	•			
b	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2013 distributable amount				164,841
е	Remaining amount distributed out of corpus	1,035,159			
5	Excess distributions carryover applied to 2013				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	7 145 500			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,145,528			
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
e	amount - see instructions				
•	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2013 Subtract lines				
	4d and 5 from line 1. This amount must be				
_	Amounts treated as distributions out of corpus			 .	
7	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
0	applied on line 5 or line 7 (see instructions)	1,194,110			
9	Excess distributions carryover to 2014.				
•	Subtract lines 7 and 8 from line 6a	5,951,418			
10	Analysis of line 9				
	Excess from 2009 1,103,890				
b	Excess from 2010 1,276,422				
С	Excess from 2011 1,245,244				
d	Excess from 2012 1,290,703				
е	Excess from 2013 1,035,159	<u> </u>			

_	1 990-PF (2013)					Page 10
Pa	rt XIV Private Op	erating Foundation	s (see instructions a	nd Part VII-A, quest	ion 9)	
1 a	If the foundation has				ating	
	foundation, and the rulin	g is effective for 2013, e	enter the date of the ruling		▶Ĺ	
b	Check box to indicate wh	ether the foundation is	a private operating found	dation described in section	n 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part		(b) 2012	(c) 2011	(d) 2010	(0) 1041
	I or the minimum investment return from Part X for each					
	year listed					
ь	85% of line 2a					
	Qualifying distributions from Part			-	"	
·	XII, line 4 for each year listed					
d	Amounts included in line 2c not		<u> </u>			
	used directly for active conduct					
	of exempt activities					
•	directly for active conduct of	1				
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
_	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets		·			
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)				-	
Đ	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,	•				
	payments on secunties loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplemei	ntary Information (Complete this par	t only if the found	dation had \$5,000	or more in asset
	at any time	e during the year - s	ee instructions.)	•		
1	Information Regardin	g Foundation Manage	ers:			
а	List any managers of	the foundation who	have contributed mor	e than 2% of the tot	al contributions receiv	ved by the foundatio
	before the close of any	y tax year (but only if ti	hey have contributed r	more than \$5,000)(S	See section 507(d)(2))	
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equal)	y large portion of the
	ownership of a partner					
2	Information Regardin	a Contribution, Grant	t. Gift. Loan. Scholarsh	nip. etc Programs:	-	
	Check here ▶ ☐ if t	•		• •	utable erganizations	and door not accor
	unsolicited requests for					
	other conditions, comp					
	The name, address, a			the person to whom ar	onlications should be ad	dressed
		•		,	•	dicooca
	ISTIN RAVEN, 450 The form in which app					
b	The form in which app	ilcations should be su	billitted and information	on and materials they	Should include	
501	NED MEMBERS ME		T CODY OF 501	(0) (0)		
	ARD MEMBERS, MIS		r, COPY OF 501	(C) (3)		
С	Any submission deadli	ries				
NON						
d	Any restrictions or li	mitations on awards.	, such as by geogra	apnical areas, charita	able fields, kinds of	institutions, or other
	factors					
	, WE ONLY CONS	IDER AWARDS IN	CITIES IN WHIC	CH WE HAVE OFF	ICES	
JSA	·				· 	Form 990 PE (2013

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	T
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				1
GREATER KANSAS CITY				
COMMUNITY FOUNDATION		501(C)(3	OPERATING EXPENSES	1,200,000
				1
			i	
				1
			1	
		i		
			:	
		ł		1
		İ		
		i		
Total		<u> </u>	▶ 3a	1,200,000
b Approved for future payment				
NONE				
		1		
			1	
	1			
			İ	
	l	1	į.	1

Total

Part XVI-A Analysis of Income-Produ	1	vities ated business income	Evoluded by	y section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue	- Business code	Amount	Exclusion code	Amount	(See instructions)
a b					
c			-		
d				- 112	
e					
f					
g Fees and contracts from government agencies					<u>. </u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	52	
4 Dividends and interest from securities			14	198,904	
5 Net rental income or (loss) from real estate			-		
a Debt-financed property			<u> </u>		
b Not debt-financed property				_	
6 Net rental income or (loss) from personal property					
7 Other investment income		-	-		
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory.					
11 Other revenue a					
b					
c					
d					· · · · · · · · · · · · · · · · · · ·
e					
12 Subtotal Add columns (b), (d), and (e)				198,956	
13 Total. Add line 12, columns (b), (d), and (e)				13	198,956
(See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activities	to the Ac	complishment of Ex	kempt Purp	oses	
Line No. Explain below how each activit					
▼ accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	s) (See instructions)
					
