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Form 990-PF

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.

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax year beginning 2014, and ending Name of foundation A Employer Identification number ATHENE CHARITABLE FOUNDATION 42-1431745 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 7700 MILLS CIVIC PARKWAY (800) 315-3346 MS: 7C 10 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here WEST DES MOINES, IA 50266-3862 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here -Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: X Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > 3,304,389. (Part I, column (d) must be on cash basis.) *16)* ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per may not necessarily equal the amounts in income income purposes books column (a) (see instructions) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to Check ▶ 2 attach Sch B 3 Interest on savings and temporary cash investments. 76,624. 76,624. ATCH 1 Dividends and interest from securities b Net rental income or (loss) _ 48,719. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 145,940. assets on line 6a 48,719. Capital gain net income (from Part IV, line 2) . Net short-term capital gain. Income modifications . Gross sales less returns and allowances . . . b Less. Cost of goods sold . 1036 Gross profit or (loss) (attach schedule) Other income (attach schedule) 125,343. 125,343 A 12 Total. Add lines 1 through 11 G) × 13 Compensation of officers, directors, trustees, etc. _ _ 14 Other employee salaries and wages TT, 15 Pension plans, employee benefits 4ه b Accounting fees (attach schedule) mi trative Other professional fees (attach schedule). . . 17 <u>10</u> 18 Taxes (attach schedule) (see instructions). . . 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings E 21 [23 Other expenses (attach schedule) ati 24 Total operating and administrative expenses. ed 25 313,900. 313,900. Contributions, gifts, grants paid 313,900. 313,900 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12: -188,557 a Excess of revenue over expenses and disbursements . . 125,343 **b** Net Investment income (if negative, enter -0-)

JSA For Paperwork Reduction Act Notice, see Instructions.

c Adjusted net income (if negative, enter -0-). .

Form 990-PF (2014)

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Б	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
_	artii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash- non-interest-bearing			
	2	Savings and temporary cash investments	151,572.	60,236.	
	3 '	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
	7	Less: allowance for doubtful accounts	Ţ		
	_	Grants receivable			
	5				
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		. . 	
	7	Other notes and loans receivable (attach schedule)	1		
		Less: allowance for doubtful accounts ▶		·	· · · · · · · · · · · · · · · · · · ·
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
۷		Investments - U.S. and state government obligations (attach schedule).			
	b	Investments - corporate stock (attach schedule) ATCH 2	2,707,863.	2,610,472.	3,304,389
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less: accumulated depreciation			
	42	(attach schedule) Investments - mortgage loans			
	12 13	Investments - other (attach schedule)			
	14	Land, buildings, and			
		Land, buildings, and equipment, basis Less, accumulated depreciation	1		
		equipment, basis Less, accumulated depreclation (attach schedule)			
ì	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	2,859,435.	2, <u>6</u> 70,708.	3,304,389
į	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
III	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
Ξ.	22	Other liabilities (describe)			
		, , , , , , , , , , , , , , , , , , , ,			
	23	Total liabilities (add lines 17 through 22)	o	0	
	_	Foundations that follow SFAS 117, check here ▶ X			
,,		and complete lines 24 through 26 and lines 30 and 31.			
çe	24		2,859,435.	2,670,708.	
lan	24	Unrestricted			
Ba	25	Temporarily restricted			
ק	26	Permanently restricted			
Fu		Foundations that do not follow SFAS 117, > U			
5		check here and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds			
se	28	Paid-In or capital surplus, or land, bldg , and equipment fund		<u> </u>	
AS	29	Retained earnings, accumulated income, endowment, or other funds			
let	25 26 27 28 29 30	Total net assets or fund balances (see instructions)	2,859,435.	2,670,708.	
_	31	Total liabilities and net assets/fund balances (see			
		instructions)	2,859,435.	2,670,708.	
P	art li	Analysis of Changes in Net Assets or Fund Balar	nces		
1		al net assets or fund balances at beginning of year - Part I		- 1	
	end	-of-year figure reported on prior year's return)			2,859,435
2				1 - 1	-188,557
		er increases not included in line 2 (itemize) ▶			
4	Add	lines 1, 2, and 3		4	2,670,878
5	Dec	lines 1, 2, and 3 reases not included in line 2 (itemize) ► ATCH 3	• • • • • • • • • • • • • • • • • • • •	5	170
e	Tota	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	2,670,708
<u>~</u>		a net accord or taile balances at one of year time 4 minus	mio oj - i arcii, columni (b)	, mio 00 0	50 QQQ-DE (2014)

