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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.***

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation
CHARLES & KIMBERLY HEMMER FOUNDATION

A Employer identification number
37-1379077

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
GREG HUNZIKER COMMERCE BANK 416 MAIN STREET | 1600

B Telephone number (see instructions)
(309) 676-7777

City or town | State | ZIP code
PEORIA | IL | 61602

Foreign country name | Foreign province/state/county | Foreign postal code

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☐ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☒ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 571,988

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ *(Part I, column (d) must be on cash basis)*

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	40,326			
	2	Check ▶☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	5	5		
	4	Dividends and interest from securities	9,646	9,646		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	20,177			
	b	Gross sales price for all assets on line 6a 20,177				
	7	Capital gain net income (from Part IV, line 2)		22,338		
	8	Net short-term capital gain				
	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	70,154	31,989	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	47			47
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	600			600
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	209			209
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	25			25
	24	**Total operating and administrative expenses.** Add lines 13 through 23	881	0	0	881
	25	Contributions, gifts, grants paid	26,138			26,138
	26	**Total expenses and disbursements.** Add lines 24 and 25	27,019	0	0	27,019
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	43,135			
	b	**Net investment income** (if negative, enter -0-)		31,989		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	63,187	55,073	55,073
	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)	415,560	465,766	516,915
	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 ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	478,747	520,839	571,988
Liabilities	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 ▶)			
	23	**Total liabilities** (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☒ 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	478,747	520,839	
	30	**Total net assets or fund balances** (see instructions)	478,747	520,839	
	31	**Total liabilities and net assets/fund balances** (see instructions)	478,747	520,839	

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	478,747
2	Enter amount from Part I, line 27a	2	43,135
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	521,882
5	Decreases not included in line 2 (itemize) ▶ INVESTMENTS	5	1,043
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	520,839

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	Capital Gains Distributions	P	12/13/2013	4/10/2014
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	456		442	14
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(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	
a				14
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	22,338
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	14

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	22,869	538,870	0 042439
2012	17,520	459,630	0 038118
2011	6,601	401,833	0 016427
2010	7,790	326,054	0 023892
2009			0 000000

2	**Total** of line 1, column (d)	2	0 120876
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 030219
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	590,785
5	Multiply line 4 by line 3	5	17,853
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	320
7	Add lines 5 and 6	7	18,173
8	Enter qualifying distributions from Part XII, line 4	8	27,019

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 ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b	1	320	
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	320	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	320	
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a			
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	0	
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** ▶	9	320	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	0	
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ **Refunded** ▶	11	0	

Part VII-A Statements Regarding Activities

			Yes	No
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?	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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ _____ (2) On foundation managers ▶$ _____			
e	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? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL			
b	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*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar 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

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 ▶ N/A

14 The books are in care of ▶ WILLIS HUNZIKER Telephone no ▶ (309) 691-6385

Located at ▶ 6121 KNOLLAIRE DR PEORIA IL ZIP+4 ▶ 61614

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 ▶ 15

			Yes	No
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?	16		X
	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 ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ 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) ☐ Yes ☒ 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 ▶ ☐	1b	N/A	
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?	1c		X
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? ☒ Yes ☐ No			
	If "Yes," list the years ▶ 20 11 , 20 ____ , 20 ____ , 20 ____			
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)	2b		X
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20 ____ , 20 ____ , 20 ____ , 20 ____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ 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)*	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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?	4b		X

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:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ 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? ☐ Yes ☒ 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)?	5b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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? ☐ Yes ☐ 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? ☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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? ☐ Yes ☒ No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

	(a) Name and address	(b) Title, and average 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
1	Charles Hemmer 1119 W. Brookforest Peoria IL 61615 DIR				
2	WILLIS L HUNZIKER 6121 KNOLLAIRE DRIVE PEORIA, IL 61614	DIR			
3	BRUCE GRAHAM 14724 MENDENHALL RD PRINCEVILLE, IL 61559	DIR			
4	KEN HOERR 9616 N RT 91 PEORIA, IL 61615	DIR			
5	BRENT TUEBEL 12128 N ALLEN RD DUNLAP, IL 61525	DIR			

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 ▶

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 SALVATION ARMY PO BOX 1468 PEORIA, ILLINOIS 61655	
2 RESONATE CHURCH PO BOX 229 DUNLAP, IL 61525	
3 GLOBAL OUTREACH 74 KINGS HWY PONTOTOC, MS 38863	
4 BRADLEY UNIVERSITY 1501 BRADLEY AVE PEORIA,IL 61625	

