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#### DLN: 93491127008235

OMB No 1545-0052

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 instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public Inspection

| For                | cale      | endar year 2014, or tax year beginning 01-   | 01-2014                                  | , a   | nd ending 1                | .2-31-2014                                    |   |  |  |
|--------------------|-----------|--|--|-------|----------------------------|---|---|--|--|
|                    |           | undation<br>AMILY FOUNDATION   |  |       | A Employer id              | entification numb                             | er  |  |  |
| Ci                 | IIZEK I I | THE TOTAL TOTAL  |  |       | 41-1989004                 |   |   |  |  |
|                    |           | d street (or P O box number if mail is not delivered to street address   | s) Room/suite                            |       | <b>B</b> Telephone nu      | ımber (see ınstructio                         | ns)   |  |  |
| 36                 | INTERI    | LACHEN COURT   |  |       | (952) 474-097 <sup>-</sup> | 7   |   |  |  |
|                    |           | n, state or province, country, and ZIP or foreign postal code<br>MN 553319523  |  |       | <b>C</b> If exemption      | application is pendir                         | ng, check here 🕨 🦵                              |  |  |
|                    |           |  |  |       |                            |   | _   |  |  |
| <b>G</b> CI        | neck a    | ill that apply   Initial return   Initial return of a  | former public charit                     | У     | <b>D 1.</b> Foreign o      | rganizations, check h                         | ere 🕨   |  |  |
|                    |           | Address change Name change   |  |       |                            | rganizations meeting<br>ck here and attach co |   |  |  |
| <b>H</b> C ł       | neck ty   | ype of organization Section 501(c)(3) exempt priva   | ate foundation                           |       |                            | undation status was<br>n 507(b)(1)(A), che    |   |  |  |
|                    |           | 1 4947(a)(1) nonexempt charitable trust Other taxa   |  | n     | under section              | 11 307(b)(1)(A), Clie                         | ck liele - ,                                    |  |  |
|                    |           | ket value of all assets at end JAccounting method  | Cash                                     | rual  |                            | ation is in a 60-mont                         |   |  |  |
|                    |           | from Part II, col. (c),  ↑ \$ 2,201,045  | t ho on each backs                       |       | under sectio               | n 507(b)(1)(B), che                           | ck here 🕨 l                                     |  |  |
|                    | rt I      | Analysis of Revenue and Expenses (The  |  |       |                            |   | (d) Disbursements                               |  |  |
| ra                 |           | total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and<br>expenses per<br>books | (b) N | let investment<br>income   | (c) Adjusted net<br>income                    | for charitable<br>purposes<br>(cash basis only) |  |  |
|                    | 1         | Contributions, gifts, grants, etc , received (attach   |  |       |                            |   |   |  |  |
|                    |           | schedule)  | 60,000                                   |       |                            |   |   |  |  |
|                    | 2         | Check $\blacktriangleright \                                  $  |  |       |                            |   |   |  |  |
|                    |           | Sch B  |  |       |                            |   |   |  |  |
|                    | 3         | Interest on savings and temporary cash investments   | 107.070                                  |       | 107.070                    |   |   |  |  |
|                    | 4         | Dividends and interest from securities   | 107,070                                  |       | 107,070                    |   |   |  |  |
|                    | 5a<br>  . | Gross rents  |  |       |                            |   |   |  |  |
| Ф                  | b         | Net rental income or (loss)<br>Net gain or (loss) from sale of assets not on line 10                                 | 208                                      |       |                            |   |   |  |  |
| Revenue            | 6a<br>  b | Gross sales price for all assets on line 6a  |  |       |                            |   |   |  |  |
| Şeğ.               |           | 90,000   |  |       | 200                        |   |   |  |  |
| _                  | 7         | Capital gain net income (from Part IV, line 2)   |  |       | 208                        |   |   |  |  |
|                    | 8         | Net short-term capital gain  |  |       |                            |   |   |  |  |
|                    | 10a       | I  |  |       |                            |   |   |  |  |
|                    | 104       | 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  | 167,278                                  |       | 107,278                    |   |   |  |  |
|                    | 13        | Compensation of officers, directors, trustees, etc   | 12,123                                   |       | 0                          |   | 12,123  |  |  |
| J.A                | 14        | Other employee salaries and wages  |  |       |                            |   |   |  |  |
| Š                  | 15        | Pension plans, employee benefits   |  |       |                            |   |   |  |  |
| Expenses           | 16a       | Legal fees (attach schedule)   | 3,015                                    |       | 0                          |   | 3,015   |  |  |
| Ä                  | B         | Accounting fees (attach schedule)  | 3,013<br>4,840                           |       | 0                          |   | 4,840   |  |  |
| ĕ                  | 17        | Interest   | 4,040                                    |       | 0                          |   | 4,040   |  |  |
| rat                | 18        | Taxes (attach schedule) (see instructions)   | <b>%</b> 2,500                           |       | 0                          |   | 0   |  |  |
| ž                  | 19        | Depreciation (attach schedule) and depletion   | , , , , , , , , , , , , , , , , , , ,    |       |                            |   |   |  |  |
| Ē                  | 20        | Occupancy  |  |       |                            |   |   |  |  |
| Ad                 | 21        | Travel, conferences, and meetings  | 4,746                                    |       | 0                          |   | 4,746   |  |  |
| and Administrative | 22        | Printing and publications  |  |       |                            |   |   |  |  |
|                    | 23        | Other expenses (attach schedule)   | 6,028                                    |       | 0                          |   | 6,028   |  |  |
| ğ                  | 24        | Total operating and administrative expenses.   |  |       |                            |   |   |  |  |
| Operating          |           | Add lines 13 through 23  | 33,252                                   |       | 0                          |   | 30,752  |  |  |
| ់                  | 25        | Contributions, gifts, grants paid  | 71,150                                   |       |                            |   | 71,150  |  |  |
|                    | 26        | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 104,402                                  |       | 0                          |   | 101,902   |  |  |
|                    | 27        | Subtract line 26 from line 12  |  |       | 5                          |   |   |  |  |
|                    | а         | Excess of revenue over expenses and disbursements  | 62,876                                   |       |                            |   |   |  |  |
|                    | ь         | Net investment income (If negative, enter -0-)   |  |       | 107,278                    |   |   |  |  |
|                    | l c       | Adjusted net income (if negative, enter -0-)   | 1  |       |                            |   | I   |  |  |

