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Aug. 04, 2015 LTR 2694C 0 R  
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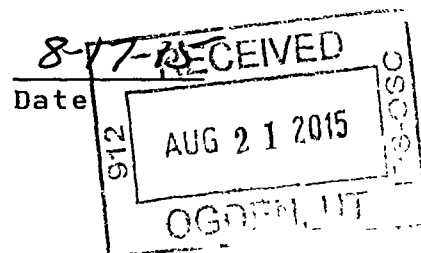
FOUNDATION OF ST JOHN'S UNITED  
METHODIST CHURCH OF  
109 E 14TH ST  
DAVENPORT IA 52803

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Stanley D. Hoodyear  
Signature of officer or trustee

Treasurer  
Title



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

42-1388957

**FOUNDATION OF ST. JOHN'S UNITED METHODIST CHURCH OF DAVENPORT, IOWA**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) -----                                                           |                         |                                                  |                     |                           |                                  |
| (2) -----                                                           |                         |                                                  |                     |                           |                                  |
| (3) -----                                                           |                         |                                                  |                     |                           |                                  |
| (4) -----                                                           |                         |                                                  |                     |                           |                                  |
| (5) -----                                                           |                         |                                                  |                     |                           |                                  |
| (6) -----                                                           |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) St. John's United Methodist Church of Davenport, Iowa<br>109 E. 14th St., Davenport, IA 52803 (EIN 42-0699788) | church                  | Iowa                                             | 501(c)(3)                  | 170(b)(A)(i) N/A                                    |                                  |                                              | ✓  |
| (2) -----                                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (3) -----                                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (4) -----                                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (5) -----                                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (6) -----                                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (7) -----                                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2014

**Part III** Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                         |                                 |                                        | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| (1) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (2) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (3) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (4) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (5) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (6) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (7) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------|----|
|                                                       |                         |                                                     |                                     |                                                     |                                 |                                       |                                | Yes                                                | No |
| (1) _____                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (2) _____                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (3) _____                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (4) _____                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (5) _____                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (6) _____                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (7) _____                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                    | Yes                                 | No                                  |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                 | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                               |                                     | <input checked="" type="checkbox"/> |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                      | <input checked="" type="checkbox"/> |                                     |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                             |                                     | <input checked="" type="checkbox"/> |
| <b>f</b> Dividends from related organization(s) . . . . .                                                          |                                     | <input checked="" type="checkbox"/> |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                       |                                     | <input checked="" type="checkbox"/> |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                 |                                     | <input checked="" type="checkbox"/> |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                 |                                     | <input checked="" type="checkbox"/> |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                      |                                     | <input checked="" type="checkbox"/> |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                    |                                     | <input checked="" type="checkbox"/> |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                          |                                     | <input checked="" type="checkbox"/> |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                      |                                     | <input checked="" type="checkbox"/> |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                      |                                     | <input checked="" type="checkbox"/> |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                   |                                     | <input checked="" type="checkbox"/> |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                 |                                     | <input checked="" type="checkbox"/> |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization                       | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) St. John's United Methodist Church of Davenport, Iowa | b                             | 19777                  | grant amount                                 |
| (2)                                                       |                               |                        |                                              |
| (3)                                                       |                               |                        |                                              |
| (4)                                                       |                               |                        |                                              |
| (5)                                                       |                               |                        |                                              |
| (6)                                                       |                               |                        |                                              |

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V – UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------|------------------------------------------|-----------------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                         |                         |                                                        |                                                                                                      | Yes                                                               | No |                                 |                                          | Yes                                     | No |                                                                           | Yes                                       | No |                                |
| (1) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (2) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (3) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (4) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (5) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (6) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (7) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (8) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (9) _____                               |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (10) _____                              |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (11) _____                              |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (12) _____                              |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (13) _____                              |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (14) _____                              |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (15) _____                              |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |
| (16) _____                              |                         |                                                        |                                                                                                      |                                                                   |    |                                 |                                          |                                         |    |                                                                           |                                           |    |                                |

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Area for supplemental information with horizontal dashed lines.