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	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0

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	545,407
b	Average of monthly cash balances	1b	54,375
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	599,782
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	
3	Subtract line 2 from line 1d	3	599,782
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see instructions)	4	8,997
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	590,785
6	**Minimum investment return.** Enter 5% of line 5	6	29,539

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	29,539
2a	Tax on investment income for 2014 from Part VI, line 5	2a	320		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	320
3	Distributable amount before adjustments Subtract line 2c from line 1			3	29,219
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	29,219
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	29,219

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	27,019
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	27,019
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	320
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	26,699

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				29,219
2	Undistributed income, if any, as of the end of 2014				
a	Enter amount for 2013 only			26,392	
b	Total for prior years: 20 10 , 20 11 , 20 12		45,654		
3	Excess distributions carryover, if any, to 2014:				
a	From 2009				
b	From 2010				
c	From 2011				
d	From 2012				
e	From 2013				
f	**Total** of lines 3a through e	0			
4	Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 27,019				
a	Applied to 2013, but not more than line 2a			26,392	
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				627
e	Remaining amount distributed out of corpus				
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	0			
b	Prior years' undistributed income Subtract line 4b from line 2b		45,654		
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		45,654		
e	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				28,592
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)				
9	**Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a	Excess from 2010				
b	Excess from 2011				
c	Excess from 2012				
d	Excess from 2013				
e	Excess from 2014				

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

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 ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test—enter (1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
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)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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))

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

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 Name and address (home or business)	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
a *Paid during the year*				
AMERICAN CANCER SOCIETY 2250 N MICHIGAN AVE CHICAGO , IL 60601			GENERAL	125
AMERICAN INSTITUTE 3905 N HILLS BLVD NORTH LITTLE ROCK, AR 72116			GENERAL	25
APOSTOLIC CHRISTIAN CHURCH 3420 N SHERIDAN RD PEORIA, IL 61604			GENERAL	300
ASSEMBLIES OF GOD 1445 N BOONVILLE SPRINGFIELD, MO 65802			GENERAL	50
BEREAN PRISON MINISTRIES PO BOX 761 PEORIA, IL 61652			GENERAL	500
BOY SCOUTS 614 NE MADISON ST PEORIA, IL 61603			GENERAL	20
CADRE MINISTRIES BOX 278 SYCAMORE, IL 60178			GENERAL	1,500
CAMPUS CRUSADE PO BOX 628222 ORLANDO, FL 32862			GENERAL	100
COMPASSION INTERNATIONAL 12290 VOVAGER PKWY COLORADO SPRINGS, CO 80921			GENERAL	456
EASTER SEALS 507 E ARMSTRONG AVE PEORIA, IL 61603			GENERAL	170
FOOTSTEPS MISSIONS PO BOX 390938 MOUNTAIN VIEW, CA 94039			GENERAL	100
Total See Attached Statement			▶ **3a**	26,138
b *Approved for future payment*				
Total			▶ **3b**	0

Part XVI-A Analysis of Income-Producing Activities

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	(d) Amount	
1 Program service revenue					
a CONTRIBUTIONS			01	40,326	
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			14	5	
4 Dividends and interest from securities			14	9,646	
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	20,177	
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)		0		70,154	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	70,154

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

▶ Willis L. Hemmiker 5-13-15 ▶ President
Signature of officer or trustee Date Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		5/14/15		

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name KIDS & TEENS				
Street 501 KINGS HIGHWAY EAST				
City FAIRFIELD		**State** CT	**Zip Code** 06825	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 600

Name LIVING ALTERNATIVE				
Street 303 LANDMARK DR 1B				
City NORMAL		**State** IL	**Zip Code** 61761	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 100

Name MIDWEST FOOD BANK				
Street 1703 S VETERANS PKWY				
City BLOOMINGTON		**State** IL	**Zip Code** 61701	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 12,450

Name NORTHWOODS COMMUNITY CHURCH				
Street 10700 ALLEN RD				
City PEORIA		**State** IL	**Zip Code** 61615	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 600

Name PEORIA CHRISTIAN SCHOOL				
Street 3506 N CAILFORNIA				
City PEORIA		**State** IL	**Zip Code** 61603	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 700