				· · · · · · · · · · · · · · · · · · ·	
		1			
		··-	· ·	· · · · · · · · · · · · · · · · · · ·	
		•			
					
		* **			
					
		 			
					
				.	
		• • •			
			_ 		
		•			

Part >	(VII	Information R Exempt Organ		nsfers To and Transa	actions and	Relations	ships With Non	charit	table)
ın or	secti ganız	e organization direction 501(c) of the Co cations?	tly or indirectly erode (other than se	ngage in any of the follo- ection 501(c)(3) organiza	tions) or in se	_			Yes	No
		•	•	noncharitable exempt or	~			12(1)		V
								1a(1) 1a(2)		X
		ransactions							-	
(1) Sal	es of assets to a no	ncharitable exem	pt organization				1b(1)		X
(2	Pur	chases of assets fro	om a noncharitab	le exempt organization				1b(2)		X
(3) Rer	ntal of facilities, equi	ipment, or other a	ssets				1b(3)		X
(4) Kei	mbursement arrang	ements					1b(4) 1b(5)		X
(6) Loa i) Per	formance of service	es or membershir	or fundraising solicitation	 S			1b(6)		X
				, other assets, or paid em				1c		X
				" complete the following				v the f	aır m	ıarket
				es given by the reporting						
			· · · · · · · · · · · · · · · · · · ·	ment, show in column (
(a) Line	no	(b) Amount involved	(c) Name of nor	ncharitable exempt organization	(d) Desci	ription of transfe	ers, transactions, and sha	nng anar	ngeme	nts
	-									
•	$\neg \dagger$						11			
			 	· · · · · ·			·-·			
	+		 							
	-									
										
			<u> </u>							
					-					
			 							
						· 				
de	escrib	ed in section 501(c) " complete the follo	of the Code (oth wing schedule	ated with, or related to, er than section 501(c)(3)) or in section	527?		Ye	es 🗌] No
		(a) Name of organization	n	(b) Type of organizatio	n	(c) Description of relation	ship		
					_			_		
				-						
	Under correct	penalties of perjury, I decta	are that I have examined for preparer (other than tax)	d this return, including accompanyi payer) is based on all information of w	ng schedules and s hich preparer has an	tatements, and t y knowledge	o the best of my knowled	ge and b	elief, it	is true,
Sign Here		Jamo W	1900m	10-14-14	/	SURER		S discuss		retum below
11616	Sign	ature of officer or trustee	ω	Date	Title		(see instruction	ns)?	Yes	No
Paid		Print/Type preparer's na	me	Preparer's signature		Date	Check if self-employed	PTIN		
Prepa		Firm's name					Firm's EIN			
Use O	nly	Firm's address					Phone no			

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

AMEDICAN CENTURY I		
AMERICAN CENTURI 1	INVESTMENTS FOUNDATION	43-1881225
Organization type (check or	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	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	a private foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the y one contributor Complete Parts I and II	e year, \$5,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 of (a)(1) and 170(b)(1)(A)(vi) and received from any one contribution of (2) 2% of the amount on (i) Form 990, Part VIII, lineared II	butor, during the year, a contribution of
	and it	9 111, OI (II) FOITH 990-LZ, IIIIC 1
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that otal contributions of more than \$1,000 for use <i>exclusively</i> for rerposes, or the prevention of cruelty to children or animals. Com	received from any one contributor, eligious, charitable, scientific, literary,

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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
AMERICAN CENTURY INVESTMENTS FOUNDATION

Employer identification number 43-1881225

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	AMERICAN CENTURY COMPANIES, INC. 4500 MAIN ST KANSAS CITY, MO 64111	\$1,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

Employer Identification number

43-1881225

Part II	Noncash Property	(see instructions)	Use duplicate copies	of Part II if additional	snace is needed
raitii	14011casii i Toperty	(See manuchons)	Ose duplicate copies (or rait ir ir additional	space is neceed

	Noticasi Property (see instructions) Ose duplicate copies of P	art ii ii dddilloriai Space is riec	
(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
		\$	
n) 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
		\$	

