

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



Form **990-PF**

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.

Fore	alen	dar year 2013 or tax year beginning DEC	23, 2013	, and e	naing	DEC 31, 2013	
Nar	ne of	foundation				A Employer identification	number
J	OSI	H AND SUSIE KIMELMAN FO	UNDATION			46-4381300)
		nd street (or P O box number if mail is not delivered to stree			Room/suite	B Telephone number	
1	47	TONAWANDA DR				515-277-37	08
		own, state or province, country, and ZIP or foreign j	oostal code			C If exemption application is p	. [1
		MOINES, IA 50312					5 ,
		all that apply: X Initial return	Initial return of a f	ormer public (harity	D 1. Foreign organizations	s, check here
		Final return	Amended return				
		Address change	Name change			Foreign organizations me check here and attach co	eeting the 85% test, omputation
H C	heck	type of organization: X Section 501(c)(3) e	xempt private foundation			E If private foundation sta	tus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation		under section 507(b)(1)	
I Fa	ır ma	rket value of all assets at end of year J Account	ıng method: X Cash	Accı	ual	F If the foundation is in a	60-month termination
(fr	om F		ther (specify)			under section 507(b)(1)	
_	\$	515,103. (Part I, colu	ımn (d) must be on cash	basis.)			
Pa	rt I	Analysis of Revenue and Expenses (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		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	513,298.				
	2	Check fithe foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
4	6a	Net gain or (loss) from sale of assets not on line 10	287.				STATEMENT 1
ŭ,	Ь	Gross sales price for all assets on line 6a 137,861.					
Se Se	7	Capital gain net income (from Part IV, line 2)		3	6,630.		
S	8	Net short-term capital gain					
OBININGOS Revenue	9	Income modifications					
篇	10a	Gross sales less returns and allowances					
Ö	b	Less Cost of goods sold					
ي	C	Gross profit or (loss)					
	11	Other income					
ලැන	12	Total. Add lines 1 through 11	513,585.	3	<u>6,630.</u>	0.	
\bowtie	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
2	14	Other employee salaries and wages					· · · · · · · · · · · · · · · · · · ·
≅,	15	Pension plans, employee benefits				<u> </u>	
10% Expenses	16a	Legal fees					<u></u>
ē	b	Accounting fees			_		-
ũ	C	Other professional fees	RECEIN	/Fn	7		
and Administrative		Interest			;		
stra		Taxes	U !!	014) [-
ij	19	Depreciation and depletion	O JUL AIL	UIA C			
Ę	20	Occupancy	00051				
Q D	21	Travel, conferences, and meetings	OGDEN	l U I	 		
Ē	22	Printing and publications					
Operating	23	Other expenses Total operating and administrative				-	
era	24	· -	0		0.	0.	
ŏ	9E	expenses. Add lines 13 through 23	0.		0.	· · · · · · · · · · · · · · · · · · ·	0.
		Contributions, gifts, grants paid Total expenses and disbursements.	<u> </u>	 			· · ·
	40	Add lines 24 and 25	0.		0.	0.	0.
	27	Subtract line 26 from line 12;			<u> </u>	<u>U •</u>	0.
			513,585.				
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	213,303.	2	6,630.		
		Adjusted net income (if negative, enter -0-)			5,050.	0.	
	<u> </u>		<u> </u>	L			<u> </u>

For	m 99	0-PF (2013) JOSH AND SUSIE KIMELMAN		46-4	1381300 Page 2
P	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		137,861.	<u>137,861.</u>
		Savings and temporary cash investments			
	3	Accounts receivable ►			
	1	Less; allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			0.
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	,		
	7	Other notes and loans receivable			
	_	Less: allowance for doubtful accounts ▶			
ssets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
_		Investments - U.S. and state government obligations		255 504	200
	_	Investments - corporate stock STMT 2	0.	375,724.	377,242.
		Investments - corporate bonds	+		
	11	Investments - land, buildings, and equipment basis			
	4.0	Less accumulated depreciation			
	l	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	4.5	Less accumulated depreciation	+		
		Other assets (describe)	+		
	16	Total assets (to be completed by all filers - see the	0.	E12 E0E	E1E 102
_	17	Instructions. Also, see page 1, item 1)	<u> </u>	513,585.	515,103.
		Accounts payable and accrued expenses Create payable			
	18	Grants payable Deferred revenue			
Liabilities	19 20	1			
Ξ	21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable		·-	
Ë	I	Other liabilities (describe)			
		, in the manifeld (describe)			
	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.			
or Fund Balances	24	Unrestricted			
ă	25	Temporarily restricted]	
Ba	26	Permanently restricted			
ğ		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
	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.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	513,585.	
Red	30	Total net assets or fund balances	0.	513,585.	
_	31	Total liabilities and net assets/fund balances	0.	513,585.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	0.
	•	amount from Part I, line 27a		2	513,585.
		increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	513,585.
5	Decr	eases not included in line 2 (itemize)		5	0.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		513,585.
					Form 990-PF (2013)

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.