Name PEORIA RESCUE MINISTRIES				
Street 601 SW ADAMS				
City PEORIA		**State** IL	**Zip Code** 61602	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 50

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

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Name of the organization	Employer identification number
CHARLES & KIMBERLY HEMMER FOUNDATION	37-1379077

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☒ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☐ 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 331/3 % 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	Employer identification number
CHARLES & KIMBERLY HEMMER FOUNDATION	37-1379077

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	CHARLES & KIMBERLY HEMMER 1119 W BROOKFOREST PEORIA IL 61615 Foreign State or Province Foreign Country	$ 40,326	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
CHARLES & KIMBERLY HEMMER FOUNDATION	37-1379077

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	1245 SHARES OF ASSET IVY STRATEGY FUND	$ 40,326	1/7/2014
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
CHARLES & KIMBERLY HEMMER FOUNDATION	37-1379077

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $ 0

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

	Amount
Long Term CG Distributions	20,177
Short Term CG Distributions	

	Totals	Gross Sales	Cost, Other Basis and Expenses	Net Gain or Loss
Capital Gains/Losses		20,177	0	20,177
Other sales		0	0	0

	Check "X" to include in Part IV	Description	CUSIP #	Purchaser	Check "X" if Purchaser is a Business	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Adjustments	Net Gain or Loss
1															0

Part I, Line 16a (990-PF) - Legal Fees

		47	0	0	47
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	HUNZIKER LAW OFFICE	47			47

Part I, Line 16c (990-PF) - Other Professional Fees

		600	0	0	600
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	WELLS FARGO ADVISOR FEES	600			600

Part I, Line 18 (990-PF) - Taxes

		209	0	0	209
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income				
3	Income tax	209			209

Part I, Line 23 (990-PF) - Other Expenses

		25	0	0	25
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	ILLINOIS CHARITY FUND	15			15
2	SECRETARY OF STATE	10			10

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			415,560	465,766	525,515	516,915
	Description	Num Shares/ Face Value	Book Value Beg of Year	Book Value End of Year	FMV Beg of Year	FMV End of Year
1	MUTUAL FUNDS		184,777	222,180	227,321	261,007
2	STOCKS		230,783	243,586	298,194	255,908
3	OPTIONS					

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Amount
Long Term CG Distributions	20,177
Short Term CG Distributions	0

	Description of Property Sold	CUSIP #	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed	Adjustments	Cost or Other Basis Plus Expense of Sale	Gain or Loss	F M V as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adj Basis	Gains Minus Excess of FMV Over Adjusted Basis or Losses
						456	0	0	442	14	0	0	0	14
1	Capital Gains Distributions		P	12/13/2013	4/10/2014	456		0	442	14	0	0	0	14

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation (0)	Benefits (0)	Expense Account (0)
1	WILLIS L HUNZIKER		6121 KNOLLAIRE DRIVE	PEORIA	IL	61614		DIR				
2	BRUCE GRAHAM		14724 MENDENHALL RD	PRINCEVILLE	IL	61559		DIR				
3	KEN HOERR		9616 N RT 91	PEORIA	IL	61615		DIR				
4	BRENT TUEBEL		12128 N ALLEN RD	DUNLAP	IL	61525		DIR				
5.	Charles Hemmer		1119 W. Brookforest	Peoria	IL	61615		DIR				

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income

1	Distributable amounts for 2013 that remained undistributed at the beginning of the 2014 tax year	1	26,392
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	26,392

Part XIII, Line 2b, Column B (990-PF) - Undistributed Income for Prior Years

1	Undistributed income for the 3rd year 2012	1	22,735
2	Undistributed income for the 4th year 2011	2	18,126
3	Undistributed income for the 5th year 2010	3	4,793
4	Total	4	45,654

* * * Communication Result Report (May. 14. 2015 12:52PM) * * *

1)
2)

Date/Time: May. 14. 2015 12:50PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3402	Memory TX	18664691238--1234	P. 5	OK	

Reason for error
E 1) Hang up or line fail
E 2) Busy
E 3) No answer
E 4) No facsimile connection
E 5) Exceeded max E-mail size
E 6) Destination does not support IP-Fax

FAX COVER

WELLS FARGO ADVISORS
FINANCIAL NETWORK

Recipient Date: 05/14/2015

Recipient's Name	
Qualified Plans	
Recipient's Fax Number	Number of Pages (including cover):
(866) 469-1230	5

