

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



•orm 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2013

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

For	calend	dar year 2013 or tax year beginning	, 2013, and ending , 20							
Na	me of f	oundation	A Employer identification numbe			identification number				
Te	a be	Barbara McLaughlin Foundation			52-22047	52-2204727				
Nu	mber a	nd street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions))			
1:	205 L	akeview			(641)472	2-4175				
Cit	y or to	vn, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pending,	check here			
F	airfi	eld, IA 52556								
			of a former public ch	anty	D 1. Foreig	n organizations, check hei	re ▶ 🗍			
		Final return Amended ret	tum							
		Address change Name chang	e			n organizations meeting the				
H C	heck t	ype of organization X Section 501(c)(3) exempt priva	ite foundation			•				
			axable private found	dation		foundation status was tem 07(b)(1)(A), check here				
		rket value of all assets at J Accounting method	X Cash	Accrual	1					
		vear (from Part II, col. (c), Other (specify)			1	ndation is in a 60-month te ction 507(b)(1)(B), check h	► I I			
	ne 16)		on cash basis)							
	rt(l	Analysis of Revenue and Expenses (The total of			· · · · · · · · · · · · · · · · · · ·		(d) Disbursements			
	- 4×	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Ne	tinvestment	(c) Adjusted net	for chantable			
		the amounts in column (a) (see instructions))	books	"	ncome	income	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach schedule)	6	175 * * * *		٠	, * , , , , , , , , , , , , , , , , , ,			
	2	Check fithe foundation is not required to attach Sch B								
	3	Interest on savings and temporary cash investments		1	., , ,	*	***			
	4	Dividends and interest from securities		1						
		Gross rents								
	5a		7, 4, 1	\$ 3 J \$ \$ \$ 7 \$	¥					
	b	Net rental income or (loss)			- - 402 61					
e	6a	Net gain or (loss) from sale of assets not on line 10 . STM139	1,	006 -						
ē	b	Gross sales price for all assets on line 6a 4,553			\$ N = 1 &		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Revenue	7	Capital gain net income (from Part IV, line 2)				/ X,				
-	8	Net short-term capital gain								
	9	Income modifications			· · · · · · · · · · · · · · · · · · ·	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	10a	Gross sales less returns and allowances					2 4			
	b	Less Cost of goods sold			* ***	mai 1888 à 828 .	\$ 3 2 4 <u>\$</u> 5 !			
	C	Gross profit or (loss) (attach schedule)		244			* } ~			
	11	Other income (attach schedule) STM106		244	2,244		*			
	12	Total. Add lines 1 through 11	9,	426	2,245					
	13	Compensation of officers, directors, trustees, etc		-						
enses	14	Other employee salaries and wages	/807	2220000	5-31% pr====================================	7				
eñ	15	Pension plans, employee benefits	h - h	20 m 5 m 6 m	(T) / Lee [-			
ă	16a	Legal fees (attach schedule)	<u> </u>	0 602		Ten!	 			
a) LI	ь	Accounting fees (attach schedule) STM1Q8		ers MAY	2 2 2014					
Ž	C	Other professional fees (attach schedule)		WAY MAY	ы ы					
tra	17	Interest								
JIS.	18	Taxes (attach schedule) (see instructions) STM110	, n	97 OG		97				
Ē	19	Depreciation (attach schedule) and depletion		1===			<u> </u>			
Ad	20	Occupancy		_						
פַ	21	Travel, conferences, and meetings				_				
a	22	Printing and publications		24	24	 	 			
į.	23	Other expenses (attach schedule) STM103		84	84					
Operating and Administrative Exp	24	Total operating and administrative expenses.								
be		Add lines 13 through 23		120	566					
0	25	Contributions, gifts, grants paid		831	· {	P H & L. T.	70,002			
	26	Total expenses and disbursements. Add lines 24 and 25 .	94,	951	566	555	93,831			
_	27	Subtract line 26 from line 12:	*	*	*	**	* * * * * * * * * * * * * * * * * * * *			
	а	Excess of revenue over expenses and disbursements .	(85,	525)* 🐧 🦠	* !	» 4° × 4°				
	ь	Net investment income (if negative, enter -0-)			1,679		.x ' .x			
	С	Adjusted net income (If negative, enter -0-)	* *		3	0	·# \ " \			

