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Form 990-PF

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

OMB No 1545-0052

2014

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	<u>cal</u> end	ar year 2014 or tax year beginning , a	and ending				
Na	me of fou	ndation			A Emplo	yer identification number	
ח	YER	FAMILY FOUNDATION, INC.			35.	-2117818	
		street (or P O box number if mail is not delivered to street address)	R	oom/suite		none number (see instruction	 s)
_ 1	093	1 SPRING HOLLOW ROAD			260	0-672-8023	
		state or province, country, and ZIP or foreign postal code			C If exen	nption application is pending	check here
		WAYNE IN 46814				mental approaches to person g	
G	Check a		rn of a former public c	harity	D 1 Fo	reign organizations, check he	ere •
		Final return Amended				reign organizations meeting t	
-		Address change Name cha			85	% test, check here and attach	computation •
[]		ype of organization \overline{X} Section 501(c)(3) exempt private				ite foundation status was terr	minated under
			le private foundation		section	n 507(b)(1)(A), check here	P []
		ket value of all assets at J Accounting method	X Cash Acc	rual	E .	oundation is in a 60-month te	_
		ear (from Part II, col (c), United Specify)			under	section 507(b)(1)(B), check h	nere
<u>∳{p</u>	ne 16) l			<u> </u>	L	 	(d) Disbursements
\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{	aiti	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net in		(c) Adjusted net	for charitable
رُ - يُ	,	the amounts in column (a) (see instructions))	books	inco	me	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	33,973				
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	6,456	†	6,456		
AUG	4	Dividends and interest from securities	19,470		19,470		
	5a	Gross rents	·····			······································	
& ∂a	b	Net rental income or (loss)					
_	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	17,057				
5102 Reve	b	Gross sales price for all assets on line 6a 142,057		ļ	7.5.000		
C7 DE	8	Capital gain net income (from Part IV, line 2)	***************************************		15,290	0	
	9	Net short-term capital gain Income modifications					
	10a	Gross sales less returns and allowances					
	Ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	······································				
	11	Other income (attach schedule)		<u> </u>	••••	· · · - ·	
	12	Total. Add lines 1 through 11	76,956		41,216	0	
S	13	Compensation of officers, directors, trustees, etc	0				
ıse	14	Other employee salaries and wages				RECEI	7.70
Jer	15	Pension plans, employee benefits		ļ		NEGE	Mal
X	16a	Legal fees (attach schedule)		ļ		 	<u> </u>
ē	þ	Accounting fees (attach schedule) STMT 2	675		337	aug 17	2015
詳	C	Other professional fees (attach schedule)					(9)
St.	17	Interest	65		65	الاعامال ا	
ij	18 19	Taxes (attach schedule) (see instructions) STMT 3 Depreciation (attach schedule) and depletion	628				
Ē	20	Occupancy					
ĕ	21	Travel, conferences, and meetings		 			
Operating and Administrative Expenses	22	Printing and publications				····	
a a	23	Other expenses (att sch)		 			
ţį	24	Total operating and administrative expenses.					
ra		Add lines 13 through 23	1,368		402	0	0
)pe	25	Contributions, gifts, grants paid	70,905				70,905
_	26	Total expenses and disbursements. Add lines 24 and 25	72,273		402	0	
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	4,683				
	b	Net investment income (if negative, enter -0-)		<u> </u>	40,814		
	С	Adjusted net income (if negative, enter -0-)	L			0	

