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

2014

► 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 calendar year 2014 or tax year beginning

, 2014, and ending

, 20

| Name of foundation The Neuhaus Family Christian Foundation | | A Employer identification number 36-4319259 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number and street (or P O box number if mail is not delivered to street address) 909 S Naperville Road | | B Telephone number (see instructions) (630) 665-4621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code Wheaton, IL 60189 | | C If exemption application is pending, check here ► <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Check all that apply | Initial return | Initial return of a former public charity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Final return | Amended return | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address change | Name change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust | | D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 931,043 | | E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J Accounting method <input type="checkbox"/> Other (specify) | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Part I, column (d) must be on cash basis.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>(a) Revenue and expenses per books</th> <th>(b) Net investment income</th> <th>(c) Adjusted net income</th> <th>(d) Disbursements for charitable purposes (cash basis only)</th> </tr> </thead> <tbody> <tr> <td>1 Contributions, gifts, grants, etc., received (attach schedule)</td> <td>59,536</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Interest on savings and temporary cash investments</td> <td>6,916</td> <td>6,916</td> <td></td> <td></td> </tr> <tr> <td>4 Dividends and interest from securities</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5a Gross rents</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Net rental income or (loss)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6a Net gain or (loss) from sale of assets not on line 10</td> <td>31,923</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Gross sales price for all assets on line 6a</td> <td>98,466</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 Capital gain net income (from Part IV, line 2)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 Net short-term capital gain</td> <td>52,783</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Income modifications</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10a Gross sales less returns and allowances</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Less Cost of goods sold</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> c Gross profit or (loss) (attach schedule)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 Other income (attach schedule)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 Total. Add lines 1 through 11</td> <td>98,375</td> <td>59,699</td> <td>446</td> <td></td> </tr> <tr> <td>13 Compensation of officers, directors, trustees, etc</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 Other employee salaries and wages</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 Pension plans, employee benefits</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16a Legal fees (attach schedule)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Accounting fees (attach schedule)</td> <td>STM108</td> <td>1,040</td> <td></td> <td>1,040</td> </tr> <tr> <td> c Other professional fees (attach schedule)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17 Interest</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18 Taxes (attach schedule) (see instructions)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>19 Depreciation (attach schedule) and depletion</td> <td>STM126</td> <td>423</td> <td></td> <td></td> </tr> <tr> <td>20 Occupancy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>21 Travel, conferences, and meetings</td> <td>923</td> <td></td> <td></td> <td>923</td> </tr> <tr> <td>22 Printing and publications</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>23 Other expenses (attach schedule)</td> <td>STM103</td> <td>2,204</td> <td>607</td> <td>1,597</td> </tr> <tr> <td>24 Total operating and administrative expenses.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Add lines 13 through 23</td> <td>4,590</td> <td>607</td> <td></td> <td>3,560</td> </tr> <tr> <td>25 Contributions, gifts, grants paid</td> <td>83,600</td> <td></td> <td></td> <td>83,600</td> </tr> <tr> <td>26 Total expenses and disbursements. Add lines 24 and 25</td> <td>88,190</td> <td>607</td> <td></td> <td>87,160</td> </tr> <tr> <td>27 Subtract line 26 from line 12</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a Excess of revenue over expenses and disbursements</td> <td>10,185</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Net investment income (if negative, enter -0)</td> <td></td> <td>59,092</td> <td></td> <td></td> </tr> <tr> <td> c Adjusted net income (if negative, enter -0)</td> <td></td> <td></td> <td></td> <td>446</td> </tr> </tbody> </table> | | | | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | 1 Contributions, gifts, grants, etc., received (attach schedule) | 59,536 | | | | 2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | | 3 Interest on savings and temporary cash investments | 6,916 | 6,916 | | | 4 Dividends and interest from securities | | | | | 5a Gross rents | | | | | b Net rental income or (loss) | | | | | 6a Net gain or (loss) from sale of assets not on line 10 | 31,923 | | | | b Gross sales price for all assets on line 6a | 98,466 | | | | 7 Capital gain net income (from Part IV, line 2) | | | | | 8 Net short-term capital gain | 52,783 | | | | 9 Income modifications | | | | | 10a Gross sales less returns and allowances | | | | | 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 | 98,375 | 59,699 | 446 | | 13 Compensation of officers, directors, trustees, etc | | | | | 14 Other employee salaries and wages | | | | | 15 Pension plans, employee benefits | | | | | 16a Legal fees (attach schedule) | | | | | b Accounting fees (attach schedule) | STM108 | 1,040 | | 1,040 | c Other professional fees (attach schedule) | | | | | 17 Interest | | | | | 18 Taxes (attach schedule) (see instructions) | | | | | 19 Depreciation (attach schedule) and depletion | STM126 | 423 | | | 20 Occupancy | | | | | 21 Travel, conferences, and meetings | 923 | | | 923 | 22 Printing and publications | | | | | 23 Other expenses (attach schedule) | STM103 | 2,204 | 607 | 1,597 | 24 Total operating and administrative expenses. | | | | | Add lines 13 through 23 | 4,590 | 607 | | 3,560 | 25 Contributions, gifts, grants paid | 83,600 | | | 83,600 | 26 Total expenses and disbursements. Add lines 24 and 25 | 88,190 | 607 | | 87,160 | 27 Subtract line 26 from line 12 | | | | | a Excess of revenue over expenses and disbursements | 10,185 | | | | b Net investment income (if negative, enter -0) | | 59,092 | | | c Adjusted net income (if negative, enter -0) | | | | 446 |
| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Contributions, gifts, grants, etc., received (attach schedule) | 59,536 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Interest on savings and temporary cash investments | 6,916 | 6,916 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Dividends and interest from securities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a Gross rents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net rental income or (loss) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 31,923 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Gross sales price for all assets on line 6a | 98,466 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Net short-term capital gain | 52,783 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Income modifications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10a Gross sales less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 98,375 | 59,699 | 446 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Compensation of officers, directors, trustees, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other employee salaries and wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Pension plans, employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Legal fees (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Accounting fees (attach schedule) | STM108 | 1,040 | | 1,040 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Other professional fees (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Taxes (attach schedule) (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Depreciation (attach schedule) and depletion | STM126 | 423 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Occupancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Travel, conferences, and meetings | 923 | | | 923 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Printing and publications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Other expenses (attach schedule) | STM103 | 2,204 | 607 | 1,597 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Total operating and administrative expenses. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Add lines 13 through 23 | 4,590 | 607 | | 3,560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Contributions, gifts, grants paid | 83,600 | | | 83,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 88,190 | 607 | | 87,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Subtract line 26 from line 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Excess of revenue over expenses and disbursements | 10,185 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net investment income (if negative, enter -0) | | 59,092 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Adjusted net income (if negative, enter -0) | | | | 446 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see instructions.