5 Decreases not included in line 2 (itemize) STM116

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

7,828

1,744

5

6

Part IV Capital Gains and	Losses for Tax on Investme					
	kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)	1	How acquired P-Purchase D-Donation	(c) Date acqu (yr , mo , da		ite sold io , day)
1a						
b					_ - -	
C	·					
<u>d</u>						
		<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense of		((h) Gain or (loss) e) plus (f) minus (g)	
a						
b					 	
<u>C</u>						
d e					·	
	ain in column (h) and owned by the four	ndation on 12/31/69		_	-	
Complete only for assets showing gr				(I) Ga	ains (Col (h) gain m but not less than -0	ninus)-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of c over col (j), if a	any		osses (from col (h))	
а						-
b						
C						-
d						
е						
2 Capital gain net income or (net capit	(al loss) 5	er in Part I, line 7	}			
	If (loss), enter -	0- in Part I, line 7	,	2		
3 Net short-term capital gain or (loss)						
If gain, also enter in Part I, line 8, col	lumn (c) (see instructions). If (loss), ente	er -0- in .	}			
	·····			3	 	
	r Section 4940(e) for Reduc			nt income		
(For optional use by domestic private for	undations subject to the section 4940(a)	tax on net investm	nent income)			
If section 4940(d)(2) applies, leave this p	oart blank					
Men the form deten hable for the costion	4042 toy on the distributable amount of	fany yaar in tha ha	ssa noriad?		□ v _~	x X No
Was the foundation liable for the section If "Yes," the foundation does not qualify		• •	ise periou?		Yes	<u> </u>
Enter the appropriate amount in each			g any entries			
(a)				<u> </u>	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of nonc	(c) charitable-use as	ssets (Distribution ratio col (b) divided by c	
2012	13,225		16,		0.800642	(-//
2011	24,421			328	1.201348	
2010	14,697		29,	387	0.500119	
2009	10,452		23,	666	0.441646	
2008	123,160	<u></u>	41,	493	2.968212	
2 Total of line 1, column (d)				2	5.911966	
3 Average distribution ratio for the 5-ye	ear base penod - divide the total on line	2 by 5, or by the				
number of years the foundation has	been in existence if less than 5 years			3	1.182393	
4 Enter the net value of noncharitable	-use assets for 2013 from Part X, line 5			4		63,772
5 Multiply line 4 by line 3				5		75,404
6 Enter 1% of net investment income	(1% of Part I, line 27b)			6		17
7 Add lines 5 and 6				7		75,421
8 Enter qualifying distributions from Pa						93,831
if line & is equal to or greater than lir	ne 7, check the box in Part VI, line 1b, a	na complete that pa	art using a 1%	tax rate See th	ie	
Part VI instructions						

	990-PF (2013) Ted & Barbara McLaughlin Foundation	52-2	204727	,	F	Page 4	
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	see	instru	tion	s)	r	
1a	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)						
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				17	
	here ▶ X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	L	<u> </u>				
	Part I, line 12, ∞I (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0	
3	Add lines 1 and 2	3	L			17	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	<u> </u>			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5				17	
6	Credits/Payments:		*			*	
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a	1	}	, .		*	
b	Exempt foreign organizations - tax withheld at source]	,,		> ,	r#	
С	Tax paid with application for extension of time to file (Form 8868) 6c	1			4	ř	
d	Backup withholding erroneously withheld 6d	ļ		-			
7	Total credits and payments Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<u> </u>				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			17	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11	Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded	11	<u> </u>				
	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		-		Yes	No	
	participate or intervene in any political campaign?		• •	1a		X	
Ь	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				-	ļ,	
	published or distributed by the foundation in connection with the activities.		1				
С.	Did the foundation file Form 1120-POL for this year?		· ·	1c	- ,	X	
a	d 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	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
2	on foundation managers		-				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • •	٠. ٢	2		X_	
2	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		-				
4a	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		٠. ١	3		X	
+a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		}	4a		Х	
5	·	• • •	٠. ٢	4b		Х	
-	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	• • •		5		<u> </u>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				Í		
•	By language in the governing instrument, or				>		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		ĺ		,	1	
	conflict with the state law remain in the governing instrument?		1	 6	X		
7	Dutie to the second sec	• • •		7	X		
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	XV				 	
Ju	IA		l			١.	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		— [,	>		
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			8b	Λ	 	
•			ŀ				
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		- [ا ي		v	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	• • •	⊦	9		X	
	- ·			4.		X	
	names and addresses		<u> </u>	10		L 43	