| Рa               | rt II | Ralance Sheets Attached schedules and amounts in the description column   | Beginning of year      |                 |           | f year                |
|------------------|-------|---|------------------------|-----------------|-----------|-----------------------|
|                  |       | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value         | <b>(b)</b> Bool | ( Value   | (c) Fair Market Value |
|                  | 1     | Cash—non-interest-bearing   |                        |                 |           | .== =.=               |
|                  | 2     | Savings and temporary cash investments  | 134,262                |                 | 177,517   | 177,517               |
|                  | 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 🟲  |                        |                 |           |                       |
| 2                | 8     | Inventories for sale or use   |                        |                 |           |                       |
| sets             | 9     | Prepaid expenses and deferred charges   |                        |                 |           |                       |
| Д3               | 10a   | Investments—U S and state government obligations (attach schedule)  |                        |                 |           |                       |
|                  | b     | Investments—corporate stock (attach schedule)   |                        |                 |           |                       |
|                  | С     | Investments—corporate bonds (attach schedule)   |                        |                 |           |                       |
|                  | 11    | Investments—land, buildings, and equipment basis  |                        |                 |           |                       |
|                  |       | Less accumulated depreciation (attach schedule)   |                        |                 | I         |                       |
|                  | 12    | Investments—mortgage loans  |                        |                 |           |                       |
|                  |       | Investments—other (attach schedule)   | 1,968,205              | <del>%</del>    | 2,023,528 | 2,023,528             |
|                  |       | 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   |                        |                 |           |                       |
|                  | 10    | instructions Also, see page 1, item I)  | 2,102,467              |                 | 2,201,045 | 2,201,045             |
|                  | 17    | Accounts payable and accrued expenses   | _,,                    |                 |           |                       |
|                  | 18    | Grants payable  |                        |                 |           |                       |
| S.               |       | Deferred revenue  |                        |                 |           |                       |
| abilities        | 20    | Loans from officers, directors, trustees, and other disqualified persons  |                        |                 |           |                       |
| ā                | 21    | Mortgages and other notes payable (attach schedule)   |                        |                 |           |                       |
|                  |       | Other liabilities (describe   |                        |                 |           |                       |
|                  |       | Total liabilities (add lines 17 through 22)   | 0                      |                 | 0         |                       |
|                  | 23    |   | 0                      |                 |           |                       |
| S                |       | Foundations that follow SFAS 117, check here F  |                        |                 |           |                       |
| or Fund Balances |       | and complete lines 24 through 26 and lines 30 and 31.   | 2 102 467              |                 | 2 201 045 |                       |
| ala:             | 24    | Unrestricted  | 2,102,467              |                 | 2,201,045 |                       |
| ă                |       | Temporarily restricted  |                        |                 |           |                       |
| 핕                | 26    | Permanently restricted  |                        |                 |           |                       |
| Ŧ                |       | Foundations that do not follow SFAS 117, check here   |                        |                 |           |                       |
|                  |       | and complete lines 27 through 31.   |                        |                 |           |                       |
| Assets           | 27    | Capital stock, trust principal, or current funds  |                        |                 |           |                       |
| \$ 51            | 28    | Paid-in or capital surplus, or land, bldg , and equipment fund  |                        |                 |           |                       |
|                  | 29    | Retained earnings, accumulated income, endowment, or other funds  |                        |                 |           |                       |
| Net              | 30    | Total net assets or fund balances (see instructions)  | 2,102,467              |                 | 2,201,045 |                       |
|                  | 31    | Total liabilities and net assets/fund balances (see instructions)   | 2,102,467              |                 | 2,201,045 |                       |
| Pa               | rt II | 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 ag  | gree            |           |                       |
|                  |       | with end-of-year figure reported on prior year's return)  |                        |                 | 1         | 2,102,467             |
| 2                |       | Enter amount from Part I, line 27a  |                        |                 | 2         | 62,876                |
| 3                |       | Other increases not included in line 2 (itemize)  |                        | 3               | 35,702    |                       |
| 4                |       | Add lines 1, 2, and 3   |                        |                 | 4         | 2,201,045             |
| 5                |       | Decreases not included in line 2 (itemize)  |                        | _               | 5         | 0                     |
| 6                |       | Total net assets or fund balances at end of year (line 4 minus line 5)—F  | art II, column (b), lı | ne 30 .         | 6         | 2,201,045             |

|  | the kınd(s) of property sold (e g , re<br>louse, or common stock, 200 shs M  | earestate,  | b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired (mo , day, yr )       | ( <b>d)</b> Date sold<br>(mo , day, yr ) |
|--|--|---|---|---|--|
| 1a CHARLES SCHWAB  |  |   | P   |   |  |
| b  |  |   | ·   |   |  |
| С  |  |   |   |   |  |
|  |  |   |   |   |  |
|  |  |   |   |   |  |
| e  |  |   |   | 1 (1) 0                                 | // \                                     |
| (e) Gross sales price                                      | <b>(f)</b> Depreciation allowed (or allowable)                               | ( )   | other basis                                 |   | or (loss)<br>minus (g)                   |
| a  | 90,000   | ·   | 89,79                                       |   | 208                                      |
| b  |  |   |   |   |  |
| С  |  |   |   |   |  |
| d  |  |   |   |   |  |
| <br>e  |  |   |   |   |  |
|  | showing gain in column (h) and owne  | d by the foundation or  | 12/31/69                                    | (I) Counc (Col                          | (h) gain minus                           |
|  | (i) Adjusted basis   |   | s of col (1)                                | _ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` | ess than -0-) <b>or</b>                  |
| (i) F M V as of 12/31/69                                   | as of 12/31/69   |   | (j), if any                                 | Losses (fro                             |  |
| a  |  |   |   |   | 208                                      |
| b  |  |   |   |   |  |
| С  |  |   |   |   |  |
| d  |  |   |   |   |  |
| <u>е</u>   |  |   |   |   |  |
| · -  | me or (net capital loss) { al gain or (loss) as defined in section           | If gain, also enter in F<br>If (loss), enter -0- in<br>ns 1222(5) and (6) |   | 2                                       | 208                                      |
| ın Part I, line 8 .  |  |   | · }   | 3                                       |  |
| Part V Qualification                                       | <u> Under Section 4940(e) for R</u>  | <u>Reduced Tax on N</u>   | <u>et Investme</u>                          | nt Income                               |  |
| For optional use by domestic                               | private foundations subject to the se  | ection 4940(a) tax on   | net investment                              | income )                                |  |
| f section 4940(d)(2) applies,                              | leave this part blank  |   |   |   |  |
| Vas the foundation liable for th                           | re section 4942 tax on the distribute ot qualify under section 4940(e)       | , ,   | •   | eriod?                                  | ┌ Yes ┌ No                               |
| 1 Enter the appropriate amo                                | ount in each column for each year, se  | ee instructions before  | making any ent                              | ries                                    |  |
| (a)  | <i>a</i> .   |   | T   | (d)                                     |  |
| Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                              | (c) Net value of noncharitab  | ole-use assets                              | Distributiór<br>(col (b) divided        |  |
| 2013   | 106,467  |   | 2,129,040                                   | (cor (b) divided                        | 0 050007                                 |
| 2013   | 97,636   |   | 2,099,273                                   |   | 0 046509                                 |
| 2011   | 89,550   |   | 1,955,952                                   |   | 0 045783                                 |
| 2010   | 84,033   |   | 1,866,478                                   |   | 0 045022                                 |
| 2009   | 84,399   |   | 1,706,659                                   |   | 0 049453                                 |
| 2 Total of line 1, colum                                   | nn (d)   |   |   | 2                                       | 0 236774                                 |
|  | ratio for the 5-year base period—div<br>the foundation has been in existence |   | by 5, or by                                 | 3                                       | 0 047355                                 |
|  | f noncharitable-use assets for 2014  |   | 🗀   | 4                                       | 2,145,439                                |
| 5 Multiply line 4 by line                                  | e 3  |   |   | 5                                       | 101,597                                  |
|  | stment income (1% of Part I, line 27   |   | 🗕   | 6                                       | 1,073                                    |
|  |  |   |   | 7                                       | 102,670                                  |
|  | ributions from Part XII, line 4  |   |   | 8                                       | 101,902                                  |
|  | r greater than line 7, check the box i                                       |   |   |   |  |

