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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

	<u>Ini</u>	ernal R	evenue Service Information about Form	1 990-FF and its separate	instructions is at www	us.gov/iorinissopi <u>ega</u>	en to rudile inspection
	F		endar year 2013 or tax year beginning	12/	13 , <b>2013</b> , and endi		09/30, <b>20</b> 14
		Name	of foundation			A Employer identific	ation number
	_ مد	SIM	ONSON FAMILY CHARITABLE FOUN	IDATION		37-0	6560385
2		Numb	er and street (or P O box number if mail is not delivered	d to street address)	-Room/suit	e B Telephone numbe	r (see instructions)
		Ď.			RECEN		
9	<b>.</b>	₽.0	. BOX 419248		50	3(1) 81	6-234-2000
	ΡË		r town, state or province, country, and ZIP or foreign po-	stal code	Ψ FFD + 0		
•	57	}			[ FEB 1 8	20 5 If exemption applicati	on is
	3	KAN.	SAS CITY, MO 64141-6248			pending, check here	
•	 		ck all that apply: X Initial return	Initial return	of a former, public char	ity :==	
	표	Cito	Final return	Amended ret	or a former, papilo cital	D 1 Foreign organization	
	8		Address change	Name change		85% test, check he	re and attach
	<del></del>	Cha	ck type of organization   X   Section 501(			computation • •	
	<u>မာ</u>	$\neg$				E If private foundation :	<b>►</b>
	Y		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		under section 507(b)	(1)(A), check here .
	9			unting method: X Ca	ash Accrual	F If the foundation is in	1 1
	5			ther (specify)		- under section 507(b)	1)(B), check here .
				column (d) must be or	r cash dasis )	<u> </u>	(d) Disbursements
	Li	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) more nad and	(b) Net investment	(c) Adjusted net	for charitable
			may not necessarily equal the amounts in	expenses per books	ıncome	income	purposes
	_		column (a) (see instructions) )				(cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	2,003,150.			
2015		2	Check ► attach Sch B				
7		3	Interest on savings and temporary cash investments				
4		4	Dividends and interest from securities	22,381.	22,381.		STMT 1
~		5 a	Gross rents				
8		b	Net rental income or (loss)				
FEB	ø	6a	Net gain or (loss) from sale of assets not on line 10	1,968,717.			
	Revenue	•	Gross sales price for all 2,055,881.				
SCANNED	ě	7	Capital gain net income (from Part IV, line 2) .		1,968,717.		
Z	<b>—</b>	8	Net short-term capital gain				
Z		9	Income modifications				
3		10 a	Gross sales less returns and allowances · · · · ·				
$\check{w}$		b	Less Cost of goods sold .				
		C	Gross profit or (loss) (attach schedule)				
		11	Other income (attach schedule)				
		12	Total, Add lines 1 through 11	3,994,248.	1,991,098.		
		13	Compensation of officers, directors, trustees, etc	13,071.	10,457.		2,614
		14	Other employee salaries and wages		NONE	NONE	
	nses	15	Pension plans, employee benefits		NONE	NONE	- ···
	ē	16a	Legal fees (attach schedule)				
	Ĕ		Accounting fees (attach schedule)			-	
	ø	ء	Other professional fees (attach schedule)				
	Administrative	17	Interest				
	stra	18	Taxes (attach schedule) (see instructions) STMT. 2.	40,000.		. 101	<u> </u>
	<u>ا</u>	19	Depreciation (attach schedule) and depletion.	10,000.			<del></del>
	ΕÞ	20	Occupancy				
			Travel, conferences, and meetings		NONE	NONE	-
	and	22	Printing and publications	<del></del>	NONE	NONE	
		22	Other expenses (attach schedule) STMT. 3.	1,991,967.	110111	140141	850
	Operating	24					0.50
	Jer	24	Total operating and administrative expenses.	2,045,038.	10,457.	NONE	3,464
	ŏ	1	Add lines 13 through 23		10,45/.	NONE	
		25	Contributions, gifts, grants paid	10,000.	30 453	NIONIE	10,000
	_	26	Total expenses and disbursements Add lines 24 and 25	2,055,038.	10,457.	NONE	13,464
		27	Subtract line 26 from line 12	1 000 000			
			Excess of revenue over expenses and disbursements	1,939,210.	2 000 015		
			Net investment income (if negative, enter -0-)		1,980,641.		<u> </u>
		l c	Adjusted net income (if negative, enter -0-).	[			

JSA For Paperwork Reduction Act Notice, see instructions. 3E1410 1000 ENF411 D73X 02/09/2015 10:05:18

Form 990-PF (2013)