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4,683

607,529

607,529

2

3

4

5

6

2 Enter amount from Part I, line 27a

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ▶

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

Decreases not included in line 2 (itemize) ▶

orm 990-PF (2014) DYER FAN	AILY FOUNDATION, INC.	·	<u>35-2117818</u>		Page 3
Part IV Capital Gains an	d Losses for Tax on Investmen	t Income			
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P – Purchase D – Donation	(c) Date acq (mo , day,		
1a CAPITAL GAIN DIS	STRIBUTION				
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		(h) Gain or (loss) (e) plus (f) minus (g)
a 15,290					15,290
b					
С					
d					··-
e					
Complete only for assets showing	gain in column (h) and owned by the four	ndation on 12/31/6	59	(I) G	iains (Col. (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		c), but not less than -0-) or Losses (from col. (h))
а					15,290
b					
С					·····
d					
e					
2 Capital gain net income or (net ca	pital loss) If gain, also enter in Pi			2	15,290
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)	_			
	column (c) (see instructions) If (loss), en	ter -0- in		i	
Part I, line 8				3	
Part V Qualification Un	der Section 4940(e) for Reduce	d Tax on Net	Investment Inco	me	
(For optional use by domestic private	foundations subject to the section 4940(a) tax on net invest	tment income)		
f section 4940(d)(2) applies, leave thi	s part blank				
,,,,,,	•				□
	ion 4942 tax on the distributable amount of fy under section 4940(e) Do not complete	• •	base period?		Yes X No
· · · · · · · · · · · · · · · · · ·	ach column for each year, see the instruc		ng any entries		
(a)		Lions before maki		· · · · · · · · · · · · · · · · · · ·	(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) e of noncharitable-use asset	s	Distribution ratio (col (b) divided by col (c))
Calendar year (or tax year beginning in)			619,0		0.068653
2013	42,		465,		0.096353
2012	42,		464,		0.091041
2011			463,		0.087484
2010	40,		399,		0.085634
2009	34,	I / /]		107	
9 Takal after 4 calument (4)				2	0.429165
2 Total of line 1, column (d)		- 2 h 5 h 4h -			0.429103
	5-year base period – divide the total on lin	e 2 by 5, or by the	;	3	0.085833
number of years the foundation is	as been in existence if less than 5 years			3	0.00000
4 Enter the net value of noncharitat	ole-use assets for 2014 from Part X, line 5	;		4	656,108
5 Multiply line 4 by line 3				5	56,316
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	408
7 Add lines 5 and 6	·			7	56,724
	5				
8 Enter qualifying distributions from If line 8 is equal to or greater than	i Part XII, line 4 i line 7, check the box in Part VI, line 1b, a	and complete that	part using a 1% tax r	ate See the	70,905

Part VI instructions

	990-PF (2014) DYER FAMILY FOUNDATION, INC. 35-2117818			P	age 4		
<u>Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)						
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)				408		
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	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						
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0		
3	Add lines 1 and 2	<u>. </u>			408		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				408		
6	Credits/Payments						
a	2014 estimated tax payments and 2013 overpayment credited to 2014						
b	Exempt foreign organizations – tax withheld at source						
С.	Tax paid with application for extension of time to file (Form 8868) 6c						
d _	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				<u>408</u>		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2015 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		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?		1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
_	published or distributed by the foundation in connection with the activities	ļ	1c		Х		
d	c Did the foundation file Form 1120-POL for this year?						
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (if any) of tax on political expenditures (section 4955) imposed during the year						
е	(1) On the foundation \$ (2) On foundation managers \$ Enter the reimburgement (if any) and by the foundation during the year for neither level are neither to the year for neither level are neither to the year for neither the year for						
C	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$\Bigsec*						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				Х		
-	If "Yes," attach a detailed description of the activities		2				
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	ŕ	3		Х		
4a	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?	N/A	4b		- 11		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14/ 21	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 language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?		6	Х			
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 X'	v	7	Х			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				_		
	NONE						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		. 1				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ļ	8b	х			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"						
	complete Part XIV		9		X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses		10		_X		