Form	990-PF (2013) Ted & Barbara McLaughlin Foundation 52	-2204727		Page 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	-	11	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	.	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_	13 2	_
	Website address • N/A	,, _	·• <u> </u>	<u>-</u>
14		641-472-	4175	
17		52556	41/2	
45	Located at 1205 Lakeview Drive, Fairfield, IA ZIP+4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here	22336		
15		 15		. 🗸 🗀
40		19	T.,	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority	Ì	. Ye	-
	over a bank, securities, or other financial account in a foreign country?	· · · ·	16	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		44	X X
	the foreign country			* * * *
Pai	rt _» VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		<u>* 1 Ye</u>	s No
1a	During the year did the foundation (either directly or indirectly)	- , l'.	23	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_	.	5 2
	disqualified person?	X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No		* r
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_		
	the benefit or use of a disqualified person)? Yes	X No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	_		
	foundation agreed to make a grant to or to employ the official for a period after	(
		X No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b	
	Organizations relying on a current notice regarding disaster assistance check here	7 🕼		14.5 8.1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	- I		
	were not corrected before the first day of the tax year beginning in 2013?		1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		E	- 31 1
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			. i i i i
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and	ļ, '		
u	6e, Part XIII) for tax year(s) beginning before 2013?	X No 1		
	If "Yes," list the years , , , ,	□ .		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	35	88 8	
			2b	X
_	all years listed, answer "No" and attach statement - see instructions)		2D	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	<u> </u>	1,		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	╗	*	\$ L.
	, , ,	X No	<i>:</i> [."	· * * * * * * * * * * * * * * * * * * *
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or	1 5	* ·	
	disquelified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			5 25
	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			
	foundation had excess business holdings in 2013)	<u> </u>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	[-	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?		4b	X

Form 990-PF (2013)