Page 2

		Attached schedules and amounts in the	Beginning of year	End of	fyear
Part II	Balance Sheets	description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing			
2	-	cash investments		13,368.	13,368.
3					
	Less allowance for doub	btful accounts ▶			
4	Pledges receivable ▶_				
		btful accounts ▶			
5					
6	Receivables due from	officers, directors, trustees, and other			
İ	disqualified persons (att	ach schedule) (see instructions)			
7	Other notes and loans r	eceivable (attach schedule)			
		btful accounts ► NONE			
ν 8		se			
ssets 6 00		leferred charges			
	·	government obligations (attach schedule)			
		stock (attach schedule) STMT A		1,503,937.	1,620,788
				320,937.	325,185
11 6	Investments - land, building and equipment basis Less accumulated depreci			320,337.	525,105
140	(attach schedule)				
12 13		loans			
14	Land, buildings, and				
	equipment basis Less accumulated deprecia	ation			
	(attach schedule)			100,968.	108,856
15		► ALTERNATIVE INVESTMENTS SIMIA)		100,300.	100,030
16	•	completed by all filers - see the		1 020 210	2 060 107
+		age 1, item l)	<del></del>	1,939,210.	2,068,197
17	• •	accrued expenses			
18	Grants payable				
န္မ 19	Deferred revenue				
<u>≅</u> 20	Loans from officers, directo	ors, trustees, and other disqualified persons			
Liabilities 02 02 02 03 03 03 03 03 03 03 03 03 03 03 03 03	Mortgages and other no	otes payable (attach schedule)			
22	Other liabilities (describ	e ▶)			
23	Total liabilities (add line	es 17 through 22)		NONE	
	Foundations that fol	low SFAS 117, check here . ▶			
	and complete lines	24 through 26 and lines 30 and 31.			
Balances 25	Unrestricted				
25					
or Fund		not follow SFAS 117, ▶ 🗓			
리	check here and com	plete lines 27 through 31.			
		cipal, or current funds		1,939,210.	
Assets 58	•	or land, bldg , and equipment fund		2/33/220.	
38		ilated income, endowment, or other funds			
Ž 29	• .	d balances (see instructions)		1,939,210.	
돌 30 31		I net assets/fund balances (see		1,000,210.	
31				1,939,210.	
Dord I		anges in Net Assets or Fund	Ralances	1,333,210.	
				mount name with	
		balances at beginning of year - Part			
		ed on prior year's return)			1 020 210
2 Ent	er amount from Part I	, line 27a		2	1,939,210.
3 Oth	ner increases not inclu	ded in line 2 (itemize) ▶		3	1 030 010
4 Add	d lines 1, 2, and 3				1,939,210.
E D.	•				
3 Dec		n line 2 (itemize) ► palances at end of year (line 4 minus l		b).line 30 6	1,939,210.

P	art IV Capital Gains	and Losses for Tax on Inv	estment Income		-	
		d describe the kind(s) of property sold rick warehouse, or common stock, 200	_	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo., day, yr )
1a	PUBLICLY TRADED	SECURITIES		D- Donation		
_ <u>b</u>	)					
С	<b>,</b>					
_d	l			ļ		
_ <u>e</u>	)		<del></del>			1
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	ıs (g)
_a	2,055,881.		87,164.		1,	<u>,968,717.</u>
_ <u>b</u>	)					
_ <u>c</u>						
_d				-		
_е		showing goin in column (h) and owned	hytho foundation on 12/21/60			
_	Complete only for assets s	showing gain in column (h) and owned (j) Adjusted basis	(k) Excess of col. (i)		Gains (Col. (h) ga (k), but not less t	
	(i) FMV as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	l (h))
_a			<del></del>	<del> </del>	1,	968,717.
_ь						
_d	-			-		
	Capital gain net income or Net short-term capital gain	or (loss) as defined in sections 12	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7 222(5) and (6) tructions). If (loss), enter -0- in	2	1,	968,717.
	Part I, line 8	<u></u>	<u></u>	3		
P	art V Qualification U	Inder Section 4940(e) for Rec	duced Tax on Net Investment I	ncome	N/	'A
W			butable amount of any year in the b	ase perio	d?	Yes No
_	<del></del>	······	, see the instructions before making	any entri	es	
÷	(a)	(b)	(c)	l diry oner	(d)	
	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2012 2011	<del></del>				
	2010		<del>-  </del>		<del></del>	
	2009					
_	2008					
_			.1.		· · · · · · · · · · · · · · · · · · ·	
2	Total of line 1, column (d)	)	the total on line 2 by 5 or by the	2		
3	_		s than 5 years	3		
	number of years the round	dation has been in existence in less	s tilali 5 years			
4	Enter the net value of non	ncharitable-use assets for 2013 fro	om Part X, line 5	4		
5	Multiply line 4 by line 3			5	. <u></u>	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribution	ons from Part XII, line 4	in Part VI, line 1b, and complete	8		
	If line 8 is equal to or gr Part VI instructions.	eater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta:	x rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions)
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)		
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		39,613.
	here  and enter 1% of Part I, line 27b		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		
	Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		<del></del>
3	Add lines 1 and 2		39,613.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		39,613.
6	Credits/Payments		
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 40,000.		
b	Exempt foreign organizations - tax withheld at source		
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE		
ď	Backup withholding erroneously withheld		40 000
7	Total credits and payments Add lines 6a through 6d		40,000.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8		143.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		244.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		244.
11 Day	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 244 . Refunded ▶ 11  VII-A Statements Regarding Activities		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes No
14	or intervene in any political campaign?	1a	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	- '-	
U	definition)?	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
	distributed by the foundation in connection with the activities		Ì
c	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		
	(1) On the foundation >\$ (2) On foundation managers >\$		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		-
	foundation managers. > \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
	If "Yes," attach a detailed description of the activities		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,		
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Х
	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 fanguage 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	Х
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		
	KS		
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	۵.	x
_	of each state as required by General Instruction G <sup>7</sup> If "No," attach explanation	8b_	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ĺ	]
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete	_	x
	Part XIV.	9_	<del>                                     </del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	l x
		10	A PE (2012)

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the 

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . . .

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

X

3b

4a

orm 9	990-PF (2013)		37-65	60385		Page <b>6</b>
	t VII-B Statements Regarding Activities for	Which Form 47				
_	During the year did the foundation pay or incur any amou		<u> </u>			
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No	.	
	(2) Influence the outcome of any specific public ele					
	directly or indirectly, any voter registration drive?				,	
	(3) Provide a grant to an individual for travel, study, or ot			<del></del>	1 1	į
				. — —	'	l
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s				°	
	(5) Provide for any purpose other than religious, ch			1 1 11		
	purposes, or for the prevention of cruelty to children				1 1	
b	If any answer is "Yes" to $5a(1)-(5)$ , did any of the				n	
	Regulations section 53 4945 or in a current notice regard	ling disaster assistanc	e (see instructions)?		5b	
	Organizations relying on a current notice regarding disast	er assistance check h	ere			
C	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	emption from the ta	×		
	because it maintained expenditure responsibility for the g	rant <sup>7</sup>		. Yes No	,	ŀ
	If "Yes," attach the statement required by Regulations sect	ion 53 4945-5(d)				ŀ
6a	Did the foundation, during the year, receive any fund	ds, directly or indire	ctly, to pay premium	s		
	on a personal benefit contract?			. Yes X No	,	j
b	Did the foundation, during the year, pay premiums, direct				. 6ь	X
_	If "Yes" to 6b, file Form 8870	, , , ,				
72	At any time during the tax year, was the foundation a par	ty to a prohibited tax :	shelter transaction?	Yes X No	,	
	If "Yes," did the foundation receive any proceeds or have				.   7b	
	t VIII Information About Officers, Directors	. Trustees. Foun	dation Managers.	Highly Paid Empl		
ÇII.	and Contractors	·		• .	-	
1				·		
<u> </u>	List all officers, directors, trustees, foundation m					
<u> </u>	List all officers, directors, trustees, foundation m  (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense	
OMM	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to		
	(a) Name and address ERCE BANK, TRUSTEE	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		wances
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		
	(a) Name and address ERCE BANK, TRUSTEE	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		wances
	(a) Name and address  ERCE BANK, TRUSTEE OX 419248, KANSAS CITY, MO 64141-6248	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		wances
O B	(a) Name and address  ERCE BANK, TRUSTEE OX 419248, KANSAS CITY, MO 64141-6248	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		wances
0 B	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		wances
O B	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		wances
O BO	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  -0-	Other allo	-0-
O BO	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  -0-	Other allo	-0-
O BO	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248	(b) Title, and average hours per week devoted to position 2  (other than thos	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  -0-	Other allo	- 0 -
O B0	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributions to employee benefit	ons). If no	-0- ine, enter
O B0	(a) Name and address  ERCE BANK, TRUSTEE OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than thos	(c) Compensation (If not paid, enter 0-)  13,071	(d) Contributions to employee benefit plans and deferred compensation  -0-	other allo	-0- ine, enter
O B0	(a) Name and address  ERCE BANK, TRUSTEE OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (If not paid, enter 0-)  13,071	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributions to employee benefit plans and deferred	ons). If no	-0- ine, enter
2 (a	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (If not paid, enter 0-)  13,071	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expense other allo	-0- ine, enter
2 (a	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (if not paid, enter -0-)  13,071  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
2 (a	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (if not paid, enter -0-)  13,071  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
2 (a	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (if not paid, enter -0-)  13,071  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
O B0	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (if not paid, enter -0-)  13,071  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- ne, enter e account, wances
0 B0	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (if not paid, enter -0-)  13,071  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- ne, enter e account, wances
2 (a	(a) Name and address  ERCE BANK, TRUSTEE  OX 419248, KANSAS CITY, MO 64141-6248  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  2  (other than those hours per week h	(c) Compensation (if not paid, enter -0-)  13,071  e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- ne, enter e account, wances

NONE Form **990-PF** (2013)

Total number of other employees paid over \$50,000

Form 990-PF (2013)

**3**NONE

Total. Add lines 1 through 3.

All other program-related investments. See instructions

37-6560385 Form 990-PF (2013) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 1,978,037. **b** Average of monthly cash balances 1b 13,755. c Fair market value of all other assets (see instructions) 1c NONE d Total (add lines 1a, b, and c) 792. Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 NONE 1,991,792. 3 29.877. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 1,961,915. 78,477. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here ▶ and do not complete this part.) 78,477. 2a Tax on investment income for 2013 from Part VI, line 5 . . . . . . 2a Income tax for 2013. (This does not include the tax from Part VI.) 2b 2с 39,613. 38,864. 3 NONE 38,864. Deduction from distributable amount (see instructions)..... 6 NONE Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 38,864. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 13,464. Program-related investments - total from Part IX-B b 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 NONE 3 Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required) NONE Cash distribution test (attach the required schedule) NONE Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 13,464. 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)

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

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2013)

13,464.