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4b

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Forn			AMILY FOUNDATION, INC.		2117818	1		P:	age 6
_P:	art VII-B S	Statements	Regarding Activities for Which Form	4720 May Be F	Required (cont	inued)			
5a	During the year	did the founda	ation pay or incur any amount to						ĺ
	(1) Carry on pr	ropaganda, or o	otherwise attempt to influence legislation (section	4945(e))?	\ \	′es 🗓 No			İ
	(2) Influence th	he outcome of	any specific public election (see section 4955), o	r to carry on,					ĺ
	directly or indirectly, any voter registration drive?								į
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	(4) Provide a grant to an organization other than a charitable, etc., organization described in								į
	section 4945(d)(4)(A)? (see instructions)								ĺ
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								ĺ
	purposes, or for the prevention of cruelty to children or animals? $oxed{oxed}$ Yes $oxed{oxed{X}}$ No								İ
b	If any answer is	s "Yes" to 5a(1))–(5), did any of the transactions fail to qualify un	der the exceptions of	lescribed in				ĺ
			or in a current notice regarding disaster assistanc		7	N/A	5b		<u> </u>
			rrent notice regarding disaster assistance check f			▶ 📙			İ
С	If the answer is	"Yes" to quest	tion 5a(4), does the foundation claim exemption f	rom the tax					į
	because it mair	ntained expend	liture responsibility for the grant?		N/A 🗌 ነ	′es No			i
	If "Yes," attach	the statement	required by Regulations section 53 4945-5(d)						ĺ
6a	Did the foundat	tion, during the	year, receive any funds, directly or indirectly, to j	pay premiums					ĺ
	on a personal b	penefit contract	?		\ \	′es X No			ĺ
b	Did the foundat	tion, during the	year, pay premiums, directly or indirectly, on a p	ersonal benefit cont	ract?		6b		X
	If "Yes" to 6b, f	ile Form 8870							į
7a	At any time dur	ring the tax yea	r, was the foundation a party to a prohibited tax s	shelter transaction?	\	′es X No			
b_	If "Yes," did the	foundation red	ceive any proceeds or have any net income attrib	utable to the transac	ction?	N/A	7b		
Pi			Nout Officers, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employ	ees,		
		nd Contract				<u> </u>			
1	List all officers,	directors, trus	stees, foundation managers and their compen	sation (see instruc	tions).				
		(a) Name and address	(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		ense ad r allowar	
	OHN K DYER		FORT WAYNE	PRESIDENT		<u>-</u>	\vdash		
13	910 SPRING H	IOLLOW RD	IN 46804	0 00	0	c	,		0
T	AMARA S DYER	}	FORT WAYNE	SEC/TREAS					
1.	3910 SPRING H	IOLLOW RD	IN 46804	0.00	0	l	,		0
J	OHN S DYER		NOBLESVILLE	BD MEMBER					
88	383 SOMMERWOO	DD	IN 46060	0.00	0	c	,		0
MI	ELISSA BURKE		CHICAGO	BD MEMBER					
75	52 S OAKLEY	BLVD	IL 60612	0 00	0	c	,		0
2	Compensation	n of five highe	st-paid employees (other than those included		tructions). If non	e, enter			
	"NONE."				·				
	(a) Nam	e and address of ea	ach 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		ense ad r allowar	
NO	ONE								
							<u> </u>		
							L		
							1		
				-					
Tota	I number of othe	er employees p	aid over \$50,000				•		0
								O Dr	

Form 990-PF (20	014) DYER FAMILY FOUNDATION, INC.	35-2117818	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)		mployees,
3 Five highe	est-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
			
	others receiving over \$50,000 for professional services	 	<u> </u>
Part IX-A	Summary of Direct Charitable Activities		_
	s four largest direct charitable activities during the tax year. Include relevant statistical informa other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number of	Expenses
1 N/A		u ₃	
2			
-			
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins	structions)	<u></u>
	rgest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A			
			,
2			
All other program-r	elated investments. See instructions		
Total. Add lines	1 through 3	>	l

3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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) Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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70

905

408

70.497

3a 3b

4

6

12,170

38,508

d Excess from 2013

Excess from 2014

NO RESTRICTIONS

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Grants and Contributions Paid During the Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Alloun
a Paid during the year				
SEE STATEMENT 6				
				70,905
				70,502
				•
_				
			İ	
Total b Approved for future payment			▶ 3a	70,905
N/A				
·				
•				
Total			▶ 3b	

Unrelated business income

Enter gross amounts unless otherwise indicated

3	5	_	2	1	1	7	8	1	8	
	•									

Excluded by section 512, 513, or 514

Enter gross amounts unless otherwise indicated		Unrelated	Unrelated business income		section 512, 513, 01 514	(e)	
4. 0		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
1 Program se							
							