| Form   | 990-PF (2014)   |          | Р       | age <b>4</b> |
|--------|---|----------|---------|--------------|
| Par    | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins  | tructio  | ns)     |              |
| 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  |          |         | 2,146        |
| _      | here F 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   |          |         | 0            |
| 3      | enter - 0 - ) Add lines 1 and 2   |          |         | <br>2,146    |
| 4      | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others   |          | •       |              |
| •      | enter -0-)  |          |         | 0            |
| 5      | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0   |          | ;       | 2,146        |
| 6      | Credits/Payments  |          |         |              |
| а      | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 3,487  |          |         |              |
| 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  |          |         | 3,487        |
| 8      | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.  |          |         |              |
| 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 <b>10</b>   |          | ;       | 1,341        |
| 11     | Enter the amount of line 10 to be Credited to 2015 estimated tax 1,341 Refunded 11  |          |         | 0            |
| Par    | t VII-A Statements Regarding Activities   |          |         |              |
| 1a     | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did                                   |          | Yes     | No           |
|        | ıt participate or intervene in any political campaign?  | . 1a     |         | No           |
| b      | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions                           |          |         |              |
|        | for definition)?  | 1b       |         | No           |
|        | 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       |         | No           |
| d      | Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year   |          |         |              |
|        | (1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers $\blacktriangleright$ \$ 0  |          |         |              |
| е      | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                                   |          |         |              |
|        | on foundation managers 🕨 \$0  |          |         |              |
| 2      | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | . 2      |         | No           |
|        | If "Yes," attach a detailed description of the activities.  |          |         |              |
| 3      | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles                                  |          |         |              |
|        | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                     | . 3      |         | No           |
| 4a     | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a       |         | No           |
| ь<br>- | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?   | 4b       |         |              |
| 5      | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | . 5      |         | No           |
| _      | If "Yes," attach the statement required by General Instruction T.   |          |         |              |
| 6      | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  • By language in the governing instrument, or | \<br>\   |         | 1            |
|        | By state legislation that effectively amends the governing instrument so that no mandatory directions   |          |         |              |
|        |   | _        | <br>  v | l            |
| 7      | that conflict with the state law remain in the governing instrument?  | . 6      | Yes     |              |
| ,      |   | . 7      | Yes     |              |
| Ωa     | Enter the states to which the foundation reports or with which it is registered (see instructions)  | <b>_</b> | 169     |              |
| oa     | MN  |          |         |              |
| 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       | Yes     |              |
| 9      | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)                                    | <b>-</b> |         |              |
|        | 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      |         | No           |
| 10     | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names                            |          |         |              |
|        | and addresses.  | . 10     |         | No           |
|        |   |          |         |              |

| 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   |      | No  |
| 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   |      | No  |
| 13         | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13   | Yes  |     |
|            | Website address ►N/A  |      |      |     |
| 14         | The books are in care of ►THE FOUNDATION Telephone no ►(952)  | 474- | 0977 |     |
|            | Located at ▶36 INTERLACHEN COURT EXCELSIOR MN ZIP+4 ▶5533195  | 23   |      |     |
| 15         | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here   |      |      | ► □ |
|            | and enter the amount of tax-exempt interest received or accrued during the year   |      |      | - , |
| 16         | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over  |      | Yes  | No  |
|            | a bank, securities, or other financial account in a foreign country?  | 16   |      | No  |
|            | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial   |      |      |     |
|            | Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲   |      |      |     |
| Pai        | rt 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  |
| <b>1</b> a | 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?  |      |      |     |
|            | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |      |      |     |
|            | a disqualified person?  |      |      |     |
|            | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes \( \subseteq \text{ No} \)   |      |      |     |
|            | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes \( \bar{V} \) 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)?   |      |      |     |
|            | (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 <b>any</b> of the acts fail to qualify under the exceptions described in Regulations   |      |      |     |
|            | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | 1b   |      | No  |
|            | Organizations relying on a current notice regarding disaster assistance check here  |      |      |     |
| С          | 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   |      | No  |
| 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))   |      |      |     |
| а          | 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 > 20, 20, 20   |      |      |     |
| D          | Are there any years listed in 2a for which the foundation is <b>not</b> 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)   | 21   |      |     |
|            | to <b>all</b> years listed, answer "No" and attach statement—see instructions )   | 2b   |      |     |
| С          | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  |      |      |     |
| 2-         | ▶ 20  |      |      |     |
| За         | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  |      |      |     |
| L          | any time during the year?   |      |      |     |
| ט          |   |      |      |     |
|            | or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved<br>by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or <b>(3)</b> |      |      |     |
|            | 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   |      |     |
| 42         | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a   |      | No  |
| 4a         |   | -ra  |      | 140 |
| 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   |      | No  |
|            | - charitable parpose that had not been removed hold jeopardy before the first day of the tax year beginning in 2014 ( )   | TU   | 1    | 110 |