6

	n 990-PF (2013)				Page 9
ra	rt XIII Undistributed Income (see instructi				
		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI,				38,864.
	line 7				30,004.
2	Undistributed income, if any, as of the end of 2013			NONE	
	Enter amount for 2012 only		NONE	MOINI	
3	Total for prior years 20,20		NONE		
3	1				
а Ь					
	From 2009 NONE From 2010 NONE				
ن	MONTE				
		NONE			
f 4	Total of lines 3a through e	NONE			
4	Qualifying distributions for 2013 from Part XII,				
	line 4 ▶ \$ 13,464.			NONE	
	Applied to 2012, but not more than line 2a			MOINE	
b	Applied to undistributed income of prior years (Election required - see instructions)	l	NONE		
			NONE		<del> </del>
C	Treated as distributions out of corpus (Election	NONE			
	required - see instructions)	NOME	<del></del>	<u></u>	13,464.
	Applied to 2013 distributable amount	NONE			15,404.
e		NONE			NONE
5	Excess distributions carryover applied to 2013 . (If an amount appears in column (d), the same	NOINE	-		NOME
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:	NONE			
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income. Subtract		NONE		
c	Inne 4b from line 2b		NONE		
Ī	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
_	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
е	Undistributed income for 2012. Subtract line		NOIVE		
	4a from line 2a. Taxable amount - see			NONE	
	instructions		<del></del>	NONE	
f	Undistributed income for 2013. Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2014				25,400.
-					23, 100.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
	Excess distributions carryover from 2008 not	1,01,1			
8	applied on line 5 or line 7 (see instructions)	NONB			
9	Excess distributions carryover to 2014.	1,011,0			
3	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9.		-		<del></del>
	Excess from 2009 NONE				
h	Excess from 2010 NONE				
c	Excess from 2011 NONE	1		İ	
	Excess from 2012 NONE				
	Excess from 2013 NONE				
_					Form <b>990-PF</b> (2013)

	NIV Private Or		lana inatmustiana si		- 01	NOT ADDITIONED
				nd Part VII-A, questio		NOT APPLICABLE
1 a	If the foundation has	_		-	ting	
	foundation, and the ruling	g is effective for 2013, en	ter the date of the ruling		▶└	
Ь	Check box to indicate wh	ether the foundation is a	private operating founda	tion described in section	4942	j)(3) or 4942(j)(5)
2 2	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Total
Za	justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	or the minimum investment					
	return from Part X for each					
	year listed					<del> </del>
b	85% of line 2a					<del></del>
C	Qualifying distributions from Part		1			1
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct					
_	of exempt activities					<del> </del>
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					
h	4942(j)(3)(B)(i) "Endowment" alternative test-					1
	enter 2/3 of minimum invest-					
	ment 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					
	(r)(3)(B)(m)					
	<li>(3) Largest amount of sup- port from an exempt</li>					
	organization					ļ
	(4) Gross investment income	L				<u> </u>
Pa				only if the founda	ation had \$5,000	or more in assets
_		during the year - s				
1	Information Regarding	·				
а	List any managers of					ved by the foundation
	before the close of any	tax year (but only if tr	iey nave contributed r	nore than \$5,000) (Se	e section 507(a)(2).)	
	N/A					
ь	List any managers of	the foundation who	own 10% or more o	f the stock of a corpo	ration (or an equal	ly large portion of the
	ownership of a partner	ship or other entity) of	f which the foundation	has a 10% or greater	ınterest	
	N/A					
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarshi	p. etc Programs:		
_				- <del>-</del>		
	Check here ► A if t	he foundation only	makes contributions	to preselected charit	able organizations	and does not accept
	other conditions, comp			ints, etc. (see instructi	ions) to individuals	or organizations under
	<u></u>			<del> </del>		
а	The name, address, an	d telephone number o	r e-mail address of the	person to whom appl	ications should be a	ddressed.
b	The form in which app	lications should be sul	omitted and information	on and materials they s	hould include	
	Any submission deadli	nes				
_	,	-				
	Any restrictions of la	mitations on augusta	cuch as by assert	phical areas shares	do fioldo kindo of	incututions of other
a	Any restrictions or li factors:	imiations on awards,	such as by geogra	pilicai areas, charitad	ne neius, kinus of	msulutions, or other

Part XV Supplementary Information (				
3 Grants and Contributions Paid Durin	g the Year or Appro	oved for F	uture Payment	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
CHILDRENS MERCY HOSPITAL			USED AT DISCRETION OF THE	
2401 GILLHAM ROAD KANSAS CITY MO 64108-4619	NONE	PC	BOARD OF DIRECTORS	10,000.
		1		
Tabel		L		10,000.
Total		1	<u>3a</u>	10,000.
<b>b</b> Approved for future payment				
				ļ
			Ì	1
	1			
		<u> </u>	<u></u>	
Total				