ъ <u> </u>						 _	
·		-					
a							
		- }		- -			
f							
	nd contracts from government agencies p dues and assessments						
	savings and temporary cash investments			14	6,456		
	and interest from securities			14	19,470		
	ncome or (loss) from real estate				10,470	······································	
	nanced property	<u> </u>					
	ot-financed property						
	ncome or (loss) from personal property						
7 Other inves				- - -			
	s) from sales of assets other than inventory					17,057	
	or (loss) from special events			- - -		11,00	
	or (loss) from sales of inventory						
	nue a						
		-		 			
°							
d				- - -			
e				- - -			
	dd columns (b), (d), and (e)			0	25,926	17,057	
	line 12, columns (b), (d), and (e)	\			13	42,983	
	in line 13 instructions to verify calculations)				''	12,505	
Part XVI-B		Accomplishme	nt of Exempt	Purnoses			
Line No.	Explain below how each activity for which incom				id importantly to the		
▼	accomplishment of the foundation's exempt pur					ns)	
N/A		· · · · · · · · · · · · · · · · · · ·	2	<u> </u>	- /. \ 		
						· · · · · · · · · · · · · · · · · · ·	
							
							
							
	"						
		-					
	 						
		·	· ——	 -			
					 		
							
							
							
	<u> </u>						

PRESIDENT

Print/Type preparer's name

Firm's name

MARK J. ANDORFER, LEONARD J. ANDORFER

2410 LAKE AVENUE Firm's address FORT WAYNE, IN 46805

Preparer's signature

08/03/15 P00017582 PTIN

35-1679361 Firm's EIN ▶ 260-423-9405 Phone no

Form 990-PF (2014)

Check if self-employed

Here

Paid

Preparer

Use Only

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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

2014

DYER FAMILY FO	UNDATION, INC	·	35-2117818
Organization type (check one			
Filers of.	Section:		
Form 990 or 990-EZ	501(c)() (ente	er number) organization	
	4947(a)(1) nonexemp	ot charitable trust not treated as a private foundation	по
	527 political organiza	tion	
Form 990-PF	X 501(c)(3) exempt priv	vate foundation	
	4947(a)(1) nonexemp	ot charitable trust treated as a private foundation	
	501(c)(3) taxable priv	rate foundation	
Check if your organization is on Note Only a section 501(c)(7 instructions		e or a Special Rule. an check boxes for both the General Rule and a S _l	pecial Rule See
General Rule			
	property) from any one cont	90-PF that received, during the year, contributions tributor. Complete Parts I and II. See instructions for	
Special Rules			
regulations under sec 13, 16a, or 16b, and t	tions 509(a)(1) and 170(b)(1) that received from any one c) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % si ()(A)(vi), that checked Schedule A (Form 990 or 99 contributor, during the year, total contributions of th Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Comp	90-EZ), Part II, line de greater of (1)
contributor, during the	year, total contributions of), (8), or (10) filing Form 990 or 990-EZ that receive more than \$1,000 exclusively for religious, charital ntion of cruelty to children or animals. Complete Pa	ble, scientific,
), (8), or (10) filing Form 990 or 990-EZ that received the received of the religious, charitable, etc., purposes, but no	
during the year for an	exclusively religious, charit	is checked, enter here the total contributions that able, etc., purpose. Do not complete any of the par e it received nonexclusively religious, charitable, e	rts unless the
totaling \$5,000 or mo	•	o a received nonexclusively religious, charitable, e	> \$
990-EZ, or 990-PF), but it mu	st answer "No" on Part IV, I	ral Rule and/or the Special Rules does not file Sch ine 2, of its Form 990, or check the box on line H o t the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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age 2

Name of organization

DYER FAMILY FOUNDATION, INC.