|      | rt VIII-B Statements Rega                                  | ardir  | a Activities for  | \A/k  | nich Form 4720             | May    | Re Peguired (cont                           | inuc         | .d)    | rage <b>O</b>         |  |  |
|------|--|--------|---|-------|----------------------------|--------|---|--------------|--------|-----------------------|--|--|
| 5a   | During the year did the foundation                         |        | _   |       | iicii Foriii 4720          | іча у  | be Required (Cont.                          | mue          |        |                       |  |  |
| Ja   | · ·  |        | use attempt to influence legislation (section 4945(e))? |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   | NO           |        |                       |  |  |
|      | (2) Influence the outcome of any                           |        |   |       |                            |        |   |              |        |                       |  |  |
|      | on, directly or indirectly, any                            |        |   |       |                            | •      |   |              |        |                       |  |  |
|      | (3) Provide a grant to an individu                         |        |   |       |                            |        | 「 Yes ✓                                     | NO           |        |                       |  |  |
|      | (4) Provide a grant to an organiz                          |        |   |       |                            |        |   | <del>-</del> |        |                       |  |  |
|      | in section 4945(d)(4)(A)? (s                               |        |   |       |                            | •      | Yes   | ' No         |        |                       |  |  |
|      | (5) Provide for any purpose othe                           |        |   |       |                            |        |   |              |        |                       |  |  |
| _    | educational purposes, or for                               |        |   |       |                            |        |   |              |        |                       |  |  |
| Ь    | If any answer is "Yes" to 5a(1)-                           |        |   |       |                            |        |   |              |        |                       |  |  |
|      | Regulations section 53 4945 or                             |        |   |       |                            |        |   |              | . 5b   |                       |  |  |
|      | Organizations relying on a curre                           |        |   |       |                            |        | ▶ 「   | _            |        |                       |  |  |
| C    | If the answer is "Yes" to question                         | -      | • •   |       | •                          |        |   |              |        |                       |  |  |
|      | tax because it maintained expen                            | diture | responsibility for th                                   | ne gr | ant?                       |        | <b>T</b> Yes <b>T</b>                       | No           |        |                       |  |  |
|      | If "Yes," attach the statement requ                        | ured l | y Regulations section                                   | n 53. | .4945–5(d).                |        |   |              |        |                       |  |  |
| 6a   | Did the foundation, during the ye                          | ar, re | ceive any funds, dire                                   | ectly | or indirectly, to pay      | pren   | niums on                                    |              |        |                       |  |  |
|      | a personal benefit contract?                               |        |   |       |                            |        |   | No           |        |                       |  |  |
| b    | Did the foundation, during the ye                          | ar, pa | y premiums, directly                                    | or    | indirectly, on a perso     | nalb   | penefit contract?                           |              | 6b     | No                    |  |  |
|      | If "Yes" to 6b, file Form 8870.                            |        |   |       |                            |        |   |              |        |                       |  |  |
| 7a   | At any time during the tax year,                           | was tl | ne foundation a party                                   | / to  | a prohibited tax shel      | ter tr | ansaction? <b>Tyes F</b>                    | No           |        |                       |  |  |
| b    | If yes, did the foundation receive                         | any    | proceeds or have an                                     | y ne  | t income attributable      | e to t | he transaction?                             |              | 7b     |                       |  |  |
|      | Information Abou   | t Of   | ficers, Directors                                       | s, T  | rustees, Founda            | tior   | Managers, Highly                            | Paid         | d Emp  | loyees,               |  |  |
| Pa   | and Contractors  |        |   |       |                            |        |   |              | -      |                       |  |  |
| _1   | List all officers, directors, trustee                      | s, fo  | ındation managers a                                     | nd t  | heir compensation (        | see ii | nstructions).                               |              |        |                       |  |  |
|      |  | (b)    | Title, and average                                      |       | <b>c)</b> Compensation     |        | (d) Contributions to                        | (e)          | Expens | e account,            |  |  |
|      | (a) Name and address                                       | d      | hours per week<br>evoted to position                    | (     | If not paid, enter<br>-0-) |        | mployee benefit plans deferred compensation |              |        | wances                |  |  |
| DAVI | D CHIZEK   | _      | SIDENT  |       | 0                          | una    | 0   |              |        | 0                     |  |  |
|      | NTERLACHEN COURT   | 5 00   |   |       | ŭ                          |        | Ŭ   |              |        | Ū                     |  |  |
|      | ELSIOR, MN 55331   |        |   |       |                            |        |   |              |        |                       |  |  |
| DAVE | SENGER   | DIR    | ECTOR   |       | 0                          |        | 0   |              |        | 0                     |  |  |
| 36 I | NTERLACHEN COURT   | 0 10   | )   |       |                            |        |   |              |        |                       |  |  |
| EXC  | ELSIOR,MN 55331  |        |   |       |                            |        |   |              |        |                       |  |  |
| MICH | IAEL HOLMQUIST   | DIR    | ECTOR   |       | 12,123                     |        | 0   |              |        | 0                     |  |  |
|      | NTERLACHEN COURT   | 3 00   | )   |       |                            |        |   |              |        |                       |  |  |
|      | ELSIOR, MN 55331   |        |   |       |                            |        |   |              |        |                       |  |  |
| 2    | Compensation of five highest-pai                           | d emp  | oloyees (other than                                     | thos  | e included on line 1—      | -see   |   | ter"         | NONE." |                       |  |  |
| (-   | Name and address of each ample                             |        | (b) Title, and aver                                     | age   |                            |        | (d) Contributions to<br>employee benefit    | (-)          | Evnana | a a a a a unt         |  |  |
| (a   | Name and address of each employant paid more than \$50,000 | yee    | hours per week  |       | (c) Compensatio            | n      | plans and deferred                          |              |        | e account,<br>owances |  |  |
|      | . , ,  |        | devoted to positi                                       | on    |                            |        | compensation                                |              |        |                       |  |  |
| NON  | NE .   |        |   |       |                            |        |   |              |        |                       |  |  |
|      |  |        | 1   |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   |              |        |                       |  |  |
|      |  |        | 1   |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   |              |        |                       |  |  |
|      |  |        | -   |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   |              |        |                       |  |  |
|      |  |        |   |       |                            |        |   |              |        |                       |  |  |
| Tota | I number of other employees hald                           | over   | ±50 000   |       |                            |        |   | l            |        | ٥                     |  |  |

| Part VIII Information About Officers, Directors, Transcription and Contractors (continued) | ustees, Foundation Managers, Highly                       | Paid Employees,  |
|--|---|------------------|
| 3 Five highest-paid independent contractors for professional serv                          | ices (see instructions). If none, enter "NONE".           |                  |
| (a) Name and address of each person paid more than \$50,000                                | <b>(b)</b> Type of service                                | (c) Compensation |
| NONE   |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional servi               | ces   | 0                |
| Part IX-A Summary of Direct Charitable Activities  |   |                  |
| List the foundation's four largest direct chantable activities during the tax year. Inclu  | do relevant statistical information such as the number of |                  |
| organizations and other beneficiaries served, conferences convened, research paper         |   | Expenses         |
| 1  |   |                  |
| 2  |   |                  |
| 3  |   |                  |
| 4  |   |                  |
| Part IX-B Summary of Program-Related Investmen   |   |                  |
| Describe the two largest program-related investments made by the foundation d              | luring the tax year on lines 1 and 2                      | A mount          |
| 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.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 2.044.659 1h 133.452 1c 1d 2.178.111 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 2.178.111 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 32.672 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 2.145.439 5 107,272 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here  $\blacktriangleright \Gamma$  and do not complete this part.) 1 107.272 Tax on investment income for 2014 from Part VI, line 5. . . . . . 2.146 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 2c 2.146 3 3 105.126 4 Λ 4 5 5 105.126 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 105.126 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . . 1a 101.902 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 101,902 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 101,902 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