_	amounts unless otherwise indicated	Unreia	ited business income	Excluded by	section 512, 513, or 514	(e)
• D		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
_	service revenue		72	Excidsion code		(See instructions)
				1		
				†		
				-		
e f					-	
	and contracts from government agencies					
•	ship dues and assessments					
	n savings and temporary cash investments					
	s and interest from securities			14	22,381.	
	al income or (loss) from real estate					
a Debt-	financed property					
	lebt-financed property					
	income or (loss) from personal property					
	vestment income					··· =
	oss) from sales of assets other than inventory			18	1,968,717.	
Net inco	me or (loss) from special events					
Gross pr	ofit or (loss) from sales of inventory					
Other re	venue a					<u> </u>
						<u> </u>
c		<del> </del>				
d						
е						
	Add columns (b), (d), and (e) , ,				1,991,098.	
Total. Ad	dd line 12, columns (b), (d), and (e)				13 <u></u>	1,991,098
e worksh	eet in line 13 instructions to verify calcu			<del></del>		
art XVI-	Relationship of Activities	to the Ac	complishment of E	xempt Purp	oses	
ine No.	Explain below how each activity	y for which	n income is reported	in column (e	e) of Part XVI-A contrib	uted importantly to t
$\blacksquare$	accomplishment of the foundation	n's exemp	t purposes (other that		funde for such nurnoes	. 10
			. F F 1	n by providing	ining in ancii baibose	s). (See instructions.)
				n by providing		es). (See instructions.)
				n by providing	Tunus ioi such purpose	es). (See Instructions.)
				n by providing	Tunus for such purpose	es). (See Instructions.)
				n by providing	Tunus for such purpose	s). (See Instructions.)
				n by providing	Turius for such purpose	s). (See Instructions.)
				n by providing	Tunus for such purpose	s). (See Instructions.)
				n by providing	Tunus for such purpose	s). (See Instructions.)
				n by providing	Turius for such purpose	s). (See Instructions.)
				n by providing	Turius for such purpose	s). (See Instructions.)
				n by providing	Turius for such purpose	s). (See Instructions.)
					Turius for such purpose	s). (See Instructions.)
			NOT APPLICAE		Turius for such purpose	s). (See Instructions.)
					Turius for such purpose	s). (See Instructions.)
					Turius for such purpose	s). (See Instructions.)
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					Turius for such purpose	s). (See Instructions.)
					Turius for such purpose	s). (See Instructions.)
					Turius for such purpose	s). (See Instructions.)
					Turius for such purpose	s). (See Instructions.)
					Turius for such purpose	s). (See Instructions.)

Form 99	0-PF (2	013)				37-6560385		Pa	ge <b>1</b>
Part 2	XVII	Information R Exempt Orga		ansfers To and Tr	ansactions	and Relationships With Nor	chari	table	<del>-</del>
ır	n secti	on 501(c) of the Co			-	h any other organization described in section 527, relating to political		Yes	No
	•	rations? ers from the reporting	a foundation to	a noncharitable exem	nt organizatio	n of:			
		•	•		. •		1a(1)		L X
							1a(2)		X
		ransactions:							
(1	1) Sale	es of assets to a non	icharitable exen	mpt organization			1b(1)		X
(2	2) Pur	chases of assets from	m a noncharitat	ble exempt organizatio	n		1b(2)		X
(3	3) Ker 4) Rau	ntal of facilities, equi	pment, or other	r assets	• • • • • • •		1b(3)		X
							1b(4) 1b(5)	<del></del> -	X
(6	5) Per	formance of services	s or membersh	p or fundraising solicit	ations				X
									X
d If	the a	answer to any of th	ne above is "Ye	es," complete the follo	owing schedu	le. Column (b) should always should always should be foundation received less	w the		
v	alue II	n any transaction of	r sharing arran	gement, show in colu	mn (d) the va	lue of the goods, other assets, or	service	s rec	eive
(a) Line	no	(b) Amount involved	(c) Name of r	noncharitable exempt organia	zation (d	Description of transfers, transactions, and sha	ring arra	ngeme	∍nts
			<del>                                     </del>						
			<del> </del>						
	— <del> -</del> -		+		-				
			<del> </del>						
			<del></del>			7			
			<u> </u>	•					
				7.2.2.2.2.					
				****					
			<del> </del>						
			<del>                                     </del>						
				<del></del>					
							•		
2a Is	the	foundation directly	or indirectly af	filiated with, or relate	d to, one or	more tax-exempt organizations			
d	escrib	ed in section 501(c)	of the Code (o	other than section 501	(c)(3)) or in se	ction 527 <sup>7</sup>	X Y	es 🗌	No
<u><b>b</b> If</u>	"Yes,	"complete the follow							
CTM	T 0	(a) Name of organizatio	n	(b) Type of orga	inization	(c) Description of relation	ship		
SIM	IT B	<del>_</del>		STMT_B		STMT B			
						·			
		<del></del>							
	Under	penalties of perjury, I decla	are that I have exam	ined this return, including acco taxpayer) is based on all informat	mpanying schedules	s and statements, and to the best of my knowled	ge and	belief, i	it is trui
Sign	Da	2 1 D9 1	A O	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- Nor which prepare	May the IF	S discu	SP this	return
Here		angest. Och	m, Vice In	esylat 20,	15 PTF		reparer	shown	
	Sign	( /	201123333	Date	Title	(see instruction	ns)?	Yes	N
	T CO	MMERCE TRUST Print/Type preparer's na	COMPANY	Preparer's signature		Date Chack of	PTIN		
Paid		Timo Type preparer sna		r reparer s signature		Check if self-employed	11114		
Prepa	ırer	Firm's name				Firm's EIN			
Use C		Firm's address				THIII SERV			
						•			