Employer identification number 35-2117818

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	JOHN & TAMARA DYER 13910 SPRING HOLLOW ROAD FORT WAYNE IN 46814	\$ 33,973	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Nume, address, and En	\$	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)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

227290 DYER FAMILY FOUNDATION, INC 35-2117818 FYE: 12/31/2014

Federal Statements

		Net Gain / Loss	88	1,679	1,767
		Depreciation	ν- 		\$ 0
ale of Assets		Expense			\$ 0
11, Line 6a - S		Cost	\$ 000 \$	100,000	125,000 \$
Form 990-PF, Part I, Line 6a - Sale of Assets	How Received	Sale Price	PURCHASE 25,088 \$	FURCHASE 101,679	126,767 \$
Statement 1 - F		Date Sold	10/20/03 11/17/14 \$	4/19/07 11/18/14	.v. ∥
	Description	Date Acquired	10/20/03	4/19/07	
		Whom Sold	ING GROUP	MOKGAIN SIAINLEI	TOTAL

Charitable Purpose	w w
Adjusted Net	w w
Net Investment	337
Total	\$ 675
Description	TAX PREPARATION TOTAL

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

	Charitable Purpose		٥
ıxes	Adjusted Net	₩.	\$
t 3 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	10	0
3 - Form 990-PF,	Total	628	628
Statement		w	w.
	Description	FEDERAL TAX	TOTAL

227290 DYER FAMILY FOUNDATION, INC. 35-2117818 FYE: 12/31/2014

Federal Statements

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Description 500 SH AMER ELECTRIC POWER 1000 SH GENL ELECTRIC CO 500 SH INTEL CORP 1000 SH MICROSOFT CORP	w.	Deginning of Year 13, 644 43, 000 16, 313 20, 500	w	Fnd of Year 13,644 43,000 16,313 20,500	Basis of Valuation COST COST COST COST COST	ω. 	Fair Market Value 30,360 25,270 18,145 46,450
4,267.731 SH AMERICAN FDS INV CO TOTAL	W.	130,743	φ. 	148,272	COST	\ \ \	311,362

Statement 5 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description		Seginning of Year		End of Year	Basis of Valuation	Fair Market Value
1000 ING GROUP N V PERPETUAL 4000 MORGAN STANLEY CAP TR VIII	₩	25,000	ౡ		COST	W-
4,000 CORPORATE OFFICE PPTYS		100,000		100,000	COST	104,320
50,000 NZ LOCAL				43,806	COST	42,762
4,438 NEUBERGER BERMAN ALT				60,007	COST	57,160
4,000 ALLSTATE	j			100,000	COST	105,320
TOTAL	w	225,000	Ω. 	303,813		\$ 309,562

227290 DYER FAMILY FOUNDATION, INC. 35-2117818 Federal Statements

FYE⁻ 12/31/2014

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Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
JOHN K DYER AND TAMARA S DYER	\$ 33,973
TOTAL	\$ 33,973
Form 990-PF, Part XV, Line 2b - Applica	tion Format and Required Contents
Description	
NO SPECIFIC	
Form 990-PF, Part XV, Line 2	<u>c - Submission Deadlines</u>
Form 990-PF, Part XV, Line 2 Description	c - Submission Deadlines
Description	c - Submission Deadlines
Description	
Description NO DEADLINES	