| Assets | Part II Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of year | |
|-----------------------------|---|---|-------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | | | | |
| 2 | Savings and temporary cash investments | | 80,980 | 4,251 | 4,251 |
| 3 | Accounts receivable ► | | | | |
| | Less allowance for doubtful accounts ► | | | | |
| 4 | Pledges receivable ► | | | | |
| | Less allowance for doubtful accounts ► | | | | |
| 5 | Grants receivable | | | | |
| 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | | |
| 7 | Other notes and loans receivable (attach schedule) ► | | | | |
| | Less allowance for doubtful accounts ► | | | | |
| 8 | Inventories for sale or use | | | | |
| 9 | Prepaid expenses and deferred charges | | | | |
| 10a | Investments - U S and state government obligations (attach schedule) | | | | |
| b | Investments - corporate stock (attach schedule) | STM137 | 483,853 | 550,335 | 926,792 |
| c | Investments - corporate bonds (attach schedule) | | | | |
| 11 | Investments - land, buildings, and equipment basis ► | | | | |
| | Less accumulated depreciation (attach schedule) ► | | | | |
| 12 | Investments - mortgage loans | | | | |
| 13 | Investments - other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment basis ► | 10,498 | | | |
| | Less accumulated depreciation (attach schedule) ► | 9,968 | | | |
| 15 | Other assets (describe ►) | | 953 | 530 | |
| 16 | Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) | | 565,786 | 555,116 | 931,043 |
| 17 | Accounts payable and accrued expenses | | | | |
| 18 | Grants payable | | | | |
| 19 | Deferred revenue | | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| 21 | Mortgages and other notes payable (attach schedule) | | | | |
| 22 | Other liabilities (describe ►) | | 0 | 0 | |
| 23 | Total liabilities (add lines 17 through 22) | | 0 | 0 | |
| Liabilities | Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> | | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | | |
| 24 | Unrestricted | | 565,786 | 555,116 | |
| 25 | Temporarily restricted | | | | |
| 26 | Permanently restricted | | | | |
| Net Assets or Fund Balances | Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> | | | | |
| | and complete lines 27 through 31. | | | | |
| 27 | Capital stock, trust principal, or current funds | | | | |
| 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 | Total net assets or fund balances (see instructions) | | 565,786 | 555,116 | |
| 31 | Total liabilities and net assets/fund balances (see instructions) | | 565,786 | 555,116 | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|---------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 565,786 |
| 2 | Enter amount from Part I, line 27a | 2 | 10,185 |
| 3 | Other increases not included in line 2 (itemize) ► | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 575,971 |
| 5 | Decreases not included in line 2 (itemize) ► STM116 | 5 | 20,855 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 555,116 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) | | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|---|--|--------------------------------------|----------------------------------|
| 1a See STM~134 | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | | |
| a 98,466 | | 45,683 | 52,783 | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) | | |
| a | | | 52,783 | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | | 2 | 52,783 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | | | 3 | 446 |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|---|--|--|---|
| 2013 | 71,199 | 823,547 | 0.086454 |
| 2012 | 70,430 | 661,366 | 0.106492 |
| 2011 | 62,669 | 681,132 | 0.092007 |
| 2010 | 50,215 | 576,488 | 0.087105 |
| 2009 | 53,683 | 438,725 | 0.122361 |
| 2 Total of line 1, column (d) | | | 2 0.494419 |
| 3 Average distribution ratio for the 5-year base period - 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 0.098884 |
| 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 | | | 4 994,377 |
| 5 Multiply line 4 by line 3 | | | 5 98,328 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 591 |
| 7 Add lines 5 and 6 | | | 7 98,919 |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 8 87,160 |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part 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 ► <input type="checkbox"/> and enter "N/A" on line 1 | | |
| | Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions) | 1 | 1,182 |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> 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 | 0 |
| 3 | Add lines 1 and 2 | 3 | 1,182 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 4 | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | 1,182 |
| 6 | Credits/Payments | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | 14.13 |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | 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 | 7 | 14.13 |
| 8 | Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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 | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 231 |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax ► 231 Refunded ► 11 | 11 | |