Part VII-8 Statements Regarding Activities for Which Form 4720 May Be Required (continued)		990-PF (2013) Ted & Barbara McLaughl			4720	May Po F		52-22047	27	Page 6	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4845(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an originalization other than a chantable, etc., or a part part propagation of the propagati				VIIICH FOIH	14720	way be r	kequire	a (continuea)	71		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly, any other registration frive?	ъa				40454-334	^	г	7 v - 17 v		1	
directly or indirectly, any votar registration drive? (3) Provide a grant to an organization other than a chantable, etc., organization described in section 508(s)(1), (2), or (3), or section 494(5)(2)? (see instructions) (6) Provide for any purpose other than religious, chantable, social, chantable, social, chantable, etc., organization described in section 508(s)(1), (2), or (3), or section 494(5)(2)? (see instructions) (6) Provide for any purpose other than religious, chantable, social, chantable, social and the section of or any purpose other than religious, chantable, social and the section of or supply to the form of any purpose of the prevention of organization of the section of the section of the provision of the section			_	· · ·			· · · L	_ Yes [∆] No	,		
(3) Provide a grant to an organization of the Travel, study, or other similar purposes? (4) Provide a grant to an organization offer that a chantable, (ci., organization described in section 508(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (5) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of crulety to children or animals? b If any answer is Y'es' to Sa(1)(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding desaster assistance (see instructions?) Organizations relying on a current notice regarding desaster assistance (see instructions?) Organizations relying on a current notice regarding desaster assistance (see instructions?) Organizations relying on a current notice regarding desaster assistance (see instructions?) Organizations relying on a current notice regarding desaster assistance (see instructions?) Organizations relying on a current notice regarding desaster assistance (see instructions?) Organizations relying on a current notice regarding desaster assistance (see instructions?) If Yes, and the foundation of the regarding desaster assistance (see instructions) Organizations described from the foundation of the foundati		• • •			•			ריי ביי איי די איי			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(4)(2)? (see instructions) Ves No S No No							⊦			,	
section 508(a(1), (2), or (3), or section 494(d)(2)? (see instructions)							· · · L	Tes VINO	*		
(5) Provide for any purpose other than religious, charatable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes' to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations 53.4945 or in a current notice regarding disaster assistance (see instructions)? Criginations reliving on a current notice regarding disaster assistance (see instructions)? Criginations reliving on a current notice regarding disaster assistance (see instructions) Criginations reliving on a current notice regarding disaster assistance deck here Criginations reliving on a current notice regarding disaster assistance deck here Criginations reliving on a current notice regarding disaster assistance (see instructions) If "Yes," tatach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (e) Compensation (e) Compensation (e) Compensation (e) Expense account, other allowances of a contract of the party of th				•			Г	7 v 🖼 n-	*		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions). If "Yes", "attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" at a time the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 8b, file Form 8870 A larny time during the lax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 8b, file Form 8870 If "Y			•	•			· · · L	_ Tes A No			
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Ciganizations relying on a current notice regarding disaster assistance (see instructions)? c If the answer is "Yes" to question 53.6(4), does the foundation daim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? c) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? The yes of the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction? The yes of the foundation and properties of a hard year and the properties of the transaction? The yes of the foundation and properties of a hard year and the properties of the transaction? List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Titus, and average of the compensation (give properties) of the transaction of the properties of the transaction of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Titus, and average of the properties of the transaction of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Titus, and average of the distribution of the properties of the prop				•			г	ਹ, ਜ਼ਿ.			
Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? C If the answer is 'Yes' to question 5a(4), does the foundation daim exemption from the tax because it maintained expenditure responsibility for the grant? B Dd the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? D Dd the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? B Dd the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? B Dd the foundation for the year, pay premiums, directly or indirectly, on a personal benefit contract? B If 'Yes' to Bb, file Form 8870 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? B If Yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction? List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (a) Name and address (b) Title, and average (c) Compensation											
Criganizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 53(4), does the foundation darm exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6), file Form 870 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to entry or indirectly on the party of the production of the path of the pat	b										
C If the answer is "Yes' to question 5a(4), does the foundation dame exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes' to 6b, file Form 8870 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," add the foundation receive any proceeds or have any net income attributable to the transaction? If Yes," and the foundation receive any proceeds or have any net income attributable to the transaction? It ist all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 A List all officers, directors, trustees, foundation managers, Highly Paid Employees benefit plans and deferred compensation. 1 A List all officers, directors, trustees, foundation managers, Highly Paid Employees, (see instructions). 2 Compensation of			_		•	tructions) ²⁷	•				
because it maintained expenditure responsibility for the grant? I'ves," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? c B Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Ta A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Ta A tany time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address foundation managers and their compensation (see instructions). (b) Title, and average flower entry of the party of the						• • • • •		▶ 📋	1 1	<i>.</i> *	
If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 17'ves' to 6b, file Form 82'70 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 9a At any time during the year, pay premiums 15 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contributions to employee benefit plans and deferred compensation (see instructions). 16 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contributions to employee benefit plans and deferred compensation (from paid, employee benefit plans and deferred compensation). 17 Interest tax years and the foundation and the party of the party of the paid tax years and the party of	С	•		•			г	¬., —	, n	1 .45	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b If It is indiffered. The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions). (a) Name and address (b) Title, and average floring paid employee benefit plans and deferred compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (d) Contributions to the relieve benefit plans and deferred compensation. Trustee 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (e) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee the plans and deferred compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (e) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (e) Compensation (e) Compensation (e) Expense account, other allowances of the relievances of the relievances of the relievance of the relievances of the relievances of the relievance of the reliev					• • • •	• • • • •	· · · L	_ Yes No	· -		