Phone no

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

**Schedule of Contributors** 

OMB No 1545-0047

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

2013

Department of the Treasury ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 Internal Revenue Service Name of the organization Employer identification number SIMONSON FAMILY CHARITABLE FOUNDATION 37-6560385 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 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 covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules 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. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor,

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

during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary,

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. If 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** 

or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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
SIMONSON FAMILY CHARITABLE FOUNDATION

Employer identification number 37-6560385

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	CHARLOTTE SIMONSON TRUST  THE COMMERCE TRUST COMPANY  KANSAS CITY, MO 64141	\$ 2,003,150.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
			Horidadii dominibatione /
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			(d)
		Total contributions	(d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization SIMONSON FAMILY CHARITABLE FOUNDATION Employer identification number

37-6560385

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Pa	int in additional space is free	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	8595 VF CORP FMV \$ 2,003,150 , Basis \$12033		
		\$2,003,150.	12/13/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

NET INVESTMENT INCOME	22. 3,289. 1,310. 1,310. 1,82. 1,126. 1,137. 2,367. 2,367. 1,189.
REVENUE AND EXPENSES PER BOOKS	22. 3,289. 1,310. 1,310. 1,82. 1,182. 1,537. 2,48. 1,537. 2,48. 1,537. 2,367. 468. 1,189. 2,367. 1,189. 1,189. 323. 630. 1,306.
DESCRIPTION	AQR MANAGED FUTURES STRATEGY FUND I ALLIANZGI NFJ DIVIDEND VALUE FUND-INSTIT BAIRD AGGREGATE BOND FUND-IS BLACKROCK HIGH YIELD BOND PORTFOLIO COLUMBIA ACORN INTERNATIONAL FUND-Z COMMERCE BOND FUND #333 DODGE & COX INCOME FUND FIDELITY ADVISOR EMERGING MARKETS INCOME FINANCIAL SQUARE TR GOVERNMENT FD GOLDMAN SACHS HIGH YIELD FUND INS HARTFORD FLOATING RATE FUND-Y ISHARES RUSSELL MIDCAP GROWTH ETF ISHARES RUSSELL MIDCAP GROWTH ETF ISHARES RUSSELL 1000 VALUE ETF ISHARES USSELL 1000 VALUE FUND Y PORGAN ALERIAN MLP INDEX ETN IAZARD DEVELOPING MARKETS EQUITY PORTFOL NATIXIS LOOMIS SAYLES VALUE FUND Y PINCO EMERGING LOCAL BOND FUND Z V F CORP VANGUARD INTERMEDIATE TERM INVESTMENT GR VANGUARD FUSE ALL WORLD EX-US SMALL CAP

STATEMENT

FORM 990PF, PART I - TAXES 

> REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

==========

FEDERAL ESTIMATES - INCOME

40,000.

TOTALS

40,000.

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND DESCRIPTION

EXPENSES PER BOOKS

1,991,117. 850.

TO REDUCE VF CORP STOCK TO BAS FORM 1023 FEES

850.

CHARITABLE PURPOSES

850. 

TOTALS

1,991,967.  STATEMENT

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: MARCIA UBBEN

THE COMMERCE TRUST CO

ADDRESS: PO BOX 419248

KANSAS CITY, MO 64141

TELEPHONE NUMBER: (816)234-2346

Simonson Family Charitable Fndn September 1, 2014 - September 30, 2014

Account Number 46-0059-01-7

List of Assets

Projected         Current           4nnual Income         Yield           0 00         0.01%           0 00         0.00%           0 00         0.00%			Cost/ Per Unit 13,367 84 1.00 -30,689.98 30,689 98	Shares 13,367 84	Description  Cash and Cash Equivalents  Financial Square Tr Government Fd  Admin Cl Fund 466  Income Cash  Principal Cash
\$ 0.00 0.01%	0.65% \$ (	\$ 13,367.84	\$ 13,367.84		Total Cash and Cash Equivalents
	1.48%	30,689 98	30,689 98		
	-1.48%	-30,689 98	-30,689.98		
		1 00	1.00		466
		13,367 84	13,367 84	13,367 84	Tr Government Fd
				!	ivalents
		Per Unit	Per Unit		
			Cost/	Shares	