Employer identification number

Part Exclusively religious, charitable, etc., individual contributions to section 501(c)	
AMERICAN CENTURY INVESTMENTS FOUNDATION	43-1881225

t	hat total more than \$1,000 for the yea	ar. Complete columns (a)	• • •	
C	For organizations completing Part III, en contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	ear. (Enter this informatio	religious, charitable, etc., n once See instructions) ▶ \$	
(a) No. from Part I	(b) Purpose of gift			
		(e) Transfer of gift		
	Transferee's name, address, and a	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 gift		
_	Transferee's name, address, and a	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 gift		
-	Transferee's name, address, and a	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 gift		
J				

American Century Investments Foundation EIN: 43-1881225 Line 12, Part VII-A (990-PF) Tax Year 01/01/2013 to 12/31/2013

During the year, American Century Investments Foundation (ACIF) made distributions to the Greater Kansas City Community Foundation (GKCCF), which is a donor advised fund over which ACIF has advisory privileges. All distributions from ACIF to GKCCF were treated as qualifying distributions. Grants are awarded from the donor advised funds at the GKCCF upon the recommendation of American Century Companies, Inc. (with the involvement of its employees) and in accordance with the charitable purposes set forth in the Bylaws of the GKCCF. For purposes of such Bylaws, "charitable purposes" include educational, religious, scientific, literary, public and other purposes permitted to be carried on by organizations described in §170(c)(2)(B) of the Internal Revenue Code of 1986.

American Century Investments Foundation EIN: 43-1881225 Line 13, Part II (990-PF) - Investments - Other Lines 3 & 5, Part III (990-PF) - Investments - Other Tax year 01/01/2013 to 12/31/2013

Mutual Fund	Account	Book Value = Fair Market Value	2013 Unrealized Gain/(Loss)	2013 Realized Gain/(Loss)	2013 Total
		12/31/2013			
Strategic Moderate	045-16935954	900,792	21,074	61,349	82,424
Strategic Conservative	044-16041758	1,329,562	(6,775)	39,597	32,822
Inflation Adjusted Bond	975-175654	430,783	(59,626)	-	(59,626)
	Total Fair Market Value	2,661,137	(45,327)	100,946	55,620

American Century Investments Foundation

EIN: 43-1881225

Line 1, Part X (990-PF) - Minimum Investment Return Tax year 01/01/2013 to 12/31/2013

1,122,857.89
1,369,709.95
451,287.29
2,943,855.13
516,841.72
516,841.72

American Century Investments Foundation EIN: 43-1881225

Line 3, Part XV (990-PF) - Supplementary Information Grants and Contributions Paid During the Year Tax year 01/01/2013 to 12/31/2013

Payee Name	Payee Address	Tax Status	Request Project Title	<u>Amount</u>
0.1.11	1055 Broadway, Suite 130			
Greater Kansas City Community Foundation	Kansas City, MO 64105- 1595	501 c(3)	Operating Expenses	1,200,000
				\$1,200,000

Form 8868

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

 If you are 	filing for an Automatic 3-Month Extension, o	omplete o	only Part I and check th	is box	▶ 🔲
 If you are 	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Pa	art II (on page 2 of this fo	om)
Do not comp	plete Part II unless you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed	Form 8868
a corporatio 8868 to req Return for instructions) Part I Au A corporatio Part I only	iling (e-file). You can electronically file Form in required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the tomatic 3-Month Extension of Time. Or in required to file Form 990-T and requesting porations (including 1120-C filers), partnership	nal (not au forms liste I Benefit nis form, vis ally submit an automa	tomatic) 3-month extended in Part I or Part II w Contracts, which must sit www irs gov/efile an original (no copies neatic 6-month extension	ision of time. You can exith the exception of Fo to be sent to the IRS of diclick on e-file for Chan eeded)	electronically file Form m 8870, Information in paper format (see sties & Nonprofits
to file incom	· · · · · · · · · · · · · · · · · · ·				g number, see instructions
Type or	Name of exempt organization or other filer, see in	structions		Employer identification nu	mber (EIN) or
print					
File by the	AMERICAN CENTURY INVESTMENTS			43-18812	
due date for	Number, street, and room or suite no If a P O bo		ctions	Social security number (SS	3N)
filing your return See	4500 MAIN STREET, P.O. BOX 41 City, town or post office, state, and ZIP code For		drace can instructions		
instructions		a roreign au	uress, see mstructions		
	KANSAS CITY, MO 64141				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application fo	or each return)	
Application		Return	Application		Return
ls For		Code	ls For		Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 990-Bl		02	Form 1041-A		08
Form 4720 ((ındıvıdual)	03	Form 4720 (other than individual)		09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephone If the orga	s are in the care of ▶ e No ▶ anization does not have an office or place of bor a Group Return, enter the organization's four	 ousiness in	AX No ▶	ck this box	
	e group, check this box If	-			
	e names and EINs of all members the extensi		gp,		
	st an automatic 3-month (6 months for a cor		quired to file Form 990	-T) extension of time	
for the	, 20, to file the eorganization's return for calendar year 20 or tax year beginning	, 20	, and ending		
	ax year entered in line 1 is for less than 12 mi hange in accounting period	onths, chec	ck reason Initial re	eturn Final return	1
	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any	
nonrefu	indable credits. See instructions				3a \$
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and	
	ed tax payments made. Include any prior year				3b \$
	e due. Subtract line 3b from line 3a Include		ent with this form, if red	quired, by using EFTPS	
	onic Federal Tax Payment System) See instruc				3c \$
Caution. If you	are going to make an electronic funds withdrawal	(direct debi	t) with this Form 8868, se	e Form 8453-EO and Form	8879-EO for payment
instructions				 	
For Privacy A	ct and Paperwork Reduction Act Notice, see instru	uctions.			Form 8868 (Rev 1-2014)