on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes" to 6b, file Form 8870 7b If "Yes" to 6b, file Form 8870 7b If "Yes" to 6b, file Form 8870 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and everage hours private by the file of the transaction? 1 List all officers, Directors, trustees, foundation managers and their compensation (fir not paid, enter-0-) and deferred compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours preveek devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the reliowances of the reliable to t											
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? I List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position Ted J McLaughlin Officer / Trust 1205 Lakeview Drive, IA 52556 3 0 0 0 0 Barbara McLaughlin Trustee 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation (fine) paid, enter 4.0. (d) Contributions to employee benefit plans and deferred compensation (e) Compensation (fine) paid, enter 4.0. (e) Compensation (fine) paid, enter 4.0. (e) Compensation (fine) paid, enter 4.0. (fine) paid paid paid paid paid paid paid paid	6a		-	•		ums	_	ਹ ਜ਼ਹ			
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Depart VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tale, and average hours per week devoted to position 3 0 0 0 Barbara McLaughlin 1205 Lakeview Drive, IA 52556 3 0 0 0 Barbara McLaughlin 1205 Lakeview Drive, IA 52556 3 0 0 0 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee pard more than \$50,000 (b) Tile, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (d) Contributions to employee benefit plans and deferred compensation. (e) Expense account, other allowances of each employee pard more than \$50,000 Double Tile, and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation. (e) Compensation (d) Contributions to employee benefit plans and deferred compensation. (e) Expense account, other allowances of the al		•				• • • • •	· · · L	」Yes [X] No	-3:		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No b if Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? The Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average devoted to position of the Party of the railbowances of the railb	b		ctly or inc	lirectly, on a per	sonal be	enefit contrac	3		6b	<u> </u>	
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		• •					_	,			
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average devoted to position (f) Contributions to employee benefit plans and deferred compensation of the highest-paid employees (other than those included on line 1 - see instructions). 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Expense							. L	_ Yes ∑ No			
A List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address											
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average house per week devoted to position (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensati	Par		ectors,	Trustees, I	Found	ation Mar	nagers,	Highly Paid E	Employ	yees,	
(a) Name and address (b) Title, and average heaved to position (c) Compensation employee benefit plans and deferred compensation (d) Contributions to employee perit plans and deferred compensation (d) Contributions to employee end deferred compensation (enter-Q-) (f) Indip paid, enter Q- (f) Contributions to employee end deferred compensation (d) Contributions to employee end of the remainder of the position and deferred compensation (d) Contributions to employee end of the position of the paid enter Q- (d) Contributions to employee end of the position of the paid enter Q- (d) Contributions to employee end of the position of the paid enter Q- (e) Expense account, other allowances (d) Contributions to employee end of the position of the paid enter Q- (e) Compensation of the paid enter Q- (f) Expense account, other allowances (e) Compensation (f) Contributions to employee end of the position of the paid enter Q- (e) Expense account, other allowances (e) Compensation (f) Contributions to employee end of the position of the paid enter Q- (e) Expense account, other allowances (e) Compensation (f) Contributions to employee end of the position of the paid enter Q- (e) Compensation (f) Contributions to employee end of the position of the position of the paid enter Q- (f) Contributions to employee end of the position of the paid enter Q- (f) Contributions to employee end of the position of the paid enter Q- (f) Contributions to employee enter Q- (g) Compensation (d) Contributions to employee enter Q- (e) Expense account, other questions and the paid enter Q- (e) Expense account of the paid enter Q- (f) Contributions to employee enter Q- (e) Compensation (f) Contributions to employee enter Q- (e) Compensation (f) Contributions to employee enter Q- (e) Compensation (f) Contributions to employee enter Q- (f) Contributions to employee enter Q- (g) Expense account, other Q- (g) Expense account, other Q- (g) Expense acco											
total number of other employees paid over \$50,000	1 L	st all officers, directors, trustees, foundation mana				`					
devoted to position enter-Q-) and deferred compensation Officer / Trust 1205 Lakeview Drive, IA 52556 Barbara McLaughlin 1205 Lakeview Drive, IA 52556 Trustee 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances NONE Total number of other employees paid over \$50,000 • 0		(a) Name and address									
1205 Lakeview Drive, IA 52556 Barbara McLaughlin Trustee 1205 Lakeview Drive, IA 52556 3 0 0 0 0 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and defendence compensation (e) Expense account, other allowances NONE Total number of other employees paid over \$50,000 ▶ 0											
Barbara McLaughlin 1205 Lakeview Drive, IA 52556 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances NONE Total number of other employees paid over \$50,000	Ted	J McLaughlin	Office	er / Trust							
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances NONE Total number of other employees paid over \$50,000	1205	Lakeview Drive, IA 52556	ļ	3		0	<u> </u>	0		0	
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000	Barb	ara McLaughlin	Truste	ee	l						
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefite plans and deferred compensation (e) Expense account, other allowances (other allowances) Total number of other employees paid over \$50,000.	1205	Lakeview Drive, IA 52556		3		0		0		0	
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefite plans and deferred compensation (e) Expense account, other allowances (other allowances) Total number of other employees paid over \$50,000.					•						
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefite plans and deferred compensation (e) Expense account, other allowances (other allowances) Total number of other employees paid over \$50,000.											
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefite plans and deferred compensation (e) Expense account, other allowances (other allowances) Total number of other employees paid over \$50,000.											
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefite plans and deferred compensation (e) Expense account, other allowances (other allowances) Total number of other employees paid over \$50,000.							L				
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (n) Expense account, other allowances (n) Total number of other employees paid over \$50,000.	2 C	empensation of five highest-paid employees (othe	r than th	ose included o	on line 1	- see instru	ictions). I	lf none, enter			
(a) Name and address of each employee paid more than \$50,000 (c) Compensation (e) Expense account, other allowances NONE (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000 0	"	ONE."	_					<u></u>			
NONE Compensation				(b) Title and	averane		i	(d) Contributions to	(a) Fam.		
NONE Total number of other employees paid over \$50,000		 a) Name and address of each employee paid more than \$5 	0,000	hours per w	reek 🗍	(c) Compe	nsation	plans and deferred	(e) Expe	nse account, illowances	
Total number of other employees paid over \$50,000				devoted to po	osition			compensation			
	NONE										
					1	ĺ					
				<u> </u>		-					
	Total	number of other employees hald over \$50,000		<u> </u>				-			
		The state of the s	• • • •		· · · · ·	<u> </u>	<u></u>	<u> </u>	Form 99	<u>_</u> _	