| For | m 990-PF (2014)   |                      |                            |                    | Page <b>9</b>      |
|-----|---|----------------------|----------------------------|--------------------|--------------------|
| P   | art XIII Undistributed Income (see instru                                       | uctions)             |                            |                    |                    |
|     |   | <b>(a)</b><br>Corpus | (b)<br>Years prior to 2013 | <b>(c)</b><br>2013 | <b>(d)</b><br>2014 |
| 1   | Distributable amount for 2014 from Part XI, line 7                              | Сограз               | rears prior to 2015        | 2013               | 105,126            |
|     | Undistributed income, if any, as of the end of 2014                             |                      |                            |                    | ·                  |
| a   |   |                      |                            | 97,006             |                    |
|     | Total for prior years 20  |                      | 0                          | <u> </u>           |                    |
| 3   |   |                      |                            |                    |                    |
| a   | From 2009   |                      |                            |                    |                    |
| b   | From 2010   |                      |                            |                    |                    |
| C   | From 2011   |                      |                            |                    |                    |
| d   | From 2012   |                      |                            |                    |                    |
| е   | From 2013   |                      |                            |                    |                    |
| f   | Total of lines 3a through e   | C                    |                            |                    |                    |
| 4   | Qualifying distributions for 2014 from Part                                     |                      |                            |                    |                    |
|     | XII, line 4 🕨 \$  |                      |                            |                    |                    |
| а   | Applied to 2013, but not more than line 2a                                      |                      |                            | 97,006             |                    |
| b   | Applied to undistributed income of prior years                                  |                      | 0                          |                    |                    |
|     | (Election required—see instructions)  |                      |                            |                    |                    |
| C   | Treated as distributions out of corpus (Election                                | C                    |                            |                    |                    |
| _   | required—see instructions)  |                      |                            |                    | 4.000              |
|     | Applied to 2014 distributable amount  |                      |                            |                    | 4,896              |
|     | Remaining amount distributed out of corpus                                      | 0                    |                            |                    |                    |
| 5   | Excess distributions carryover applied to 2014                                  | C                    |                            |                    | 0                  |
|     | (If an amount appears in column (d), the  |                      |                            |                    |                    |
| 6   | same amount must be shown in column (a).) Enter the net total of each column as |                      |                            |                    |                    |
| u   | indicated below:  |                      |                            |                    |                    |
| а   | Corpus Add lines 3f, 4c, and 4e Subtract line 5                                 | C                    |                            |                    |                    |
|     | Prior years' undistributed income Subtract                                      |                      |                            |                    |                    |
| _   | line 4b from line 2b  |                      | 0                          |                    |                    |
| 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)                                    |                      | 0                          |                    |                    |
| -4  | tax has been previously assessed Subtract line 6c from line 6b Taxable amount   |                      |                            |                    |                    |
| u   | —see instructions   |                      | 0                          |                    |                    |
| 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              |                      |                            |                    | 100,230            |
| 7   | Amounts treated as distributions out of   |                      |                            |                    | <u> </u>           |
| •   | corpus to satisfy requirements imposed by                                       |                      |                            |                    |                    |
|     | section 170(b)(1)(F) or 4942(g)(3) (Election may                                |                      |                            |                    |                    |
|     | be required - see instructions)   | C                    |                            |                    |                    |
| 8   | Excess distributions carryover from 2009 not                                    | C                    |                            |                    |                    |
| _   | applied on line 5 or line 7 (see instructions)                                  |                      |                            |                    |                    |
| 9   | Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a     | C                    |                            |                    |                    |
| 10  | Analysis of line 9  |                      |                            |                    |                    |
|     | Excess from 2010  |                      |                            |                    |                    |
|     | Excess from 2011  |                      |                            |                    |                    |
|     | Excess from 2012  |                      |                            |                    |                    |
|     | Excess from 2013  |                      |                            |                    |                    |
|     | Excess from 2014  |                      |                            |                    |                    |

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

c Any submission deadlines

factors

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| Name and address (home or business) or substantial contributor  a. Paid during the year  See Additional Data Table  Total | Recipient | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of | Purpose of grant or<br>contribution | A mount |
|---|-----------|--|-------------------------|-------------------------------------|---------|
| Total   |           | or substantial contributor   | recipient               |                                     |         |
|   |           | any foundation manager or substantial contributor                                    | recipient               | contribution                        |         |
|   |           |  |                         |                                     | 71,15   |
|   |           |  |                         |                                     | ,       |
|   |           |  |                         |                                     |         |

| Form 990-PF (2014)  |  |                   |                    |                    |                    | Page <b>12</b>   |
|---|--|-------------------|--------------------|--------------------|--------------------|--|
|   | sis of Income-Produci  |                   |                    | T =                |                    | (-)  |
| 1 Program service revo  | less otherwise indicated   | (a) Business code | (b) A mount        | (c) Exclusion code | (d)<br>A mount     | (e) Related or exempt function income (See instructions) |
| с   |  |                   |                    |                    |                    | macraectons y  |
| f g Fees and contracts 2 Membership dues ar 3 Interest on savings   | s from government agencies and assessments   |                   |                    |                    |                    |  |
| <ul> <li>4 Dividends and interes</li> <li>5 Net rental income of a Debt-financed prop</li> <li>b Not debt-financed</li> <li>6 Net rental income of</li> </ul> | est from securities r<br>(loss) from real estate<br>perty<br>property                          |                   |                    | 14                 | 107,070            |  |
| nventory  | sales of assets other than   |                   |                    | 18                 | 208                |  |
| bc  | ) from sales of inventory  |                   |                    |                    |                    |  |
| e   |  |                   |                    |                    | 107,278<br>3       |  |
| Part XVI-B Relat  | ionship of Activities to<br>slow how each activity for whic<br>applishment of the foundation's | the Accomp        | ported ın column ( | e) of Part XVI-A c | ontributed importa |  |
|   |  |                   |                    |                    |                    |  |
|   |  |                   |                    |                    |                    |  |
|   |  |                   |                    |                    |                    |  |
|   |  |                   |                    |                    |                    |  |
|   |  |                   |                    |                    |                    |  |
|   |  |                   |                    |                    |                    |  |
|   |  |                   |                    |                    |                    |  |
|   |  |                   |                    |                    |                    |  |