P	art IV Capital Gains	and Losses for Tax on Inve	estment income			
	(a) List an	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	prick warehouse; or common stock, 200	shs. MLC Co.)	P - Purchase D - Donation	(ma day w)	(mo., day, yr.)
<u>1a</u>	SEE PART IV SCHE	DULE				
_ <u>b</u>						
<u>_c</u>						
<u>d</u>	<u></u>					
<u>e</u>		-	<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>						
<u>b</u>						
_c						
<u>_d</u>						
<u>e</u>						<u>.</u>
_	Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69		Gains (Col. (h) g	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
_a						
<u>b</u>						
_ <u>c</u>						
<u>d</u>	·					
<u>e</u>						
2	Capital gain net income		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		48,719.
3	Net short-term capital ga	ain or (loss) as defined in sections 1	1222(5) and (6):			
	If gain, also enter in Pa	art I, line 8, column (c) (see inst	ructions). If (loss), enter -0- in $)$			
	Part I, line 8		J	3		0
P	art V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Investment In	ncome		
Wa		the section 4942 tax on the distrib not qualify under section 4940(e).	, ,	ase period	i?	Yes X No
<u>"</u>		nount in each column for each year		n any ent	ries	·
÷	(a)	(b)	(c)	g any one	(d)	
C	Base period years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
_	2013	2,037,205.	3,478,878.		(0.585593
_	2012	1,947,867.	3,076,728.			0.633097
_	2011	1,155,578.	2,273,380.			0.508308
_	2010	1,182,356.	2,099,979.			0.563032
_	2009	1,149,660.	1,924,932.			0.597247
_						
2	Total of line 1, column (c	d)		2		2.887277
3		o for the 5-year base period - dividen				-
	number of years the four	3_		0.577455		
	·					
4	Enter the net value of no	4	3,	433,880.		
5	Multiply line 4 by line 3	5	1,	982,911.		
	. •					
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,253.
				_	_	004 46:
7	Add lines 5 and 6	• • • • • • • • • • • • • • • • • • • •		7	1,	984,164.
						212 000
8		ions from Part XII, line 4		8 that part	using a 1% ta	313,900. x rate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - se	e instru	ctions	3)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		-		í
ıu	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)		e South deannes become	- 10/L 1 No Note 1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		1,2	53.
	here ▶ X and enter 1% of Part I, line 27b				1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		~ ,		<u></u>
	Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			
3	Add lines 1 and 2	3		1,2	53.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,2	53.
6	Credits/Payments:		* * * *		ì
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 2,722.			`,-	3
b	Exempt foreign organizations - tax withheld at source	,	,		í
С	Tax paid with application for extension of time to file (Form 8868), 6c	٠ ۵	•		1
d	Backup withholding erroneously withheld	K N NOORA (haw-a	- 6 4 45 % 144 % - 1400000000000000000000000000000000000	Print 1 April 1	
7	Total credits and payments. Add lines 6a through 6d	7		2,7	22.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1,4	69.
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 1,469. Refunded ▶	11			
	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	on or did	it	Yes	No
	participate or intervene in any political campaign?				X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pu	ırposes (se	3 e		
	Instructions for the definition)?				<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	any materia	ls		×
	published or distributed by the foundation in connection with the activities.			******	
	Did the foundation file Form 1120-POL for this year?		. 1c	× ,	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$(2) On foundation managers. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed o		,	
	foundation managers. > \$			السمدر ،	X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • • • •	. 2		
_	If "Yes," attach a detailed description of the activities.			* <	2
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrumer			300 .a o`	X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		· -	-	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		•		Х
5	If "Yes," attach the statement required by General Instruction T.		•	>8	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			.*.`	, , ,
U	By language in the governing instrument, or			,3*	
	By state legislation that effectively amends the governing instrument so that no mandatory di	rections th	at	* ,	
	conflict with the state law remain in the governing instrument?			Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			Х	-
	Enter the states to which the foundation reports or with which it is registered (see instructions)				
Ju	IA,		^	ľ	200
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto		ral	ASMP4 - P	s ships
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section				
-	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part X				
	complete Part XIV		ı		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule				
	names and addresses	-			Х