and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE.	n
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(-/
otal number of others receiving over \$50,000 for professional services	>
PartilY A Summany of Direct Charitable Activities	
PartilX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	r of
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 Direct contributions to Global Country of World	
Peace; non-profit 501(c)(3)organization	
	69,00
2 Direct contributions to Maharishi Vedic Foundation;	
non-profit 501(c)(3)organization	
	20,00
3 Direct contributions to other non-profit	
501(c)(3)organizations	
· 	4,82
4	
Part X B Summary of Program-Related Investments (see instructions)	
	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1	Amount
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3)
EA .	Form 990-PF (201

	, , , , , , , , , , , , , , , , , , , ,	A	l	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a		93,831
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:	1		
а	Suitability test (pnor 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		93,831
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		17
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	-	93,814
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the fo	undatio	^	

Undistributed Income (see instructions) Part XIII (b) Years pnor to 2012 (c) 2012 (d) 2013 Distributable amount for 2013 from Part XI, 3,172 Undistributed income, if any, as of the end of 2013: 2 729 Total for pnor years: Excess distributions carryover, if any, to 2013 From 2008 b From 2009 51,652 From 2010 25,362 From 2011 23,513 From 2012 11,534 Total of lines 3a through e 233,22 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ Applied to 2012, but not more than line 2a 729 Applied to undistributed income of prior years (Election required - see instructions) Treated as distributions out of corpus (Election required - see instructions) Applied to 2013 distributable amount Remaining amount distributed out of corpus 89,930 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5 323.15 Pnor years' undistributed income Subtract Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2012 Subtract line ş 4a from line 2a Taxable amount - see instructions Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) 121,166 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a 201,991 10 Analysis of line 9 51,652 а Excess from 2009 Excess from 2010 25,362 23,513 Excess from 2011 11,534 Excess from 2012 89,930 Excess from 2013

		ara McLaughlin Fo		<u> </u>	52-22047	27 Page 10			
Pag	※IV Private Operating Four	ndations (see inst	ructions and Part	VII-A, question 9)					
1a	If the foundation has received a ruling or o	letermination letter that i	t is a private operating						
	foundation, and the ruling is effective for 2	013, enter the date of th	e ruling		•				
ь	Check box to indicate whether the founda	tion is a private operatin	g foundation described	In section	4942(j)(3) or	4942(j)(5)			
2a									
	income from Part I or the minimum	(a) 2013	(b) 2012	T	(4) 2010	(e) Total			
	investment return from Part X for each year listed	(a) 2013	(0) 2012	(c) 2011	(d) 2010				
_	-			 		- 			
D	85% of line 2a								
С	Qualifying distributions from Part XII, line 4 for each year listed								
d	Amounts included in line 2c not used directly for active conduct of exempt activities $ \ .$								
е	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								
а	"Assets" alternative test - enter: (1) Value of all assets								
	(2) Value of assets qualifying under								
	section 4942(i)(3)(B)(i)								
b	"Endowment" alternative test - enter 2/3 of minimum investment 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 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)								
	an exempt organization	-							
D. FEE	(4) Gross investment income	1: (0 1 1 1							
қащ	Supplementary Informa			e foundation had	\$5,000 or more	e in assets at			
	any time during the yea		ns.)						
1	Information Regarding Foundation M	_							
а	List any managers of the foundation who before the close of any tax year (but only	have contributed more t if they have contributed	than 2% of the total cor more than \$5,000). (Se	ntributions received by the ee section 507(d)(2))	e foundation				
	Ted J and Barbara McLaughlin			· · · · · · · · · · · · · · · · · · ·					
b	List any managers of the foundation who ownership of a partnership or other entity				on of the				
2	Information Regarding Contribution,								
	Check here X if the foundation only	makes contributions to	preselected chantable	organizations and does r	not accept				
	unsolicited requests for funds. If the found other conditions, complete items 2a, b, c,	dation makes gifts, grant	s, etc. (see instructions	s) to individuals or organiz	cations under	,			
а	The name, address, and telephone numb		on to whom applications	s should be addressed:					
	-								
b	The form in which applications should be	suomiπed and informati	on and matenals they s	should include:					
С	Any submission deadlines:								
d	Any restrictions or limitations on awards, factors	such as by geographical	areas, chantable fields	s, kınds of institutions, or e	other				

PartXV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	_
	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Name and address (home or business)	or substantial contributor			
Paid during the year				
lobal Country of World Peace 000 Capital Blvd.			Vedic pandit	
airfield, IA 52556			educational	69,00
airileid, la 52556			educacionai	05,00
aharishi University of Management				
000 North Fourth Street			Consciousness	
airfield, IA 52556			based eduction	82
acred Sun Ministries				
581 Glasgow Road			Religious	
airfield, IA 52556			ministries	10
aharishi School				
04 Robert Keith Wallace Dr			Consciousness	
airfield, IA 52556			based education	10
aharishi Vedic Foundation				
00 Old North Branch Road			Consciousness	
ntrim, NH 03440			based education	20,0
,				
rahmananda Saraswati Foundation				
750 Maharishi Center			Vedic pandit	
airfield, IA 52556			project	3,7!
Omens Crisis Center				
O Box 466				
ttumwa, IA 52501			Womens health	!
Total		• • • • • • • • •	3a	93,8
Approved for future payment				
			1	
		1		
,		1		
	i	I		
		ŀ		