Sender

Legal Name as it appears on FINRA registration records:	
Joni L Anderson	
Compliance-approved Title	
Registered Senior Admin Assistant	
Branch Address	
2425 W Cornerstone Ct, STE 2A	
Branch Telephone Number	Sender's Fax Number
(309) 282-4938	(309) 282-0256
Branch Toll-Free Number	Email Address
1-888-228-1021	joni.anderson@wfafinet.com

Subject: Distribution Request 81086-9652 (Encinas)

Notes:

You may request to "opt out" of receiving future advertisements via fax transmission. A request to opt out must specify the fax number to which the request relates, and be sent to the Firm using the sender information above

It is unlawful for the sender of this fax transmission to fail to comply with such a request within the shortest reasonable time as determined by the FCC (not less than 30 days) An opt out applies only to the fax number specified in the request. A request to opt out will not prevent the receipt of fax transmissions whose primary purpose is transactional rather than promotional As a reminder you have agreed to receive this information via facsimile. Facsimile transmission is not a secure form of communication, therefore, the confidentiality of fax transmissions cannot be guaranteed

Distribution Request Form for:

Profit-Sharing, Money Purchase Pension, 403(b)(7), 401(k), and 401(k) SIMPLE Plans

General Instructions: This form must be completed to authorize the payment of amounts from the First Clearing, LLC Profit-Sharing, Money Purchase Pension, 403(b)(7), Traditional 401(k), or 401(k) SIMPLE Plans. After the form is completed, please give it to your employer for processing. Important: Your spouse may have certain rights to your plan benefits, and your spouse's written consent to certain types of distributions may be required. Please see the "Important Information for Employee/Participant's Spouse" included in the "Overview" explanation that your employer has provided to you.

Please Print or Type
A distribution is to be made from the following account:

Plan Name Noah Herman Sons PSP — This distribution is due to plan termination ☒ Yes ☐ No

Participant Name Chad Herman — Social Security Number 329-54-2487

Plan Account Number ____ — Date of Birth 09/01/1964

Sub 072 Branch PEIL Rep PEI6 Account # 18869652

SECTION 1 – DISTRIBUTEE INFORMATION

Note: All information in this section is mandatory and must be completed.

The distributee is:
☒ The participant
☐ The participant's beneficiary
☐ An alternate payee who is a spouse or a former spouse
☐ An alternate payee who is not a spouse or a former spouse

Name of Distributee Dave Encinas

Social Security Number of Distributee 329-54-2487 Date of Birth 09/01/1964

Mailing Address of Distributee 8911 N Prairie Point

Mailing Address of Distributee Peoria (City) IL (State) 61615 (Zip Code)

SECTION 2 - REASON FOR PAYMENT

☐ Death ☐ Disability ☐ Normal (after age 59½)
☐ Hardship (not permitted from a FCC 403(b) Custodial account)
☐ Before age 59½ with an exception to the 10% additional tax on early withdrawals[1]
☐ Before age 59½ with no exception to the 10% additional tax on early withdrawals
☒ Direct Rollover to Traditional IRA
☐ Direct Rollover to a Roth IRA
☐ Removal of excess contribution including[2] earnings (year deposited ____)
☐ Direct Rollover to other qualified plans 401, 401(k), 403(a), 403(b), 457, etc[3]
☐ Qualified Domestic Relations Order

1. Note: The 10% additional tax does not apply to payments before age 59½ if: (1) they are made due to a qualified domestic relations order (QDRO), (2) they are made due to separation from service after age 55; (3) they are used to pay medical bills that are in excess of 7.5% of the participant's adjusted gross income, or (4) the payments are substantially equal (at least annually), based on life expectancy beginning after separation from service before age 55
2. You must indicate the year the excess contribution was deposited
3. Direct Rollover to a FCC 403(b) Custodial account is not permitted.