Equity Investments

Domestic Equities

Common Stocks						
V F Corp	008	280 01 0.35	52,824 00 66 03	2.55%	840.00	1 59%
Total Common Stocks		\$ 280.01	\$ 52,824.00	2.55%	\$ 840.00	1.59%
Exchange Traded Funds						
iShares Russell Midcap Growth ETF	743	60,949 18 82.03	65,644 05	3 17%	621 00	0 95%
Shares Russell Midcap Value ETF	1,658	106,693 96	116,060 00	5.61%	2,137.00	1 84%
Shares Russell 1000 Value ETF	1,168	107,651.76	116,905.12	2.65%	2,367 00	2.03%
Total Exchange Traded Funds		\$ 275,294.90	\$ 298,609.17	14.44%	\$ 5,125.00	1.72%
Mutual Funds						
Alltanzgı Nfj Dıvıdend Value Fund-Institutional	8,984.155	141,320 76	152,640 79	7.38%	3,288 00	2 15%

Simonson Family Charitable Fndn September 1, 2014 - September 30, 2014

Account Number 46-0059-01-7

# List of Assets

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income	Current Yield
Artısan Mid Cap Value Fund-Ins	1,339 695	35,327.76 26.37	36,238 75 27 05	1.75%	147.00	0 41%
Clearbridge Small Cap Growth Fund Class I	1,142.666	32,691.68 28 61	32,143 19 28 13	1.55%	0.00	%00 0
Morgan Stanley Institutional Fund Trust Mid Cap Growth Portfolio	1,359 055	59,540 20 43.81	60,790 53 44.73	2 94%	00 0	%00 0
Natixis Loomis Sayles Value Fund Y	3,840.959	106,586 60 27.75	109,774.61 28 58	5.31%	1,175 00	1 07%
T Rowe Price New Horizons Funds	484 337	21,790 30 44.99	22,226 22 45.89	1 07%	00 0	%00 0
Target Small Capitalization Value Portfolio	3,691.326	96,897 30 26 25	97,820 14 26 50	4 73%	1,018 00	1.04%
Vanguard Morgan Growth Fund-Ad	2,633.345	203,873 60 77 42	221,121.98 83.97	10 69%	1,748 00	%62 0
Wells Fargo Advantage Premier Large Company Growth Fund-I	7,661.138	109,018 00 14 23	115,453 35 15 07	2 58%	00 0	%00 0
Total Mutual Funds		\$ 807,046.20	\$ 848,209.56	41.01%	\$ 7,376.00	0.87%
Total Domestic Equities		\$ 1,082,621.11	\$ 1,199,642.73	28.00%	\$ 13,341.00	1.11%
Exchange Traded Funds						
Vanguard Ftse All World Ex-US Small Cap ETF	480	48,858 86 101 79	49,022 40	2.37%	1,306.00	2 66%
Total Exchange Traded Funds		\$ 48,858.86	\$ 49,022.40	2.37%	\$ 1,306.00	2.66%
International Equity Mutual Funds						
Columbia Acorn International Fund-Z	1,068 879	48,452 28	48,505 73 45 38	2.35%	773.00	1 60%

STMTA

Simonson Family Charitable Findin September 1, 2014 - September 30, 2014

Account Number: 46-0059-01-7

## List of Assets

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income	Current Yield
Invesco Developing Market Fund Class R5	1,521 224	48,937 78 32.17	50,824 09 33.41	2.46%	616 00	1.21%
Lazard Developing Markets Equity Portfolio-Ins	4,441 142	52,583 12 11.84	50,184 90 11 30	2 43%	348 00	%69.0
MFS Research International Fund-I	12,422 322	222,483 79 17 91	222,608 01 17.92	10 76%	3,403.00	1 53%
Total International Equity Mutual Funds		\$ 372,456.97	\$ 372,122.73	17.99%	\$ 5,140.00	1.38%
Total International Equities		\$ 421,315.83	\$ 421,145.13	20.36%	\$ 6,446.00	1.53%
Total Equity Investments		\$ 1,503,936.94	\$ 1,620,787.86	78.37%	\$ 19,787.00	1.22%
Fixed Income Investments						
Vanguard Intermediate Term Investment Grade Fund Adm	3,468 565	33,714 45	34,200 05	1.65%	1,070 00	3.13%
		\$ 33,714.45	\$ 34,200.05	1.65%	\$ 1,070.00	3.13%
Diversified Taxable Mutual Funds						
Baird Aggregate Bond Fund-Is	4,825.60	50,572 29 10 48	51,633 92	2.50%	1,568 00	3.04%
Commerce Bond Fund Fund #333	7,447.873	149,702.25 20.10	151,638 69	7.33%	4,881 00	3.22%
Fund	3,704 42	50,565 33 13 65	51,121.00 13.80	2.47%	1,537 00	3.01%
Total Diversified Taxable Mutual Funds		\$ 250,839.87	\$ 254,393.61	12.30%	\$ 7,986.00	3.14%
Taxable High Yield Funds						
Blackrock High Yield Bond Portfolio	531 36	4,415 60 8 31	4,357 15 8 20	0 21%	249.00	5 72%
Goldman Sachs High Yıeld Fund Ins	620	4,414.40 7 12	4,364 80 7 04	0.21%	243.00	5 58%