Enter gross amounts unless otherwise indicated			d business income	Excluded by s	(e)		
	Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
	a					 -	
	b			1	, ,		
	С						
	d						
	e						
	f						
	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			14	1		
5	Net rental income or (loss) from real estate		*				
	a Debt-financed property						
	b Not debt-financed property		<u>. </u>				
6	Net rental income or (loss) from personal property						
	Other investment income						
8	Gain or (loss) from sales of assets other than inventory			18	1,006	-	
9	Net income or (loss) from special events						
10	Gross profit or (loss) from sales of inventory						
11	Other revenue: a Program related inve			14	2,244		
	b						
	С						
	d						
	e		<u> </u>			-	
12	Subtotal. Add columns (b), (d), and (e)				3,251		
13	Total. Add line 12, columns (b), (d), and (e)					3,251	
(Se	ee worksheet in line 13 instructions to verify calculations)						
P	art XVI-B Relationship of Activities to th	e Accompli	shment of Exe	mpt Purpos	es		
ı	ine No. Explain below how each activity for which inc						
Ī	accomplishment of the foundation's exempt p	ourposes (other	than by providing fun	ds for such purp	oses) (See instructions.	.)	
	<u> </u>						
					_		
_							
			······································	·			
		<u> </u>	-				
				· <u>-</u>			

Form 990-PF (2013)

Ted & Barbara McLaughlin Foundation

52-2204727

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

			5											
1	Did t	he organization direct	tly or indirectly engage	e in any c	of the following wit	h any oth	er organız	ation describ	ed			4.5	Yes	No
	ın se	ction 501(c) of the Co	ode (other than section	n 501(c)(3) organizations)	or ın secti	on 527, re	lating to politi	cal					23.23
	orga	nizations?												
а	Tran	sfers from the reports	ng foundation to a nor	ncharitabl	e exempt organiz	ation of:								
												1a(1)		X
	• •											1a(2)		Х
b		er transactions										733	341	2
_			noncharitable exemp	ot organi	zation							1b(1)	-	X
			from a nonchantable									1b(2)		X
			quipment, or other as		-							1b(3)		X
			angements									1b(4)		X
			•									1b(5)	 	X
			ntees										\vdash	X
			rices or membership									1b(6)	├	X
C		-	ment, mailing lists, oth									1c_	L	
d		•	ne above is "Yes," co									[
		-	assets, or services giv									_		
		<u>-</u>	or shanng arrangem	ent, sho	w in column (d) t	he value	of the go	ods, other as	sets, or	servic	es recei	ved		
(a) Lir	ne no	(b) Amount involved	(c) Name of non	charitab <u>l</u> e	exempt organizati	on	(d) Desc	ription of trans	sfers, tran	saction	s, and sh	aring arr	angem	ents
			_											
												•		
				_	<u> </u>									
	_	-												
												•		
_														
					·									
2a	le th	e foundation directly	or indirectly affiliated w	wth or re	lated to one or m	ore tax-ex	remot ora:	anizations						
Lu		•	c) of the Code (other t									☐ Y€	s X	No
.		es," complete the follo		nan secu	011 00 1(0)(0)) 01 11	13000011	<i>521</i> ·			• • •		ш "	~ [j .40
b	<u> </u>	(a) Name of orga		<u> </u>	(b) Type of org				(a) Dos	ecciptio	n of relati	onehin		
_		(a) Name or orga	nization	 	(b) Type of org	anization			(C) Des	SCHPUO	TO TEIAL	Oliship		
				<u> </u>										
								<u> </u>						
							_							· ·
				-			-							
	1			e			4. 1			<u> </u>				
٥.	Į.C	Inder penalties of penury, I orrect, and complete Decl	I declare that I have example laration of preparer (other the	ned this reti han taxpay	arn, including accomp er) is based on all info	anying sche irmation of v	which prepar	atements, and to er has any know	o the best o ledge	r my kno	owiedge ai	na beller, i	is true,	
Sig		16.		1	-/12	1111	•			- 1		RS discus		
Hei	e /	sed M	Jan N	<u> </u>	<u> </u>	_/	Officer	/ Trustee	.		with the p	reparer sh	own be	low No
		Signature of officer of the	//		Date /		Title		·,	'	1000 11131			
_	- J	Pnnt/Type prepa	rer's name	Pre	parer's signature			Date		Check	T if	PTIN		
Pai	a	Larry A Ca	de de		tour a	(Oe		05-12-201	4	self-en	ployed	P00172	901	
Pre	pai	rer Firm's name	Larry A Camp	гţс					Firm's EIN	, ▶				
	•	nly Firm's address	▶ 1740 Jai Ave	•)				Phone no					
			Fairfield I	1 52556	 -				_	641	-223-0	418		
											_	Form 96	70-DE	(2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