SECTION 3 - AMOUNT AND FORM OF DISTRIBUTION

	Cash	or Securities # of Shares	Symbol
A Enter distribution amount requested ☒ For additional space a separate signed page using same format is attached	$ All		
B. Amount on Line A that is eligible for rollover treatment. (Note. You must also complete Section 4 for this amount.)	$ All		
C. Amount on Line A that is not eligible for rollover treatment. (Note You must also complete Sections 5 and 6 for this amount. **The sum of Lines B and C must equal Line A.)** Refer to page 15 of this booklet, "Guide to Distributions "	$ —		
D Removal of excess including earnings.	$ —		
E This distribution is (check one):	$ All		

☐ A partial payment of less than the account balance
☑ A total distribution of the account balance.
☐ A qualified joint and survivor annuity (QJSA), with cash payments starting ____ (day/month).
☐ Periodic cash payments starting ____ (day/month) to be paid (check one):
☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

SECTION 4 - DIRECT ROLLOVER INFORMATION

This section should only be completed if you entered an amount on Line B in Section 3.

Select Option A, B, or C and the related questions within each

A. ☐ I elect to have the ENTIRE eligible rollover distribution paid to me by [select option (1) or (2)].
Note Any amounts not rolled over are subject to 20% mandatory withholding.
(1) ☐ Transferring to my First Clearing, LLC non-retirement account. Enter Non-IRA Account Number: _____
(2) ☐ Receiving a check and mailed to the address provided in Section 1

B. ☒ I elect to directly roll over my ENTIRE eligible rollover distribution into [select option (1), (2), or (3)]:
(1) ☒ My First Clearing, LLC as Custodian IRA account. (Please indicate the type of IRA below.)
☒ Traditional ☐ Roth ☐ Inherited Enter IRA Account Number: 8106-6583
(2) ☐ A First Clearing, LLC retirement plan of which I am a participant. Enter Account Number: _____
Enter name of Plan: _____ (Rollover to a FCC 403(b) Custodial account is not permitted.)
(3) ☐ Another eligible retirement plan or IRA (Please attach direct rollover instructions.)
(Consult your tax advisor for an explanation of "eligible rollover" distribution)

C. ☐ I elect to directly roll over an amount LESS THAN MY ENTIRE eligible rollover distribution Complete (1), (2), AND (3).
Note The portion to be directly rolled over may not be less than $500.
(1) The direct rollover will be made into [select option (a), (b), or (c)]:
(a) ☐ My First Clearing, LLC as Custodian IRA account. (Please indicate the type of IRA below.)
☐ Traditional ☐ Roth ☐ Inherited Enter IRA Account Number _____
(b) ☐ A First Clearing, LLC retirement plan of which I am a participant.
Enter Account Number: _____ (Rollover to a FCC 403(b) Custodial account is not permitted)
Enter name of Plan: _____
(c) ☐ Another eligible retirement plan or IRA. (Please attach direct rollover instructions.)
(2) The amount not directly rolled over is to be paid to me as follows [select option (a) or (b)]:
(a) ☐ Check.
(b) ☐ Transfer to a First Clearing, LLC non-retirement account. Enter Non-IRA Account Number _____
(3) The cash and securities shall be divided as follows [select option (a) and/or (b)].
(a) ☐ Cash. Amount to be rolled over: $ _____ Amount to be paid to me: $ _____
(b) ☐ Securities. Provide information below. ☐ For additional space a separate signed page using same format is attached.

Name of Security	Number of Shares/Units	To Be Paid to Me	To Be Rolled Over
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

The attached Waiver Election is applicable to pension plans Spousal consent must be agreed to and signed by the spouse for all Lump-Sum distributions The Waiver is not required if the plan does not offer Annuities as a distribution option.

SECTION 5 - NON-ELIGIBLE PAYMENT INSTRUCTIONS

This section should only be completed if you entered an amount on Line C in Section 3.

The amount entered on Line C in section 3 of this form is to be paid as follows [select option (1) (2) and/or (3)]:

☐ (1) $ _____ by check.
☐ (2) Transfer to a First Clearing, LLC non-retirement account. Enter Account Number: _____
☐ (3) In the form of the following Securities:

Name of Security	Number of Shares/Units

☐ For additional space a separate signed page using same format is attached

SECTION 6 - FOR NON-ELIGIBLE ROLLOVER DISTRIBUTION AMOUNTS FEDERAL/STATE INCOME TAX WITHHOLDING

This section should only be completed if you entered an amount on Line C in Section 3.

Unless you elect otherwise, the tax law requires that federal income tax be withheld from the taxable portion of the distribution that is not eligible for rollover treatment

(1) Amounts withheld on monthly, quarterly, semi-annual, or annual distributions are determined at the rate applicable to wages.
(2) Amounts withheld from nonperiodic distributions will be at a flat 10% rate.