Form **990-PF** (2013)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

7

	n 990-PF (2013) JOSH AND SUSIE KIMELMAN FOUNDATION 46-438 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
1a	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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔛 and enter 1%		7	<u>33.</u>
	of Part I, line 27b			
	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-)			0.
-	Add lines 1 and 2			33.
				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>33.</u>
	Credits/Payments:			
	2013 estimated tax payments and 2012 overpayment credited to 2013			
	Exempt foreign organizations - tax withheld at source			
	E Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d 6d			^
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		-	9.
	,			<u>42.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶ 11 art VII-A Statements Regarding Activities			
_		\neg	Yes	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		163	
	any political campaign? Plot it apped more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1a 1b		X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	10		
	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.			
	E Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			<u> </u>
u	(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.			
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
·	managers. > \$ 0.			
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	n 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)			
_	IA (F. 200 PF) the All and All			
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_	Ψ,	
_	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			v
40	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	Х	<u>X</u>
10		_ <u>10 </u> orm 990		2013)

323541

	Form 990-PF (
Total, Add lines 1 through 3	>	0.
·		
All other program-related investments. See instructions.		
2		
N/A		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
Part IX-B Summary of Program-Related Investments	-	
2		
1 <u>N/A</u>		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>	0
NONE		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce (c) Compens	sation
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
Paid Employees, and Contractors (continued)		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly		age /
orm 990-PF (2013) JOSH AND SUSIE KIMELMAN FOUNDATION 4	46-4381300 Pa	age 7

For	orm 990-PF (2013) JOSH AND SUSIE KIMELMAN FOUNDATION	46-4	381300 Page 8
	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreig	· ·	
		The state of the s	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		255 040
	•	1a	377,242.
	- · · · · · · · · · · · · · · · · · · ·	1b	137,861.
		1c	
	d Total (add lines 1a, b, and c)	1d	515,103.
е	e Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	515,103.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,727.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	507,376.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	626.
Р	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations of the foreign organizations check here and do not complete this part.)	ions and certain	
1	Minimum investment return from Part X, line 6	1	626.
2a	a Tax on investment income for 2013 from Part VI, line 5	33.	
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	733.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	b Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	a Suitability test (prior IRS approval required)	3a	
b	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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		

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

Form **990-PF** (2013)

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

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.		Tours prior to 2012	2012	2010
line 7				0.
2 Undistributed income, if any, as of the end of 2013			-	-
a Enter amount for 2012 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2013:	_ _			
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$0 .				
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			*	0.
e Remaining amount distributed out of corpus	0.			
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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.	
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	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.	=			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				5 000 DE (00.10)

Part XIV Private Operating Fo	D SUSIE KIMI			40	1-4301300 rage 10
1 a If the foundation has received a ruling of	· · · · · · · · · · · · · · · · · · · 		TA, question 5)	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found		-	un coction	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Touridation described	Prior 3 years	4342(J)(3) OI	
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	(2) 23 13	(5) 2012	(0) 2011	- (4)	(0) 10.21
each year listed b 85% of line 2a		-			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		······································			
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Complet	e this part only	if the foundation	n had \$5 000 i	or more in assets
at any time during t			ii dio roundadi),, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or more in addets
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	o have contributed more th		tributions received by t	he foundation before	the close of any tax
year (but only if they have contributed π	nore than \$5,000). (See se	ction 507(d)(2).)			
SEE STATEMENT 6					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large po	rtion of the ownership	of a partnership or
NONE					
2 Information Regarding Contributi					
Check here X if the foundation of the foundation makes gifts, grants, etc.					
	, ,			•	, c, and c.
a The name, address, and telephone number	per or e-mail address of th	e person to wnom app	iications snould de add	ressed.	
b The form in which applications should b	e submitted and informati	on and materials they s	should include:		
	 				
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields	, kinds of institutions,	or other factors:	
					5 000 DE (0040)

10

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	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				
NONE				
<u></u>				
T-A-1			<u> </u> 3a	
Total b Approved for future payment		·	Ja Ja	0.
b , pp. or ou to raid to payment				
NONE				
Total	_l_	J	<u>▶</u> 3b	
Total	·	_	> 30	o. Form 990-PF (2013)