Simonson Family Charitable Fndn September 1, 2014 - September 30, 2014

EIN 37-6560385

Account Number. 46-0059-01-7

List of Assets

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income	Current Yield
Hartford Floating Rate Fund-Y	288	5,297 88 9 01	5,215 56	0.25%	210.00	4 04%
Total Taxable High Yield Funds		\$ 14,127.88	\$ 13,937.51	0.67%	\$ 702.00	2.05%
Domestic Preferred Stock						
iShares US Preferred Stock ETF	216	8,125.70 37.62	8,536.32	0.41%	593 00	%569
Total Domestic Preferred Stock		\$ 8,125.70	\$ 8,536.32	0.41%	\$ 593.00	6.95%
Emerging Markets						
Fidelity Advisor Emerging Markets Income Fund-I	528.395	7,064.64	7,344.69	0.36%	338.00	4 61%
Pimco Emerging Local Bond Fund Is	747.579	7,064.62	6,773 07 9.06	0.33%	352 00	5 21%
Total Emerging Markets		\$ 14,129.26	\$ 14,117.76	0.68%	\$ 690.00	4.90%
Total Fixed Income Investments		\$ 320,937.16	\$ 325,185.25	15.72%	\$ 11,041.00	3.40%
Alternative Investments						
Hedge Funds				:		
AQR Managed Futures Strategy Fund I	1,926 032	20,184 82	20,377 42 10 58	%66.0	0.00	%000
Robeco Boston Partners Long/Short Research Fund	2,832.994	40,370.16 14.25	42,409.92 14 97	2.05%	0.00	%00 0
Total Hedge Funds		\$ 60,554.98	\$ 62,787.34	3.04%	\$ 0.00	0.00%
Infrastructure						
JP Morgan Alerian MLP Index Etn	462	20,234.21 43.80	24,522 96 53.08	1 19%	1,066 00	4 35%
Total Infrastructure		\$ 20,234.21	\$ 24,522.96	1.19%	\$ 1,066.00	4.35%

Simonson Family Charitable Fndn September 1, 2014 - September 30, 2014

Account Number. 46-0059-01-7

List of Assets

Description	Shares	Cost/ Per Unit	Market Value/ Per Unit	Percent Of Assets	Projected Annual Income	Current Yield
Traded Real Estate						
Prudential Global Real Estate Fund Z	923 107	20,179 11	21,545.32	1 04%	238 00	1 11%
Total Traded Real Estate		\$ 20,179.11	\$ 21,545.32	1.04%	\$ 238.00	1.11%
Total Alternative Investments		\$ 100,968.30	\$ 108,855.62	5.26%	\$ 1,304.00	1.20%
Net Assets and Liabilities		\$ 1,939,210.24	\$ 2,068,196.57 100.00%	100.00%	\$ 32,132.00	1.55%

SIMONSON FAMILY CHARITABLE FOUNDATION EIN 37-6560385

FORM 990PF, PART XVII, LINE 2b - INFORMATION REGARDING AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS DESCRIBED IN SEC. 501(C) OF THE CODE (OTHER THAN SEC. 501(C)(3)) OR IN SEC. 527

NAME OF ORGANIZATION: LOCAL CEDAR HILL CEMETERY ASSOC TYPE OF ORGANIZATION: 501(C)(13) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTEE

NAME OF ORGANIZATION:
MOUNT HOPE MAUSOLEUM ENDOWMENT
TYPE OF ORGANIZATION:
501(C)(13)
DESCRIPTION OF RELATIONSHIP:
COMMON TRUSTEE

NAME OF ORGANIZATION: ANN A TRAVER CHARITABLE TRUST B TYPE OF ORGANIZATION: 501(C)(4) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTEE

NAME OF ORGANIZATION: IVY J TRIMMER - CHRISTIAN CHURCH TYPE OF ORGANIZATION: 501(C)(4) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTEE

NAME OF ORGANIZATION: IVY J TRIMMER TRUST TYPE OF ORGANIZATION: 501(C)(4) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTEE NAME OF ORGANIZATION: ALICE G OGG TRUST UNDER WILL TYPE OF ORGANIZATION: 501(C)(4) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTE

NAME OF ORGANIZATION:
MARY HARTMANN FOUNDATION
TYPE OF ORGANIZATION:
501(C)(4)
DESCRIPTION OF RELATIONSHIP:
COMMON TRUSTEE

NAME OF ORGANIZATION: SHAARE SHOLEM CEMETERY TRUST TYPE OF ORGANIZATION: 501(C)(13) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTEE

NAME OF ORGANIZATION: ADATH JOSEPH CEMETERY FUND TYPE OF ORGANIZATION: 501(C)(13) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTEE

NAME OF ORGANIZATION: NINA BOZARTH T/U/W FBO KAMPF CEMETERY TYPE OF ORGANIZATION: 501(C)(13) DESCRIPTION OF RELATIONSHIP: COMMON TRUSTEE