227290 DYER FAMILY FOUNDATION, INC.

Federal Statements

35-2117818 FYE. 12/31/2014

Name		Address		
Address	Rel	Relationship Status	Purpose	Amount
ACRES LAND TRUST FORT WAYNE IN 46748	NONE	1802 CHAPMAN RD PUBLIC	GENERAL OPERATING	150
AHIMSA TRUST		309-B SECTOR 15A		
NOIDA AMMESTY INTERNATIONAL	NONE	PUBLIC 5 PFNN PLAZA	GENERAL OPERATING	2,000
NEW YORK NY 10001	NONE	4	GENERAL OPERATING	200
ARTS UNITED		303 E MAIN ST.		
FORT WAYNE IN 46802 RARRE CENTER	NONE	PUBLIC 149 LOCKWOOD RD	GENERAL OPERATING	200
BARRE MA 01005	NONE	ì	GENERAL OPERATING	150
BIG BROTHERS BIG SISTERS		2439 FAIRFIELD AVE		
FORT WAYNE	NONE		GENERAL OPERATING	200
_		2609 FAIRFIELD AVE		
FORT WAYNE IN 46807-1294 BIDDHIST PEACE FELLOWSHIP	NONE	PUBLIC PO BOX 3470	GENERAL OPERATING	26,875
BERKELEY CA 94703	NONE	<u> </u>	GENERAL OPERATING	300
CARRIAGE HOUSE		3327 LAKE AVE		
FORT WAYNE IN 46805	NONE	PUBLIC	GENERAL OPERATING	200
CEDARS HOPE		527 WEST BERRY ST.		
FORT WAYNE IN 46802	NONE	PUBLIC	GENERAL OPERATING	200
CENTER FOR MINDFULNESS		55 LAKE AVE N		
WORCESTER MA 01655	NONE		OPERATING	400
CENTER FOR NONVIOLENCE		235 WEST CREIGHTON		
FORT WAYNE IN 46807	NONE		GENERAL OPERATING	200
CINEMA CENTER		427 E. BERRY STREET		
FORT WAYNE IN 46802	NONE		GENERAL OPERATING	300
		629 BUTLERS LANE		
COLDWATER MI 49036	NONE		GENERAL OPERATING	230
COMMON DREAMS		PO BOX 443		
PORTLAND ME 04112	NONE	, (GENERAL OPERATING	200
COMMUNITY ACTION OF NORTHEAST	LIN	FO BOX 105/0		C L
COMMINITY HADIRETT FOOD BA	NONE	PUBLIC Geo fast tilman bd	GENEKAL OPEKATING	005
FORT WAYNE IN 46855	NONE	DOBLIC	GENERAL OPERATING	500

227290 DYER FAMILY FOUNDATION, INC.

Federal Statements

35-2117818 FYE: 12/31/2014 Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address			
Address	Rei	Relationship Status	!	Purpose	Amount
CROSSROAD TN ACOAE EACT	MOM	2525 LAKE AVENUE	רססואסט	SNITHKOGOO IKOGNOD	00 %
LN 400US	IN CINE	333 SEVENTH AVE, 3RD	FLOO	OF EICHT TING	0
YORK NY	NONE	PUBLIC	GENERAL	OPERATING	500
EARLY CHILDHOOD ALLIANCE		3320 FAIRFIELD AVE			
FORT WAYNE IN 46807	NONE		GENERAL	OPERATING	200
FORT WAYNE COMMUNITY FND		555 E WAYNE ST			
	NONE		GENERAL	OPERATING	150
FORT WAYNE MEDIC SOCIETY		709 CLAY ST			
FORT WAYNE IN 46802	NONE	PUBLIC	GENERAL	OPERATING	200
FT WAYNE LEARNING CENTER		800 BROADWAY, SUITE 2	215		
FORT WAYNE IN 46802	NONE		GENERAL	OPERATING	100
FT WAYNE MUSEUM OF ART		311 EAST MAIN ST			
FORT WAYNE IN 46802	NONE	PUBLIC	GENERAL	OPERATING	200
FT WAYNE PHILHARMONIC		4901 FULLER DRIVE			
FT WAYNE IN 46835	NONE	PUBLIC	GENERAL	OPERATING	1,000
FT WAYNE RESCUE MISSION		301 W. SUPERIOR STREET	L		
FORT WAYNE IN 46802	NONE		GENERAL	OPERATING	300
HABITAT FOR HUMANITY		629 E WASHINGTON BLVD	0		
FORT WAYNE IN 46802	NONE	PUBLIC	GENERAL	OPERATING	200
HEARTLAND SPIRIT NETWORK		3801 S COUNTY ROAD 57	575E		
SELMA IN 47383	NONE	PUBLIC	GENERAL	OPERATING	2,000
HOMEBOUND MEALS		611 WEST BERRY ST			
FORT WAYNE IN 46802	NONE	PUBLIC	GENERAL	OPERATING	400
INQUIRING MINDS		P.O. BOX 9999			
BERKLEY CA 94709-0999	NONE		GENERAL	OPERATING	150
INSIGHT MEDITATION SOCIETY		1230 PLEASANT STREET			
BARRE MA 01005	NONE	PUBLIC	GENERAL	OPERAING	2,000
INTERFAITH HOSPITALITY NE		PO BOX 13326			
FORT WAYNE IN 46868	NONE	PUBLIC	GENERAL	OPERATING	200
JORGENSEN YMCA		10313 ABOITE CTR ROAD	•		
FORT WAYNE IN 46804	NONE	Ę	GENERAL	OPERATING	50
MATTHEW 25 FORT WAVNE IN 16803	MONE	413 E JEFFERSON BLVD.	CENEDAL	ODFRATING	COR
N T	NONE	FORTIL	TENTANTO		ט ט ט