Form 8868 (F	Rev 1-2014)				Page 2
•	e filing for an Additional (Not Automatic) 3-Me		-		
	complete Part II if you have already been gra			on a previously filed Form 886	8
	e filing for an Automatic 3-Month Extension,			: 1 (- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Part II	Additional (Not Automatic) 3-Month Ex	xtension c			
	Thloma of exempt especiation or other files and in	ntrustians.	<u></u>	nter filer's Identifying number, se Employer identification number (
_	Name of exempt organization or other filer, see in	istructions.		Employer identification number (CIIV) OI
Type or				42 4221225	
print	AMERICAN CENTURY INVESTMENTS Number, street, and room or suite no if a P O bo			43-1881225 Social security number (SSN)	
File by the	by the				
due date for filing your	4500 MAIN STREET, P.O. BOX 4 City, town or post office, state, and ZIP code For		dross, soo instructions	L	
return See		a roreigir au	diess, see histractions		
Instructions	KANSAS CITY, MO 64141				
	Return code for the return that this application			acn return)	
Application	on	Return	Application		Return
Is For	5 000 57	Code	Is For		Code
	or Form 990-EZ	01	5 40.44 1		+
Form 990-		02	Form 1041-A		80
	0 (individual)	03	Form 4720 (other than in	dividual)	09
Form 990-		04	Form 5227		10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870	ain an annaicheach Glad Fac	12
	not complete Part II if you were not already	granted an	automatic 3-month exter	ision on a previously filed Fol	111 0000.
	ks are in the care of ► PATRICK LANDA		5No b 016 340 7	270	
•	ne No ► 816-340-3614	_	Fax No ► 816-340-7.		
-	ganization does not have an office or place of l				
	for a Group Return, enter the organization's for	-		· ————	his is
	ole group, check this box ▶ If		int of the group, check this	box ► [] and an	ttach a
	names and EINs of all members the extension		DED 15	20.14	
•	est an additional 3-month extension of time un			, 20 <u>14</u>	. 20
	alendar year <u>2013</u> , or other tax year beginni tax year entered in line 5 is for less than 12 m			turn Final return	, 20
	Change in accounting period	onas, chec		turiii i iiai i eturii	
	in detail why you need the extension ADDIT:	יים זמואר די	TME IS RECUIRED TO	COMPTLE AND ANALYS	ZE ALT.
	ORMATION REQUIRED TO PREPARE A				10 1122
	THE TOTAL TO THE THE T				
8a If this	application is for Forms 990-BL, 990-PF, 99	90-T. 4720	or 6069, enter the ten	tative tax. less any	
	fundable credits See instructions		• • • • • • • • • • • • • • • • • • • •	8a \$	5,599
b if this	application is for Forms 990-PF, 990-T,	4720. or	6069, enter any refun		i
	ated tax payments made Include any pri		<u>-</u>		
	nt paid previously with Form 8868	•	• •	8b \$	20,830
	ce Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if requir		
	ronic Federal Tax Payment System) See instru		, ,,	8c \$	-15,231
	Signature and Verifica		st be completed for P		
	ties of perjury, I declare that I have examined the nd belief, it is true, correct, and complete, and that I	nis form, inc	cluding accompanying sched	-	e best of my
/	1.2			5 L	10-1
Signature >	Amulleon .		Title ► TREASURER	Date ► 8/II	12014
	11 /0			Form/8868	(Rev 1-2014)