| Form 990-P1             | F (2014)   |                        |          |             |                   |          |            |                              |                                       |                  | Pa   | ge <b>13</b> |
|-------------------------|--|------------------------|----------|-------------|-------------------|----------|------------|------------------------------|---------------------------------------|------------------|------|--------------|
| Part XVI                | Information R<br>Noncharitable   |                        |          |             |                   | actio    | ns and I   | Relationships                | With                                  |                  |      |              |
| section 5               | rganization directly or i  | indirectly (           | engage   | ın any of   | the following wit |          |            |                              |                                       |                  | Yes  | No           |
| organızat               |  |                        |          |             |                   | _        |            |                              |                                       |                  |      |              |
|                         | s from the reporting fou   |                        |          |             |                   |          |            |                              |                                       |                  |      | <b>.</b>     |
|                         | h  |                        |          |             |                   |          |            |                              |                                       | 1a(1)            |      | No           |
|                         | erassets   |                        |          |             |                   |          |            |                              |                                       | 1a(2)            |      | No           |
| <b>b</b> Other tra      |  | b.l.                   |          |             | -                 |          |            |                              |                                       | 41.74            |      |              |
|                         | s of assets to a noncha  |                        |          |             |                   |          |            |                              |                                       |                  |      | No           |
|                         | hases of assets from a   |                        |          |             |                   |          |            |                              |                                       |                  |      | No<br>No     |
|                         | tal of facilities, equipme   |                        |          |             |                   |          |            |                              |                                       | 1b(3)            |      | No           |
|                         | nbursement arrangeme<br>ns or loan guarantees.   |                        |          |             |                   |          |            |                              |                                       | 1b(5)            |      | No           |
|                         | rmance of services or r  |                        |          |             |                   |          |            |                              |                                       | 1b(6)            |      | No           |
|                         | of facilities, equipment,  |                        |          |             |                   |          |            |                              |                                       | <b>─</b>         |      | No           |
|                         | swer to any of the above   |                        |          |             |                   |          |            |                              |                                       |                  | luo  | 140          |
|                         | ods, other assets, or seansaction or sharing arr  (b) Amount involved                                      | angement               | , show   | ın column   |                   | the go   | ods, other |                              | es receive                            | ed               |      | nts          |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
| -                       |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
| describe                | undation directly or indi<br>d in section 501(c) of t<br>complete the following<br>(a) Name of organizatio | he Code (d<br>schedule |          | nan sectio  | •                 | ın sectı | •          |                              | • • • • • • • • • • • • • • • • • • • | .F Y €           | es F |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       | •                |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          | _          |                              |                                       |                  |      |              |
|                         |  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
| the<br>Info             | der penalties of perjury,<br>best of my knowledge a<br>ormation of which prepa                             | and belief,            | ıt ıs tr | ue, correc  |                   |          |            |                              |                                       |                  |      |              |
| Sign<br>Here            | *****  |                        |          |             | 2015-05-05        | _ \      | *****      |                              | return                                | IRS disci        |      |              |
|                         | Signature of officer or t  | rustee                 |          |             | Date              |          | Tıtle      |                              | below<br>(see ins                     | tr )? 🔽 <u>\</u> | ∕es  | No           |
|                         | Print/Type preparer's<br>GEORGIA AKINS   | name                   | Prepa    | arer's Sıgr | nature            | Date     |            | Check if self-<br>employed ▶ | PTIN P                                | 009503           | 359  |              |
| Paid<br>Preparer<br>Use | Firm's name ►<br>AKINS HENKE AND   | COMPAN                 | ·        |             |                   | ı        |            | Firm's EIN ► 46              | 5-322032                              | 8                |      |              |
| Only                    | Firm's address 🕨   |                        |          |             |                   |          |            |                              |                                       |                  |      |              |
| Jilly                   | 600 INWOOD AVEN<br>OAKDALE, MN 5512  |                        | H SUIT   | E 160       |                   |          |            | Phone no (651                | ) 636-380                             | 06               |      |              |
|                         | 1  |                        |          |             |                   |          |            |                              |                                       |                  |      |              |

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of    | Purpose of grant or contribution | A mount |
|--|---|----------------------------|----------------------------------|---------|
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient                  |                                  |         |
| a Paid during the year   |   |                            |                                  |         |
| ANIMAL HUMANE SOCIETY 845<br>MEADOW LANE NORTH<br>GOLDEN VALLEY,MN 55422                           | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,500   |
| ANIMAL RIGHTS COALITION 317<br>W 48TH STREET<br>MINNEAPOLIS,MN 55419                               | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,000   |
| PESTICIDE ACTION NETWORK<br>NORTH AMERICAN 1611<br>TELEGRAPH AVENUE SUITE 1200<br>OAKLAND,CA 94612 | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 500     |
| BICYCLE ALLIANCE OF<br>MINNESOTA PO BOX 5078<br>ST PAUL, MN 55101                                  | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 2,000   |
| CARING FOR CATS INC 2131<br>DIVISION STREET<br>NORTH ST PAUL, MN 55109                             | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,500   |
| CHARITY NAVIGATOR C/O TD<br>BANK PO BOX 6002<br>BELLMAWR,NJ 08099                                  | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 600     |
| CHILDREN'S HOME SOCIETY & FAMILY SERVICES 1605 EUSTIS STREET ST PAUL, MN 55108                     | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,500   |
| COMPASSIONATE ACTION FOR<br>ANIMALS 2100 1ST AVENUE<br>SOUTH 200<br>MINNEAPOLIS,MN 55404           | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,500   |
| EDUCATE THE CHILDREN PO BOX<br>414<br>ITHACA,NY 14851  | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,000   |
| FRESH ENERGY 408 SAINT PETER<br>STREET 220<br>ST PAUL, MN 55102                                    | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 2,000   |
| FRESHWATER SOCIETY 2500<br>SHADYWOOD ROAD<br>EXCELSIOR,MN 55331                                    | N/A   | PRIVATE<br>OPERATING<br>FO | GENERAL OPERATIONS               | 2,000   |
| FRIENDS OF THE MISSISSIPPI<br>RIVER 360 N ROBERT STREET 400<br>ST PAUL, MN 55101                   | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,250   |
| GILDA'S CLUB TWIN CITIES 10560<br>WAYZATA BLVD<br>MINNETONKA,MN 55305                              | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 3,300   |
| HIMALAYAN CATARACT PROJECT<br>PO BOX 55<br>WATERBURY,VT 05676                                      | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 1,000   |
| INDIANA UNIVERSITY<br>FOUNDATION IU SCHOOL OF<br>MEDICINE PO BOX 660245<br>INDIANAPOLIS,IN 46266   | N/A   | PUBLIC<br>CHARITY          | GENERAL OPERATIONS               | 10,000  |
| Total  |   |                            | ▶ 3a                             | 71,150  |