Part XVI-A A	nalysis of Incom	e-Producina A	Activities

Enter gross amounts unless otherwise indicated.				ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	
a	_		+ +		
b			+		
<u> </u>	_		+		-
d	-		+-+		
e	-	· · · · · · · · · · · · · · · · · · ·	+	-	
g Fees and contracts from government agencies	-		+		
g Fees and contracts from government agencies 2 Membership dues and assessments			+		
3 Interest on savings and temporary cash			+ +		
investments					
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			1		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	287.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			+		
b	-				
<u> </u>	_				
d	_		1		
e	- 	0	+	287.	0
12 Subtotal. Add columns (b), (d), and (e)	<u></u>		• 1		
13 Total. Add line 12, columns (b), (d), and (e)				13	287
(See worksheet in line 13 instructions to verify calculations.)				-	

Part XVI-B	Relationship of A	Activities to the A	Accomplishment (of Exempt F	'urpose:
------------	-------------------	---------------------	------------------	-------------	----------

Ine No.	the foundation's exempt purposes (other than by providing funds for such purposes).
	the tournation of exempt purposes (editor than of providing funds for each purposes).
	

Part	XVII	Information Re Exempt Organ	egarding Transfers [*] nizations	To	and Transactions a	nd Relations	hips With Noncha	ritabl	9	
1 D	rd the or		rectly engage in any of the fol	ollowin	in with any other organization	n described in sect	ion 501(c) of	T	Yes	No
			c)(3) organizations) or in section				1011 00 1(0) 01			
	Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash							1a(1)		х
•) Other							1a(2)		X
-	-	sactions:						1.2,2,		
		of assets to a noncharita	able exempt organization					1b(1)		х
			oncharitable exempt organizati	tion				1b(2)		Х
		al of facilities, equipment,						1b(3)		Х
-	-	bursement arrangements						1b(4)		X
(5) Loan:	s or loan guarantees						1b(5)		X
(6) Perfo	rmance of services or me	embership or fundraising solic	icitatio	ons			1b(6)		X
c SI	haring o	f facilities, equipment, ma	ailing lists, other assets, or pai	aid em	ployees			1c		X
d If	the ansv	wer to any of the above is	"Yes," complete the following	g sche	dule. Column (b) should alw	vays show the fair n	narket value of the goods, o	other as:	sets,	
or	service	s given by the reporting fo	foundation. If the foundation re	receive	ed less than fair market valu	e in any transaction	or sharing arrangement, s	how in		
CC		 	other assets, or services rece							
(a) Line	no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
			N/	<u>/A</u>						
	-		<u> </u>							
										
	-									
	-									
						-				
			<u> </u>							

2a Is	the four	ndation directly or indirect	tly affiliated with, or related to	o, one	or more tax-exempt organiz	ations described	··			
ın	section	501(c) of the Code (other	r than section 501(c)(3)) or in	ın sect	ion 527?			Yes	X	No
b _lf	"Yes," co	omplete the following sch	edule.							
		(a) Name of org	janization		(b) Type of organization		(c) Description of relations	пр		
		N/A								
			//_				· · · · · · · · · · · · · · · · · · ·			
	1.1.4.									
C:			that have examined this return, in mplate Declaration of preparer (oth				May	the IRS or	discuss t	.his
Sign Here			lla V	_	1 /1/1/1/		sho	wn below	(see inst	ir)?
11010		nature of officer or trustee				* '// *	cer_ []	X Yes		J No I
	Sigi	Print/Type preparer's na		rer's s	Date //	Title /// Date	Check If PTIN			
		Trino Type preparer 3 ne	A A			Date	self- employed			
Paid		MICHAEL CO	$_{\text{MITTNG}}$ $ / V $	\mathcal{M}	W Lilla	7/8/14	, ,	1104	630	
	arer		MAN & COMPANY		LLP	110111	Firm's EIN ► 42-0'	0194 7940		
-	Only	THIN S HAIRE F DEN	HERTI & COMPANI	- ,	THE		Full Sell F 42-0/34023			
	- ,	Firm's address ▶ 1 6	01 22ND STREE	EТ	SULTE 400		 			
			ST DES MOINES			3	Phone no. 515-23	25-8	400	
						-		rm 99 0		(2013)

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

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.