SECTION 6 - FOR NON-ELIGIBLE ROLLOVER DISTRIBUTION AMOUNTS *(continued)*

Your tax withholding election. If you fail to make an election, taxes will automatically be withheld at the appropriate rate.

☒ I elect NOT to have federal income tax withheld.

☐ I elect to have federal income tax withheld. Complete (A) or (B).

A. For monthly, quarterly, semi-annual, or annual distributions, complete (a) and (b):
(a) Marital Status. ☐ Single ☐ Married ☐ Married, but withheld at higher single rate
(b) Enter the number of withholding allowances: [ ] I want the following additional amount withheld: $ [ ]

B. For non-periodic distributions, complete the following: Withhold federal income tax of [ ] % or $ [ ] (minimum of 10%)

Important: If you elect not to have federal income tax withheld, or if the amount of tax withheld is not enough, you may be required to pay estimated income taxes. You may be subject to tax penalties if your withholding and estimated tax payments are not adequate. For more information, please see IRS Publication 505, *Tax Withholding and Estimated Tax*. Also, refer to IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*. The publications and forms can be obtained from the IRS. By January 31 of next year, you will receive a statement showing the total amount of your distribution(s) made during the year and the total income tax withheld during the year.

The election to not have withholding apply does not apply to any periodic or nonperiodic distributions that are delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions may choose not to have income tax withheld only if an individual completes Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, or satisfies the documentation requirements as provided under the regulations.

Withholding of state taxes on Profit-Sharing, Money Purchase Pension, 401(k), and 401(k) SIMPLE Plan distributions is now required in certain states. If withholding applies in your state of residence and no state tax form is available or is not submitted with this form, the state statutes will prevail. For additional information, please contact a tax advisor within your state. **Resident of Michigan:** If you elect out, you are certifying your distribution is not taxable because it will not create a tax liability when you complete your Michigan tax return or you are age 65 or older. **Residents of Washington DC:** Taxes will be withheld at a rate of 8.95% on total distributions with no option to elect out.

☐ I elect to withhold [ ] (Name of State) state income tax in the amount of [ ] % or $ [ ]

☒ I elect NOT to withhold state income tax.

Note: In certain states, if federal withholding applies, state withholding is mandatory regardless of your election.

SECTION 7 - DISTRIBUTEE, PLAN ADMINISTRATOR AND PLAN TRUSTEE SIGNATURE

I hereby direct First Clearing, LLC to make a payment from the account as indicated on this form. I have received and read the "Special Tax Notice Regarding Plan Payments," "Important Information for Employee/Participant's Spouse" (if married) and the "Special Notice About Your Rollover." I have also obtained the written consent of my spouse to my distribution request, if necessary. I understand that certain termination or investment fees may be charged to the account, depending on the type of distribution requested.

Distributee's Signature [signature] Date 05/12/15

THE FOLLOWING REQUIREMENT IS NOT APPLICABLE TO 403(b)(7) PLANS.

I authorize the above distribution. I certify that the distribution directions provided on this document are in compliance with the terms of First Clearing, LLC Profit-Sharing, Money Purchase Pension, Traditional 401(k), or 401(k) Simple Plans and, if required, the Spousal Consent form signed by the Participant's spouse.

Plan Administrator's Signature [signature] Name & Title Chad Herman, Trustee Date 5-12-15

Plan Trustee's Signature [signature] Name & Title Chad Herman, Trustee Date 5-12-15

IMPORTANT INFORMATION FOR EMPLOYEE/PARTICIPANT'S SPOUSE – YOUR RIGHTS IN YOUR SPOUSE'S RETIREMENT BENEFITS

PARTICIPANT'S ELECTION TO WAIVE QUALIFIED JOINT AND SURVIVOR ANNUITY

As a participant in my employer's Qualified Retirement Plan, I acknowledge that I have read the information about Qualified Joint and Survivor Annuities on the "Distribution Notice." I understand that benefits will be paid to me in the form of a Qualified Joint and Survivor Annuity unless I waive that form of payment. I understand that if I am married, my spouse must also consent to the waiver.

I hereby elect to waive the Qualified Joint and Survivor Annuity form of payment.

Participant Signature _____ Date [ ]

If you are not married, certify here: ☐ I CERTIFY THAT I AM NOT MARRIED Signature _____ Date [ ]

SPOUSAL CONSENT TO WAIVER QUALIFIED JOINT AND SURVIVOR ANNUITY

I am the spouse of the participant named above. I hereby consent to my spouse's election not have my benefits under his or her Plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes the above waiver.)