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution | A mount |
|--|--|--------------------------------------|----------------------------------|---------|
| Name and address (home or business)  | or substantial contributor   | тестріенс                            |                                  |         |
| <b>a</b> Paid during the year  |  |                                      |                                  |         |
| INSTITUTE FOR AGRICULTURE AND<br>TRADE POLICY 2105 FIRST<br>AVENUE SOUTH<br>MINNEAPOLIS,MN 55404 | N/A  | PUBLIC<br>CHARITY                    | FARM TO SCHOOL FOOD<br>PROGRAM   | 2,000   |
| INTERFAITH OUTREACH AND<br>COMMUNITY PARTNERS 1605<br>COUNTY ROAD 101 N<br>PLYMOUTH,MN 55447     | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 250     |
| LAKE MINNETONKA ASSOCIATION<br>PO BOX 248<br>EXCELSIOR,MN 55331                                  | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 950     |
| MINNESOTA ADULT AND TEEN<br>CHALLENGE 1619 PORTLAND AVE<br>S<br>MINNEAPOLIS,MN 55404             | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 3,000   |
| MINNESOTA PUBLIC RADIO 480<br>CEDAR STREET<br>ST PAUL, MN 55101                                  | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 4,000   |
| MINNESOTA ZOO FOUNDATION<br>13000 ZOO BOULEVARD<br>APPLE VALLEY,MN 55124                         | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 1,500   |
| EXPONENT PHILANTHROPY 1720 N<br>STREET NW<br>WASHINGTON,DC 20036                                 | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 1,000   |
| OXFAM AMERICA PO BOX 7011<br>ALBERT LEA,MN 56007   | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 250     |
| PARKS AND TRAILS COUNCIL OF<br>MINNESOTA 275 EAST 4TH ST 250<br>ST PAUL, MN 55101                | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 2,000   |
| PHYSICIANS COMMITTEE FOR<br>RESPONSIBLE MEDICINE PO BOX<br>96736<br>WASHINGTON,DC 20090          | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 1,000   |
| PLANNED PARENTHOOD MN ND SD<br>671 VANDALIA ST 323<br>ST PAUL, MN 55114                          | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 2,000   |
| POPULATION CONNECTION PO<br>BOX 97129<br>WASHINGTON,DC 20077                                     | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 2,000   |
| SECOND HARVEST HEARTLAND PO<br>BOX 64051<br>ST PAUL, MN 55164                                    | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 250     |
| ST LOUIS PARK EMERGENCY<br>PROGRAM 6812 W LAKE STREET<br>ST LOUIS PARK, MN 55426                 | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 250     |
| THE LOPPET FOUNDATION 1301<br>THEODORE WIRTH PARKWAY<br>MINNEAPOLIS,MN 55422                     | N/A  | PUBLIC<br>CHARITY                    | GENERAL OPERATIONS               | 1,200   |
| Total  |  |                                      | 🕨 3a                             | 71,150  |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| - CIIII DDCII I GIIC XI EIIIC C  | into una continuatione i                                | ara Paring a            | ne rear or Approved for i        | <u> </u> |
|--|---|-------------------------|----------------------------------|----------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | A mount  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |          |
| a Paid during the year   |   |                         |                                  |          |
| TWIN CITIES PUBLIC TELEVISION<br>172 E 4TH STREET<br>ST PAUL, MN 55101                       | N/A   | PUBLIC<br>CHARITY       | GENERAL OPERATIONS               | 3,000    |
| UNIVERSITY OF IOWA<br>FOUNDATION OPHTHALMOLOGY<br>FUND PO BOX 4550<br>IOWA CITY,IA 52244     | N/A   | PUBLIC<br>CHARITY       | NO ANIMAL RESEARCH               | 10,000   |
| UNIVERSITY OF MINNESOTA<br>FOUNDATION 200 OAK STREET SE<br>SUITE 500<br>MINNEAPOLIS,MN 55455 | N/A   | PUBLIC<br>CHARITY       | GENERAL OPERATIONS               | 1,000    |
| WIKIMEDIA FOUNDATION PO BOX 98204<br>WASHINGTON, DC 20090                                    | N/A   | PUBLIC<br>CHARITY       | GENERAL OPERATIONS               | 350      |
| WILL STEGER FOUNDATION 2801<br>21ST AVENUE SOUTH 110<br>MINNEAPOLIS,MN 55407                 | N/A   | PUBLIC<br>CHARITY       | GENERAL OPERATIONS               | 4,500    |
| Total  |   |                         |                                  | 71.150   |

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DLN: 93491127008235

OMB No 1545-0047

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

2014

**Employer identification number** 

| CHIZEK FAMILY FOUN                                      | DATION   | 41-1989004   |
|---|--|--|
| Organization type (che                                  | eck one)   | <u>'</u>   |
| Filers of:  | Section:   |  |
| Form 990 or 990-EZ                                      | ☐ 501(c)( ) (enter number) organization  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private  | e foundation   |
|   | ☐ 527 political organization   |  |
| Form 990-PF   | 501(c)(3) exempt private foundation  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private for   | undation   |
|   | 501(c)(3) taxable private foundation   |  |
| other property) f                                       | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, con<br>rom any one contributor Complete Parts I and II See instructions for dete  | - · · · · · · · · · · · · · · · · · · ·  |
| Special Rules   |  |  |
| under sections 5<br>received from ar                    | ion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 99 by one contributor, during the year, total contributions of the greater of <b>(1</b> or (ii) Form 990-EZ, line 1 Complete Parts I and II        | 90-EZ), Part II, line 13, 16a, or 16b, and that  |
| during the year,  | ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable n of cruelty to children or animals. Complete Parts I, II, and III  |  |
| during the year,<br>this box is check<br>purpose Do not | contributions exclusively for religious, charitable, etc., purposes, but no sted, enter here the total contributions that were received during the year complete any of the parts unless the <b>General Rule</b> applies to this organ ble, etc., contributions totaling \$5,000 or more during the year | such contributions totaled more than \$1,000 lf for an exclusively religious, charitable, etc, nization because it received nonexclusively |

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 990PF, 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
CHIZEK FAMILY FOUNDATION

Employer identification number 41-1989004

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed |                            |                             |
|------------|--|----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 1          | DAVID J CHIZEK TRUST 36 INTERLACHEN COURT  EXCELSIOR, MN 55331                               | \$60,000                   | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|            |  | \$                         | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|            |  | \$                         | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|            |  | \$                         | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|            |  | \$                         | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|            |  | \$                         | Person                      |

Name of organization
CHIZEK FAMILY FOUNDATION
41-1989004

| Part II                   | needed (see instructions) Use duplicate copies of Part II if additional space is |  |                      |
|---------------------------|--|--|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                     | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                     | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                     | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  | \$   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                     | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$_  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                     | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  | \$_  |                      |
|                           |  |  |                      |

| chedule                   | B (Form 990, 990-EZ, or 990-PF) (2014)   |  |                              | Page                                |
|---------------------------|--|--|------------------------------|-------------------------------------|
|                           | organization   |  |                              | Employer identification number      |
| HIZEK                     | FAMILY FOUNDATION  |  |                              | 41-1989004                          |
| Part III                  | Exclusively religious, charitable, etc., contribute that total more than \$1,000 for the year from entry. For organizations completing Part III, enter the year (Enter this information once. See instruuse duplicate copies of Part III if additional space | m any one<br>the total of<br>uctions ) ► | contributor. Complete        |                                     |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  |  | Use of gift                  | (d) Description of how gift is held |
|                           |  |  |                              |                                     |
|                           | Transferee's name, address, and ZI   |  | Transfer of gift<br>Relation | nship of transferor to transferee   |
|                           |  |  |                              |                                     |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c)                                      | Use of gift                  | (d) Description of how gift is held |
|                           |  |  |                              |                                     |
|                           | Transferee's name, address, and ZI   |  | Transfer of gift<br>Relation | nship of transferor to transferee   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c)                                      | Use of gift                  | (d) Description of how gift is held |
|                           |  |  |                              |                                     |
|                           | Transferee's name, address, and ZI   |  | Transfer of gift<br>Relation | nship of transferor to transferee   |
| (a) No.<br>from           | (b) Purpose of gift  | (c)                                      | Use of gift                  | (d) Description of how gift is held |
| Part I                    |  | . ,                                      | -                            |                                     |
|                           | Transferee's name, address, and ZI   |  | Transfer of gift<br>Relation | nship of transferor to transferee   |
|                           |  |  |                              |                                     |
|                           | 1  |  |                              |                                     |