JOSH AND SUSIE KIMELMAN FOUNDATION

OMB No 1545-0047

Name of the organization

Employer identification number

46-4381300

Organization type (check one):								
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							
Note. Only a section 50 General Rule	ion is covered by the General Rule or a Special Rule. 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one omplete Parts I and II.							
Special Rules								
509(a)(1) and	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.							
total contribut	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III							
contributions f If this box is cl purpose Do n	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.							
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), or Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to meet 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

<u>46-4381300</u>

JOSH AND SUSIE KIMELMAN FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSHUA D KIMELMAN 147 TONAWANDA DR DES MOINES, IA 50312	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SUSAN H KIMELMAN 147 TONAWANDA DR DES MOINES, IA 50312	\$\$	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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions)

Name of organization

Employer identification number

JOSH_	AND SUSIE KIMELMAN FOUNDATION	-4381300		
Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art 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	
1	PUBLICLY TRADED SECURITIES			
		\$ 379,304.	12/30/13	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
2	PUBLICLY TRADED SECURITIES			
		\$\\$\\$\	12/30/13	
(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	

FORM 990-PF	GAIN OR (LOSS) F	FROM SALE	OF	ASSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERT	ΥΥ			MANNER CQUIRED			DATE SO	DLD
2,921 SHARES BLACKROCK	GLOBAL ALLOCATI	ON FD			12/3	0/13	12/31	/13
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE		(E) DEPRE		GAIN	(F)	3
62,300.			0.		0.			41.
(A) DESCRIPTION OF PROPERT	Y			MANNER CQUIRED	DA' ACQU		DATE SO)LD
5,058 SHARES FRANKLIN	UTILITIES A				12/3	0/13	12/31/	<u></u> ′13
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F) OR LOSS	3
75,561.	75,415.		0.		0.		14	16.
CAPITAL GAINS DIVIDENI	S FROM PART IV							0.
TOTAL TO FORM 990-PF,	PART I, LINE 6A				=		28	37.
FORM 990-PF	CORPOR	RATE STOCI	K			STA	TEMENT	2
DESCRIPTION				BOOK VA	LUE		R MARKET VALUE	C.
STOCK			_	375	,724.		377,24	12.
TOTAL TO FORM 990-PF,	_	375,724.		377,24	12.			
			=					

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

6

NAME OF MANAGER

JOSHUA D KIMELMAN SUSAN H KIMELMAN

Form **8868** (Rev January 2014)

, lov ballaaly 2011,

Department of the Treasury Internal Revenue Service

LHA

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

Form 8868 (Rev. 1-2014)

	are filing for an Automatic 3-Month Extension, complete			•	ı	■ X	
-	are filing for an Additional (Not Automatic) 3-Month Ex						
	omplete Part II unless you have already been granted a		•	-			
	i c filing (e-file). You can electronically file Form 8868 if y			-		•	
	to file Form 990-T), or an additional (not automatic) 3-moi						
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated With C	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	stronic filing of this	s form,	
ısit www	irs gov/efile and click on e-file for Chanties & Nonprofits				. <u></u>		
Part I	Automatic 3-Month Extension of Time	e. Only s	ubmit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I onl	y				l	▶ ∐	
	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time		
to file inc	ome tax returns			Enter file	Enter filer's identifying number		
Type or	Name of exempt organization or other filer, see instru-	ctions		Employe	r identification nur	nber (EIN) or	
print							
	JOSH AND SUSIE KIMELMAN FOU	JNDAT:	ION		46-4381300		
File by the due date for	Number, street, and room or suite no. If a P O box, so	ee instruct	tions.	Social se	curity number (SS	SN)	
filing your eturn See	147 TONAWANDA DR						
nstructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions.				
	DES MOINES, IA 50312						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
		•			•		
Applicat	ion	Return	Application				
ls For		Code	is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)				
Form 990)·BL	02	Form 1041-A				
Form 472	20 (individual)	03	Form 4720 (other than individual)				
Form 990		04	Form 5227				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	0-T (trust other than above)	06	Form 8870 12				
	JOSH KIMELMAN						
• The b	ooks are in the care of 147 TONAWANDA I	DR – I	DES MOINES, IA 503	12			
	none No ▶ 515-277-3708		Fax No D				
	organization does not have an office or place of business	s in the Un	ited States, check this box			▶ □	
	is for a Group Return, enter the organization's four digit (If this is fo	r the whole group	. check this	
box 🕨		7					
	quest an automatic 3-month (6 months for a corporation					,	
			tion return for the organization name		The extension		
ıs f	or the organization's return for:	· g-···					
.o.	calendar year or						
	X tax year beginning DEC 23, 2013	. an	d ending DEC 31, 2013				
2 If t	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: X Initial return	Final retur	n		
- II	Change in accounting period	TOOK TOUS	on	i iiiai iotai			
3a lfti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions			onto the tentative tax, less any	3a	\$	0.	
		onter an	v refundable credits and		Ψ		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069				26	.	0.	
estimated tax payments made. Include any prior year over				3b_	\$	<u> </u>	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions			20	.	0.		
				3c	1 9		
Caution. Instruction	If you are going to make an electronic funds withdrawal	(anect ae	uių witi triis form 8008, see form 8	ભાગુગ-≝U ai	iu roim 66/9-EO	ioi payment	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.