Participant's Spouse Signature _____ Date _____

The signature of the spouse must be witnessed by a notary public or signature guarantee as required

NOTARY PUBLIC/SIGNATURE GUARANTEE _____ Date _____

SPOUSE'S CONSENT TO NON-SPOUSE DISTRIBUTEE DESIGNATION

I, the undersigned spouse of the plan participant, have received and read the foregoing "Important Information for Employee/Participant's Spouse" that contains information regarding my rights to my spouse's retirement plan benefits I understand that I have the right to all of my spouse's vested account balance in his/her retirement plan account after my spouse dies. I have received and read the completed Distribution Request Form signed by my spouse, and I agree to give up my rights to the amount to be distributed under Section 2 of the Distribution Request Form, and instead agree to have the amount paid to the Distributee(s) specified in Section 1 of the Distribution Request Form I understand that by signing this Consent Agreement, I may receive less money than I would have received if I had not signed this Agreement, and that I may receive nothing from the plan after my spouse dies I understand that I do not have to sign this Agreement and I am signing it voluntarily. I understand that if I do not sign this Agreement, then I will receive payment of my spouse's vested account under the plan when my spouse dies. I understand that I cannot change this Agreement after I sign it. My decision is final.

Plan Name _____

Spouse's Full Name _____ Spouse's SSN _____

Signature of Spouse: _____ Date _____

Witnessed in the presence of _____ Date _____

Plan Representative Signature _____ Date _____

OR

Notary Public. On this _____ day of _____, 20 _____, before me personally appeared _____ (name of Spouse) who executed the foregoing instrument.

Notary Public _____ Date _____

(Seal)

My Commission Expires _____, _____

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name SALVATION ARMY				
Street 401 NE ADAMS				
City PEORIA		**State** IL	**Zip Code** 61603	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 6,000

Name SOLID ROCK INTL				
Street PO BOX 20867				
City INDIANAPOLIS		**State** IN	**Zip Code** 46220	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 312

Name SOUTHSIDE MISSION				
Street 1127 S LARAMIE				
City PEORIA		**State** IL	**Zip Code** 61605	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 500

Name ST JUDE				
Street 4722 N SHERIDAN RD				
City PEORIA		**State** IL	**Zip Code** 61614	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 180

Name ST THOMAS CHURCH				
Street 904 E LAKE				
City PEORIA		**State** IL	**Zip Code** 60616	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 30

Name VALOR CHRISTIAN HIGH SCHOOL				
Street 3775 GRACE BLVD				
City HIGHLANDS RANCH		**State** CO	**Zip Code** 80126	**Foreign Country**
Relationship	**Foundation Status**			
Purpose of grant/contribution GENERAL				**Amount** 50

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
WBNH RADIO
Street
1919 MAYFLOWER DR
City PEKIN | **State** IL | **Zip Code** 61554 | **Foreign Country**
Relationship | **Foundation Status**
Purpose of grant/contribution GENERAL | **Amount** 200

Name
WCIC RADIO
Street
3902 BARRING TRACE
City PEORIA | **State** IL | **Zip Code** 61615 | **Foreign Country**
Relationship | **Foundation Status**
Purpose of grant/contribution GENERAL | **Amount** 200

Name
WOMENS PREGNANCY RELIEF
Street
1825 N KNOXVILLE AVE
City PEORIA | **State** IL | **Zip Code** 61603 | **Foreign Country**
Relationship | **Foundation Status**
Purpose of grant/contribution GENERAL | **Amount** 500

Name
WORLD RELIEF
Street
3420 N SHERIDAN RD
City PEORIA | **State** IL | **Zip Code** 61604 | **Foreign Country**
Relationship | **Foundation Status**
Purpose of grant/contribution GENERAL | **Amount** 300

Name
YOUTH FOR CHRIST
Street
4100 BRANDYWINE
City PEORIA | **State** IL | **Zip Code** 61614 | **Foreign Country**
Relationship | **Foundation Status**
Purpose of grant/contribution GENERAL | **Amount** 20

Name
Street
City | **State** | **Zip Code** | **Foreign Country**
Relationship | **Foundation Status**
Purpose of grant/contribution | **Amount**