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# **TY 2014 Accounting Fees Schedule**

Name: CHIZEK FAMILY FOUNDATION

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---|
| ACCOUNTING | 3,015  | 0                        |                        | 3,015                                       |

# **TY 2014 Investments - Other Schedule**

Name: CHIZEK FAMILY FOUNDATION

| Category/ Item                 | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
|--------------------------------|-----------------------|------------|----------------------------------|
| BARCLAYS BANK                  | FMV                   | 25,930     | 25,930                           |
| EATON VANCE FL RT IN TR        | FMV                   | 19,446     | 19,446                           |
| EATON VANCE LTD DURATION       | FMV                   | 63,540     | 63,540                           |
| HSBC HOLDING                   | FMV                   | 26,480     | 26,480                           |
| NUVEEN FLOATNG RATE INCOME FD  | FMV                   | 43,960     | 43,960                           |
| GOLDMAN SACHS BK US            | FMV                   | 52,134     | 52,134                           |
| FNMA                           | FMV                   | 115,519    | 115,519                          |
| FHLMC                          | FMV                   | 19,977     | 19,977                           |
| HANCOCK JOHN FINANCIAL         | FMV                   | 29,450     | 29,450                           |
| ST. PAUL MN HSG/RD             | FMV                   | 25,000     | 25,000                           |
| GLENDALE WI CDA                | FMV                   | 51,629     | 51,629                           |
| TENNESSEE VALLEY AUTHORITY     | FMV                   | 54,464     | 54,464                           |
| VA ST HSG DEV AU               | FMV                   | 56,816     | 56,816                           |
| LAKE SUPERIOR MN               | FMV                   | 56,426     | 56,426                           |
| LONSDALE MN                    | FMV                   | 63,616     | 63,616                           |
| BRAINERD MN ISD                | FMV                   | 55,141     | 55,141                           |
| MOUNDS VIEW MN ISD             | FMV                   | 118,101    | 118,101                          |
| TACOMA WA                      | FMV                   | 53,856     | 53,856                           |
| BARRON WIS ASD                 | FMV                   | 50,953     | 50,953                           |
| MT VERNON IA                   | FMV                   | 16,179     | 16,179                           |
| NC EASTN MUN PWR               | FMV                   | 26,194     | 26,194                           |
| UNITES STATES NATURAL GAS FUND | FMV                   | 3,131      | 3,131                            |
| GAYLORD MN                     | FMV                   | 51,970     | 51,970                           |
| KS ST DEV FA REV               | FMV                   | 17,244     | 17,244                           |
| ANOKA CNTY MN CO               | FMV                   | 51,917     | 51,917                           |
| ST LOUIS CN MN                 | FMV                   | 61,865     | 61,865                           |
| CLEVELAND CNTY N               | FMV                   | 54,815     | 54,815                           |
| MINN MN DEV                    | FMV                   | 41,592     | 41,592                           |
| FRISCO CO FA COP               | FMV                   | 26,489     | 26,489                           |
| TRACY MN EDA                   | FMV                   | 41,103     | 41,103                           |

| Category/ Item                              | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
|---|-----------------------|------------|----------------------------------|
| OLYMPIA WA                                  | FMV                   | 16,471     | 16,471                           |
| TACOMA WA                                   | FMV                   | 76,598     | 76,598                           |
| WELLS FARGO ADV INCOME OPPORTUNITIES FUND   | FMV                   | 46,228     | 46,228                           |
| ELK RIVER MN ISD #72                        | FMV                   | 29,264     | 29,264                           |
| BLACKROCK CREDIT ALLOCATION INCOME TRUST IV | FMV                   | 51,680     | 51,680                           |
| WESTERN ASSET HIGH YLD FD                   | FMV                   | 20,501     | 20,501                           |
| BROOKFIELD TOTAL RTN FD                     | FMV                   | 49,418     | 49,418                           |
| BLKROCK CP HIGH YILED VI                    | FMV                   | 21,056     | 21,056                           |
| WEBSTER GRV MO                              | FMV                   | 52,036     | 52,036                           |
| MO ST HLTH/ED ED                            | FMV                   | 15,935     | 15,935                           |
| PLYMOUTH MIN ID C                           | FMV                   | 134,860    | 134,860                          |
| FAIRMOUNT MN ISD                            | FMV                   | 27,272     | 27,272                           |
| NEW AMER HIGH INC FD NEW                    | FMV                   | 22,350     | 22,350                           |
| LICKING HTS OH LSD                          | FMV                   | 41,548     | 41,548                           |
| YORK CN SC SD                               | FMV                   | 43,374     | 43,374                           |

# **TY 2014 Other Expenses Schedule**

Name: CHIZEK FAMILY FOUNDATION

| Description            | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|------------------------|-----------------------------------|--------------------------|---------------------|--|
| OTHER                  | 265                               | 0                        |                     | 265                                      |
| MEMBERSHIP DUES        | 725                               | 0                        |                     | 725                                      |
| POSTAGE                | 173                               | 0                        |                     | 173                                      |
| SUPPLIES               | 3,002                             | 0                        |                     | 3,002                                    |
| TELEPHONE AND INTERNET | 1,863                             | 0                        |                     | 1,863                                    |

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## **TY 2014 Other Increases Schedule**

Name: CHIZEK FAMILY FOUNDATION

| Description                         | Amount |
|-------------------------------------|--------|
| NET UNREALIZED GAINS ON INVESTMENTS | 35,702 |

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## **TY 2014 Other Professional Fees Schedule**

Name: CHIZEK FAMILY FOUNDATION

| Category         | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------------|--------|--------------------------|------------------------|---|
| OTHER CONSULTING | 4,840  | 0                        |                        | 4,840                                       |

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## **TY 2014 Taxes Schedule**

Name: CHIZEK FAMILY FOUNDATION

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---|
| EXCISE TAX | 2,500  | 0                        |                        | 0   |