227290 DYER FAMILY FOUNDATION, INC.

Federal Statements

35-2117818 FYE: 12/31/2014

Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	800	1,000	•	50	150		200	009		6,000		20		200		300		400		1,000		200		10,000		3,000		000
	Purpose	GENERAL OPERATING	L OPERATING		GENERAL OPERATING	L OPERATING		L OPERATING	L OPERATING		L OPERATING		L OPERATING		L OPERATING		L OPERATING		L OPERATING		L OPERATING		L OPERATING		L OPERATING		L OPERATING	SNITH KEEDE OF IKEEDING	L OFERALING
1		GENERA	GENERAL		GENERA	GENERAL		GENERAL	GENERAL		GENERAL		GENERAL		GENERAL		GENERAL		GENERAL		GENERAL	9	GENERAL		GENERAL		GENERAL	א נופואפי	GENERA
Address	Relationship Status	PO BOX 4362 PUBLIC	3204 CLAIRMONT COURT PUBLIC	3801 S. COUNTY ROAD 575	PUBLIC	651 X STREET	2501 EAST COLISEUM BLVD		SAI4 W JEFFERSON PUBLIC	501 WEST BERRY ST.	PUBLIC	1009 WEST 6TH STREET	PUBLIC	11 SOUTH ANGELL ST #303		1 NORTH STATE STREET		500 WEST MAIN ST	PUBLIC	PO BOX 169	PUBLIC	815 SEATTLE BLVD. S #216	PUBLIC	334 E BERRT ST	PUBL	5901 HOMESTEAD ROAD	PUBLIC	1316 BROADWAY AVE	POBLIC
Name	Address	MOUNTAIN STREAM AUBURN CA 95604 NONE	NORTHEAST INDIANA PUBLIC RADIO FORT WAYNE IN 46898 NONE		E. SELMA IN 47383 NONE	PARALIZED HOOSIER VETRANS BEDFORD IN 47421	PBS 39	FORT WAYNE IN 46805-1562 NONE	FLAMINED FAKENINOOD FORT WAYNE IN 46804 NONE		FT WAYNE IN 46802 NONE	POLICE PROTECTIVE FUND	AUSTIN TX 78703 NONE	PRISON MINDFULNESS INSTITUTE	PROVIDENCE RI 02906 NONE	RIGHT ANGLE	CHICAGO IL 60602 NONE	SCAN	FORT WAYNE IN 46802 NONE	SPIRIT ROCK	WOOKACRE CA 94973 NONE	TIBETAN NUNS PROJECT	SEATTLE WA 98134-1310 NONE		NI	AND HOSPICE	FORT WAYNE IN 46804 NONE		FORI WAINE IN 40802-3300 NONE

8/3/2015 9:14 AM 70,905 9 Amount Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose Federal Statements Status Address Relationship 227290 DYER FAMILY FOUNDATION, INC. Name Address FYE: 12/31/2014 35-2117818 TOTAL

227290 DYER FAMILY FOUNDATION, INC. 8/3/2015 9:14 AM **Federal Statements** 35-2117818 FYE. 12/31/2014 **Taxable Interest on Investments** Unrelated Exclusion Postal US Description Business Code Code Code Obs (\$ or %) Amount INTEREST INCOME 6,456 14 TOTAL 6,456 **Taxable Dividends from Securities** Unrelated **Exclusion Postal** US Description Business Code Code Code Obs (\$ or %) Amount DIVIDENDS 14 19,470 \$_ TOTAL 19,470