Part 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 participate or intervene in any political campaign? | Yes | No |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | X | |
| 1c | 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. | X | |
| d | Did the foundation file Form 1120-POL for this year? | | |
| e | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ► \$ _____ (2) On foundation managers ► \$ _____ | | |
| f | 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? | X | |
| 3 | If "Yes," attach a detailed description of the activities. | | |
| 4a | 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 | X | |
| 4b | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | X | |
| 5 | If "Yes," has it filed a tax return on Form 990-T for this year? | X | |
| 6 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | |
| 7 | If "Yes," attach the statement required by General Instruction T. | | |
| 8a | 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? | X | |
| 8b | 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 | X | |
| 9 | Enter the states to which the foundation reports or with which it is registered (see instructions) ► IL | | |
| 10 | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | X | |
| 11 | 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 | X | |
| 12 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | X | |

Part 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 | X |
| Website address ► <u>N/A</u> | | | |
| 14 | The books are in care of ► <u>Vernon Neuhaus</u> Telephone no ► <u>630-665-4621</u> Located at ► <u>909 S Naperville Road, Wheaton, IL</u> ZIP+4 ► <u>60189</u> | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u> | | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90 22 1) If "Yes," enter the name of the foreign country ► | 16 | Yes No X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
|---|--|--------------------------|--|
| 1a | During the year did the foundation (either directly or indirectly) | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> 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)? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> 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 termination of government service, if terminating within 90 days.) | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here ► <u>1b</u> | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ► | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| b | If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014) | | |
| 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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | | | |
|----|---|---|----|------|
| 5a | During the year did the foundation pay or incur any amount to | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 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)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | | 5b | |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 6b X |
| | 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7b |

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).**

| See 990 OFOV | (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 | (e) Expense account, other allowances |
|-------------------------------|--|---|---|---|---------------------------------------|
| Vernon Neuhaus | President and T 909 S Naperville Road, IL 60189 | 1.00 | 0 | 0 | 0 |
| Frances Neuhaus | Vice President 909 S Naperville Road, IL 60189 | 1.00 | 0 | 0 | 0 |
| Debra and Scott Anderson | Directors 580 Madison Lane, IL 60046 | 1.00 | 0 | 0 | 0 |
| Jennifer and Andrew McCartney | Directors 1038 Reverdy Lane, Matthews, NC 28105 | 1.00 | 0 | 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 |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | | | 0 |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ► | | |