Ted & Barbara McLaughlin	Foundation	52-2204727						
Organization type (check one):								
Filers of:	Castian:							
rilers of.	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt chantable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	☑ 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is cover	ered by the General Rule or a Special Rule.							
Note . Only a section 501(c)(7), (8 instructions), or (10) organization can check boxes for both the General Rule and a Special	Rule. See						
General Rule								
	orm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone) itributor. Complete Parts I and II.	y or						
Special Rules								
For a section 501(c)(3) ord	anization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulatio	nne						
	nd 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribu							
	or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, lir							
Complete Parts I and II.								
For a section 501(c)(7) (8)	or (10) organization filing Form 990 or 990-EZ that received from any one contributor,							
	butions of more than \$1,000 for use exclusively for religious, chantable, scientific, liter							
	r the prevention of cruelty to children or animals. Complete Parts I, II, and III.	idiy,						
For a section 501(c)(7), (8)	, or (10) organization filing Form 990 or 990-EZ that received from any one contributo	ar.						
during the year, contribution	ns for use exclusively for religious, chantable, etc., purposes, but these contributions	did						
	not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the							
year for an exclusively religious, chantable, 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 .		. • \$						
Caution. An organization that is n	ot covered by the General Rule and/or the Special Rules does not file Schedule	B (Form 990						
	nswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its F							
	that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 9							

Name of organization

Ted & Barbara McLaughlin Foundation

Employer identification number

52-2204727

	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	Ted and Barbara McLaughlin 1405 Lakeview Fairfield, IA 52556	\$ 6,175	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) - Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)

	Federal Supporting Statements	2013 PG 01
Name(s) as shown on return		FEIN
Ted & Barbara McLaughl	in Foundation	52-2204727
	rm 990PF, Part III, Line 5 Other Decreases Schedule	Statement #116
Unrealized loss on donated assets	3	5,829
Unrealized loss on program relate		1,999
Total		7,828
For	rm 990PF, Part II, Line 15 Other Assets Schedule	PG 01 Statement #120
Description	BOY Book EO	Y Book FMV
Program related investments	74,631	
Total		
	n 990PF, Part II, Line 10(b) ents: Corporate Stock Schedul	PG 01 Statement #137 e
Category	воу воо	k Value EOY FMV
50 Call Yahoo	5,200	
Totals	5,200	

	•
Federal Supporting Statements	2013 PG 01
Name(s) as shown on return	FEIN
Ted & Barbara McLaughlin Foundation	52-2204727

Form 990PF, Part I, Line 6(a)
Gain(Loss) from Sale of Other Assets Schedule

Statement #139

Name	50 Call Yaho
Term	Short-Term
Date Acquired	2012-11
How Acquired	Purchase
Date Sold	2013-01
Purchaser	
Gross Sales	\$ 4,553
Basis	\$ 3,547
Accumulated Depreciation	\$
Sales Expense	\$
Total Net	\$ 1.006

		Federal Su	Federal Supporting Statements	ients	2013 PG 01	,
Name(s) as shown on return Ted & Barbara McLaughlın Foundation					Your Social Security Num 52-2204727	ber
	Form 990PF, Part I,	Line 23	- Other Expenses Schedule		Statement #103	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
Dues and subscriptions	84	84	0	0		
Totals	84	84	0	0		
	Form 990Pl	F, Part I, Line 11 -	Form 990PF, Part I, Line 11 - Other Income Schedule		PG 01 Statement #106	<u> </u>
Description Program related investment int	Revenue and expenses	Net investment 2,244	Adjusted net income			
Totals	2,244	2,244				

Name(s) as shown on return	Federal Supporting Statements	2013 PG 01 Your Social Security Number
Ted & Barbara McLaughlın Foundation		52-2204727
	off, Fail 1, Line 10(D) - Accounting Fees Schedule Net Adjusted Ch	statement #lus
	915 458 458 00	
	Form 990PF, Part I, Line 18 - Taxes Schedule Revenue Net Adjusted Charitable and expenses investment net income purpose 97 0 97 0	PG 01 Statement #110
		5