Form '8868

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Internal Rèvenue	Service Information about Form	n 6666 and	its instructions is at www.i	rs.gov/ionno	000.			
• If you are	filing for an Automatic 3-Month Extension, comple	te only Par	l and check this box				► X	
	filing for an Additional (Not Automatic) 3-Month Ex		· · · · · ·					
Do not comp	plete Part II unless you have already been granted ar	n automatic	3-month extension on a previ	ously filed For	m 886	88.		
Electronic fi	ling (e-file). You can electronically file Form 8868 if y	ou need a 3	-month automatic extension o	of time to file (6	6 mon	ths for		
a corporation	required to file Form 990-T), or an additional (not aut	omatic) 3-m	onth extension of time You c	an electronica	lly file	Form		
8868 to requ	est an extension of time to file any of the forms listed i	in Part I or P	art II with the exception of Fo	rm 8870, Info	rmatio	n		
Return for Tr	ansfers Associated With Certain Personal Benefit Cor	ntracts, whic	h must be sent to the IRS in p	paper format (see			
	For more details on the electronic filing of this form, v				Vonpro	ofits		
Part I	Automatic 3-Month Extension of Time							
	required to file Form 990-T and requesting an autom	atic 6-month	extension – check this box a	and complete			. □	
Part I only	continue (including 1120 C files), northerships, DEMI	On and 4m.a	to moved were Forms 7004 to see			of time o		
to file income	porations (including 1120-C filers), partnerships, REMI	Cs, and trus	ts must use Form 7004 to rec	quest an exten	ision c	or time		
to me income	tax returns.		F	nter filer's ide	entifvi	ing number se	ee instructions	
Type or	Name of exempt organization or other filer, see ins	tructions				ation number (I		
print	reality of exempt organization of other mor, see inc	ni dollono.		Employeria	011111101	20.000	2, 0.	
	DYER FAMILY FOUNDATION,	INC.		35-211	781	.8		
	Number, street, and room or suite no. If a P.O. box		ctions.	Social secur				
File by the	10931 SPRING HOLLOW ROAD	<u> </u>						
due date for	City, town or post office, state, and ZIP code. For a	a foreign add	dress, see instructions.					
filing your return See								
instructions	FORT WAYNE IN	<u> 46814</u>	<u>!</u>					
Enter the Ref	turn code for the return that this application is for (file	a separate a	pplication for each return)				04	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				Return	
Applicatio	n	Return	Application				Code	
Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation)								
Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A								
Form 4720		··-	08					
Form 990-I		03	Form 4720 (other than indi	, vidually		-, 	10	
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069				11	
	T (trust other than above)	06	Form 8870				12	
	JOHN K. DYER		······································					
	13910 SPRING HOLLOW	RD.						
 The books 	are in the care of ► FORT WAYNE					IN 4	6804	
	ne No. ► 260-672-8023	FAX No						
	anization does not have an office or place of business						▶ □	
	for a Group Return, enter the organization's four digit (group, check this box			. If this	IS			
	group, check this box If it is for part of the extension is for part	r trie group, t	Check this box	and attach				
	est an automatic 3-month (6 months for a corporation r	equired to fi	le Form 990-T) extension of t	ime				
	08/15/15 , to file the exempt organization retu		•					
	organization's return for.		,					
▶ 🗓	calendar year 2014 or							
_	-							
▶ [tax year beginning . , and ending							
2 If the ta	ax year entered in line 1 is for less than 12 months, ch	eck reason	Initial return Fi	nal return				
	Change in accounting period			<u>.</u>	,			
	application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, en	ter the tentative tax, less any		1		_	
	undable credits See instructions				3a	\$	0	
	application is for Forms 990-PF, 990-T, 4720, or 6069,					_	^	
-,,-,,	ted tax payments made. Include any prior year overpa				3b	\$	0	
	ce due. Subtract line 3b from line 3a. Include your pay		is form, it required, by using		3.		0	
	6 (Electronic Federal Tax Payment System) See instructions are going to make an electronic funds withdrawal (direct debits).		m 8868, see Form 8453-FO and 5	orm 8870 ⊑∩ 6	r navm	nent instructions		
	z are going to make an electronic funds withdrawal full cot debi	.,	m occo, see i omi ofco-Lo anu i	ショコ シンプラーレール	, payii	IOI II II IOII UUUUUU.		