Part IX-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 of organizations and other beneficiaries served, conferences convened, research papers produced etc | | Expenses |
|--|-----|----------|
| 1 | N/A | |
| 2 | | 0 |
| 3 | | |
| 4 | | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
|--|-----|--------|
| 1 | N/a | |
| 2 | | 0 |
| 3 | | |
| Total. Add lines 1 through 3 ► | | |

EEA

Form 990-PF (2014)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

| | | | |
|---|---|----|-----------|
| 1 | 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 | 1,006,472 |
| b | Average of monthly cash balances | 1b | 2,548 |
| c | Fair market value of all other assets (see instructions) | 1c | 500 |
| d | Total (add lines 1a, b, and c) | 1d | 1,009,520 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 1,009,520 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 15,143 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 994,377 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 49,719 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.)

| | | | |
|----|---|----|--------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 49,719 |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | 2a | 1,182 |
| b | Income tax for 2014 (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 1,182 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 48,537 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 48,537 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 48,537 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|--------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 87,160 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 87,160 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 87,160 |

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.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7 | | | | 48,537 |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only | | | | |
| b Total for prior years | | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | |
| a From 2009 | 31,811 | | | |
| b From 2010 | 23,810 | | | |
| c From 2011 | 30,935 | | | |
| d From 2012 | 37,992 | | | |
| e From 2013 | 31,051 | | | |
| f Total of lines 3a through e | 155,599 | | | |
| 4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 87,160 | | | | |
| a Applied to 2013, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2014 distributable amount | | | | 48,537 |
| e Remaining amount distributed out of corpus | 38,623 | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 | 194,222 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount - see instructions | | | | |
| e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | 31,811 | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 162,411 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2010 | 23,810 | | | |
| b Excess from 2011 | 30,935 | | | |
| c Excess from 2012 | 37,992 | | | |
| d Excess from 2013 | 31,051 | | | |
| e Excess from 2014 | 38,623 | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

| | | | | | | | |
|-----|---|----------|----------|----------|--------------------------|---------------|------------|
| 1a | If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling | | | | ► | | |
| b | Check box to indicate whether the foundation is a private operating foundation described in section | | | | <input type="checkbox"/> | 4942(j)(3) or | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | | (e) Total |
| b | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | | |
| a | "Assets" alternative test - enter | | | | | | |
| (1) | Value of all assets | | | | | | |
| (2) | Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | |
| b | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | |
| c | "Support" alternative test - enter | | | | | | |
| (1) | Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | | |
| (2) | Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) | | | | | | |
| (3) | Largest amount of support from an exempt organization | | | | | | |
| (4) | Gross investment income | | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

Vernon Neuhaus,

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None,**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| Evangilical Child and Family Agency 1530 N Main Street Wheaton, IL 60187-9922 | None | PC | Family Ministry | 2,200 |
| Expeditions Unlimited E11844 County Road DL Baraboo, WI 53913 | None | PC | Family Development | 2,000 |
| First Love International Ministries PO Box 15836 Loves Park, IL 61132-5836 | None | PC | Marriage and Family Ministry | 2,400 |
| Lincoln Global Group PO Box 480 Rockton, IL 61072 | None | PC | Family Ministry | 1,400 |
| Ron Hutchcraft Ministries, Inc PO Box 400 Harrison, AR 72602-0400 | None | PC | Evanelism | 2,200 |
| IDEAS 7931 S Broadway 236 Littleton, CO 80122-2710 | None | PC | Family Ministry | 4,600 |
| Global Scholars PO Box Overland Park, KS 66282-2147 | None | PC | Christian Studies | 2,000 |
| Kids Alive International 2507 Cumberland Drive Valparaiso, IN 46384-2117 | Non e | PC | Ministry to Children | 3,000 |
| Total | | | | ► 3a |
| b Approved for future payment | | | | |
| Total | | | | ► 3b |

Part XV **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| Mission Door 2530 Washington Street Denver, CO 80205-3142 | None | PC | Missions | 4,000 |
| Moody Bible Institute 820 N LaSalle Street Chicago, IL 60610-3284 | None | PC | Evangilism | 5,000 |
| OMF International 10 West Dry Creek Circle Littleton, CO 80120-4413 | None | PC | World Missions | 1,400 |
| Pacific Garden Mission 1458 S Canal Street Chicago, IL 60607-9835 | None | PC | Evangelism | 1,800 |
| Prison Fellowship Ministries PO Box 1550 Merrifield, VA 22116-1550 | None | PC | Evangelism | 1,800 |
| The Salvation Army 5040 North Pulaski Road Chicago, IL 60630-2788 | None | PC | Evangelism | 5,000 |
| SIM USA PO Box 7900 Charlotte, NC 28241-7900 | None | PC | Evangilism | 1,400 |
| South American Mission 1021 Maxwell Mill Rd, Suite B Fort Mill, SC 29708-7852 | None | PC | Evangelism | 1,200 |
| Total | | | | ► 3a |
| b Approved for future payment | | | | |
| Total | | | | ► 3b |

Part XV | Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| TEAM PO Box 969 Wheaton, IL 60187-0969 | None | PC | Evangelism | 14,200 |
| Kindred Life Ministries PO Box 132 Wadsworth, IL 60083 | None | PC | Family Ministry | 2,200 |
| Trans World Radio PO Box 8700 Cary, NC 27512-8700 | None | PC | Evangelism | 800 |
| Vision Ministries International PO Box 168 Glen Ellyn, IL 60138 | None | PC | Evangelism | 2,500 |
| World Relief PO Box *9479 Washington, DC 20077-7186 | None | PC | Humanitarian Aid | 4,600 |
| World Venture 1501 W Mineral Avenue Littleton, CO 80120-5612 | None | PC | Ministry | 15,200 |
| Wycliff Bible Translators PO Box 628211 Orlando, FL 32862-9138 | None | PC | Bible Translation and Evangelism | 1,800 |
| Find Answers 4 Life 1020 Cherrywood Lane West Chicago, IL 60185 | None | PC | Bible Application to Life | 900 |
| Total | | | ► 3a | 83,600 |
| b Approved for future payment | | | | |
| Total | | | ► 3b | |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated | | Unrelated business income | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions) |
|--|--|---------------------------|--------------------------------------|-----------------------|--|
| | | (a) Business code | (b) Amount | (c) Exclusion code | |
| 1 | Program service revenue | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| 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 | 6,919 |
| 5 | Net rental income or (loss) from real estate | | | | |
| a | Debt-financed property | | | | |
| b | Not debt-financed property | | | | |
| 6 | Net rental income or (loss) from personal property | | | | |
| 7 | Other investment income | | | | |
| 8 | Gain or (loss) from sales of assets other than inventory | | | 18 | |
| 9 | Net income or (loss) from special events | | | | |
| 10 | Gross profit or (loss) from sales of inventory | | | | |
| 11 | Other revenue a | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 | Subtotal Add columns (b), (d), and (e) | | | | 6,919 |
| 13 | Total. Add line 12, columns (b), (d), and (e) | | | 13 | 6,919 |

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

| | | Yes | No |
|-----|---|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| (1) | Cash | 1a(1) | X |
| (2) | Other assets | 1a(2) | X |
| b | Other transactions | | |
| (1) | Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| (2) | Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| (3) | Rental of facilities, equipment, or other assets | 1b(3) | X |
| (4) | Reimbursement arrangements | 1b(4) | X |
| (5) | Loans or loan guarantees | 1b(5) | X |
| (6) | Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |

| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|--------------------------|---------------------------------|--|
| b If "Yes," complete the following schedule | | | |
| (a) Name of organization | (b) Type of organization | (c) Description of relationship | |
| | | | |
| | | | |
| | | | |
| | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

correct, and complete Declaration of preparer (other than law firm) is attached hereto.

 Vernon I. Neubauer

8 MAY 2015

Date _____ Title _____

May the IRS discuss this return
with the preparer shown below
(see inst.)? Yes No

| | | | | | |
|---------------------------------------|--|--|------------------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name Steven K Mobley | Preparer's signature <i>Steve K Mobley, CPA</i> | Date 4-22-15 | Check <input type="checkbox"/> if self-employed | PTIN P00300812 |
| | Firm's name ► ENSIGN CPA GROUP INC | Firm's EIN ► | | | |
| | Firm's address ► 972 EMERSON PARKWAY - STE F GREENWOOD IN 46143 | Phone no | 317-885-2620 | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2014

► 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**Name of the organization****The Neuhaus Family Christian Foundation****Employer identification number**
36-4319259**Organization type (check one)****Filers of.**

Form 990 or 990-EZ

Section.

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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

The Neuhaus Family Christian Foundation

Employer identification number

36-4319259

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 | Vernon Neuhaus 909 S Naperville Road Wheaton, IL 60187 | \$ 59,536 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Name of organization

The Neuhaus Family Christian Foundation

Employer identification number

36-4319259

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------|---|--|-------------------|
| 1 | 1150 Shares of Woodward | \$ 59,536 | 12-06-2014 |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|---|--|--|
| Cheryl Davidson | Director | 0.00 | 0 | 0 |
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Depreciation and Amortization
(Including Information on Listed Property)

2014

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

The Neuhaus Family Christian Fou

Business or activity to which this form relates

FORM 990PF - 1

Identifying number

36-4319259

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0 | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ► | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | | |
|----|---|----|-----|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 423 |

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2014 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► | | |

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | 25 yrs | | | S/L | |
| h Residential rental property | | 27.5 yrs | MM | S/L | | |
| | | 27.5 yrs | MM | S/L | | |
| i Nonresidential real property | | 39 yrs | MM | S/L | | |
| | | | MM | S/L | | |

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|---------|----|-----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | 12 yrs. | | | S/L | |
| c 40-year | | 40 yrs. | MM | S/L | | |

Part IV Summary (See instructions)

| | | | |
|----|---|----|-----|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions | 22 | 423 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

Federal Supporting Statements**2014 PG 01**

Name(s) as shown on return

FEIN

The Neuhaus Family Christian Foundation

36-4319259

**Form 990PF, Part III, Line 5
Other Decreases Schedule**

Statement #116

| | |
|-----------------------------|---------------|
| Book to Tax Gain Difference | <u>20,855</u> |
| Total | <u>20,855</u> |

**Form 990PF, Part II, Line 10(b)
Investments: Corporate Stock Schedule**

PG 01

Statement #137

| <u>Category</u> | <u>BOY</u> | <u>Book Value</u> | <u>EOY FMV</u> |
|------------------------|-----------------------|-----------------------|-----------------------|
| Charles Schwab Account | <u>483,853</u> | <u>550,335</u> | <u>926,792</u> |
| Totals | <u>483,853</u> | <u>550,335</u> | <u>926,792</u> |

Name(s) as shown on return

The Neuhaus Family Christian Foundation

Federal Supporting Statements

2014

PG 01

Your Social Security Number
36-4319259

Form 990PF, Part I, Line 23 - Other Expenses Schedule

| Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose |
|--------------------------------|-------------------------|-------------------|------------------------|-----------------------|
| State Filing Fees | 25 | 0 | 0 | 25 |
| Communication & Office Expense | 1,572 | 0 | 0 | 1,572 |
| Investment Information & Eval | <u>607</u> | <u>607</u> | <u>0</u> | <u>0</u> |
| Totals | <u>2,204</u> | <u>607</u> | <u>0</u> | <u>1,597</u> |

Statement #103

Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

| Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose |
|-----------------|-------------------------|-------------------|------------------------|-----------------------|
| Accounting Fees | <u>1,040</u> | <u>0</u> | <u>0</u> | <u>1,040</u> |
| Totals | <u>1,040</u> | <u>0</u> | <u>0</u> | <u>1,040</u> |

PG 01
Statement #108

Federal Supporting Statements

| | |
|--|---|
| 2014 PG 01 | |
| Name(s) as shown on return | Your Social Security Number 36-4319259 |
| The Neuhaus Family Christian Foundation | |

Form 990PF, Part I, Line 19 - Depreciation Schedule

| Description | Date Acquired | Cost or Other basis | Prior year Depreciation | Computation Method | Rate | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income |
|-------------------------------|---------------|---------------------|-------------------------|--------------------|------|------|---------------------------|-----------------------|---------------------|
| Office Equipment | 10-01-2005 | 8,387 | 8,387 | SL | 0 | 5 | 0 | 0 | 0 |
| Computer | 02-14-2011 | 1,363 | 796 | SL | 20 | 5 | 273 | 0 | 0 |
| Computer and Office Equipment | 08-15-2011 | 748 | 362 | SL | 20 | 5 | 150 | 0 | 0 |
| Totals | | 10,498 | 9,545 | | | | 423 | | |

Statement #126

Form 990-PF, Part IV, Capital Gains And Losses Information (Overflow)

| P-Purchase D-Duration | Date Acquired | Date Sold | Sales Price | Depreciation | Cost or other basis | Gain or Loss | Gains Minus Excess or Losses |
|--|---------------|------------|---------------|--------------|---------------------|---------------|------------------------------|
| 50 Shares HNI Corporation | P 12-26-2007 | 05-21-2014 | 1,808 | | 1,806 | 2 | 2 |
| 100 Shares Bank of America Corporation | P 11-27-2007 | 05-27-2014 | 1,515 | | 4,221 | (2,706) | (2,706) |
| 100 Shares Steelcase Inc | P 12-26-2007 | 09-12-2014 | 1,537 | | 1,731 | (194) | (194) |
| 400 Shares Modine Manufacturing Co | P 02-06-2009 | 09-11-2014 | 5,424 | | 1,157 | 4,267 | 4,267 |
| 400 Shares Modine Manufacturing Co | P 01-17-2014 | 09-11-2014 | 5,424 | | 4,978 | 446 | 446 |
| 1,040 Shares of Woodward, Inc. | P 03-17-2011 | 12-29-2014 | 52,603 | 30,598 | 22,005 | 22,005 | |
| 750 Shares Astec Industries, Inc. | D 11-13-1991 | 12-29-2014 | 30,155 | 1,192 | 28,963 | 28,963 | |
| Total | | | 98,466 | | 45,683 | 52,783 | 52,783 |

Statement #134

| | |
|-------|--|
| PMT # | |
| AMT | |
| INIT | |

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois

Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-035897

Check all items attached:

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Copy of IRS Return
 Audited Financial Statements
 Copy of Form IFC
 \$15.00 Annual Report Filing Fee
 \$100.00 Late Report Filing Fee

Federal ID #

36-4319255

MO DAY YR

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 11/16/99

| | | |
|----------------------|---|------------------|
| LEGAL NAME | THE NEUHAUS FAMILY CHRISTIAN FOUNDATION | Year-end amounts |
| MAIL ADDRESS | 909 NAPERVILLE ROAD | |
| CITY, STATE ZIP CODE | WHEATON, IL 60187 | |
| A) ASSETS | A) \$ 555,116 | |
| B) LIABILITIES | B) \$ - | |
| C) NET ASSETS | C) \$ 555,116 | |

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
E) GOVERNMENT GRANTS & MEMBERSHIP DUES
F) OTHER REVENUES
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE
I) EDUCATION PROGRAM SERVICE EXPENSE
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J). \$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
M) MANAGEMENT AND GENERAL EXPENSE
N) FUNDRAISING EXPENSE
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

PROFESSIONAL FUNDRAISERS:P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

| | |
|---------|--------------|
| 94.80 % | K) \$ 83,600 |
| 94.80 % | L) \$ 83,600 |
| 5.20 % | M) \$ 4,590 |
| - % | N) \$ |
| 100 % | O) \$ 88,190 |

Q) TOTAL FUNDRAISERS FEES AND EXPENSESR) NET RECEIVED BY THE CHARITY (P MINUS Q=R)PROFESSIONAL FUNDRAISING CONSULTANTS:S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

| | |
|-------|---------|
| 100 % | P) \$ 0 |
| % | Q) \$ 0 |
| % | R) \$ 0 |
| | S) \$ 0 |

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE

T) \$ NO

U) NAME, TITLE:

U) \$ Compensation

V) NAME, TITLE:

V) \$

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

List on back side of instructions
CODEW) DESCRIPTION:

W) #

X) DESCRIPTION:

X) #

Y) DESCRIPTION:

Y) #

| IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION: | | YES | NO |
|---|-------------------|-----|----|
| 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? | ----- | 1 | X |
| 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? | ----- | 2 | X |
| 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | ----- | 3. | X |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? | ----- | 4. | X |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? | ----- | 5. | X |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) | ----- | 6. | X |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? | ----- | 7. | X |
| 7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ | | | |
| 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? | ----- | 8. | X |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? | ----- | 9. | X |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | ----- | 10. | X |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: | <hr/> <hr/> <hr/> | | |
| CHARLES SCHWAN | <hr/> <hr/> <hr/> | | |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: | <hr/> <hr/> <hr/> | | |

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

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| PRESIDENT or TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| TREASURER or TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| PREPARER (PRINT NAME) | SIGNATURE | DATE |