orm 9	90-PF (2014)		Page 8
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
	Average monthly fair market value of securities	1a	3,353,549.
b	Average of monthly cash balances	1b	132,624.
C		1c	
d	Total (add lines 1a, b, and c)	1d	3,486,173.
0	Reduction claimed for blockage or other factors reported on lines 1a and	* *	
	1c (attach detailed explanation)	* ~	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	3	3,486,173.
4		4	52,293.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4	5	3,433,880.
6	Minimum investment return. Enter 5% of line 5	6	171,694.
	XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foun	<u> </u>	
	and certain foreign organizations check here	uations	
1	Minimum investment return from Part X, line 6	1	171,694.
2 а	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.).	l `l	
C	Add lines 2a and 2b	2c	1,253.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	170,441.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	170,441.
6	Deduction from distributable amount (see instructions).	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	170,441.
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	313,900.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	313,900.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	1,253.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	312,647.

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

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1 Distributable amount for 2014 from Part XI, line 7	(d) 014 170,441.
line 7 Undistributed income, if any, as of the end of 2014: a Enter amount for 2013 only b Total for prior years: 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014: a From 2009	
2 Undistributed income, if any, as of the end of 2014: a Enter amount for 2013 only b Total for prior years: 20 12 ,20 11 ,20 10 3 Excess distributions carryover, if any, to 2014: a From 2009	70,441.
2 Undistributed Income, if any, as of the end of 2014: a Enter amount for 2013 only b Total for prior years: 20 12 ,20 11 ,20 10 3 Excess distributions carryover, if any, to 2014: a From 2009	The second secon
a Enter amount for 2013 only b Total for prior years: 20 12 ,20 11 ,20 10 3 Excess distributions carryover, if any, to 2014: a From 2009 1,078,335. b From 2010 1,078,335. c From 2011 1,042,871. d From 2012 1,797,059. e From 2013 1,866,087. f Total of lines 3a through e 6,838,305. 4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 313,900. a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2014 distributable amount	The second secon
b Total for prior years: 20 12 ,20 11 ,20 10 3 Excess distributions carryover, if any, to 2014: a From 2009	and the second s
a Excess distributions carryover, if any, to 2014: a From 2009	Transferred Transf
a From 2009	The state of the s
b From 2010	Control Open Co.
the From 2011	as present of a separate contraction of the separate contr
d From 2012	TO THE PROPERTY OF THE PROPERT
e From 2013	appropriate to the second seco
f Total of lines 3a through e	* ***
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 313,900. a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2014 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014. (If an amount appears in column (d), the same	•
line 4: ▶ \$ 313,900. a Applied to 2013, but not more than line 2a. b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2014 distributed out of corpus e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same	
a Applied to 2013, but not more than line 2a. b Applied to undistributed Income of prior years (Election required - see Instructions). c Treated as distributions out of corpus (Election required - see instructions). d Applied to 2014 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same	1
(Election required - see Instructions)	
(Election required - see Instructions)	1
c Treated as distributions out of corpus (Election required - see instructions)	
required - see instructions)	1
d Applied to 2014 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same	
e Remaining amount distributed out of corpus	L70,441.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same	; 1
amount must be shown in column (a).)	1
6 Enter the net total of each column as	
indicated below:	1
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 6,981,764.	Į
b Prior years' undistributed income. Subtract	^ }
line 4b from line 2b	
c Enter the amount of prior years' undistributed	
income for which a notice of deficiency has been issued, or on which the section 4942(a)	
tax has been previously assessed	* * 1
d Subtract line 6c from line 6b. Taxable	* * * * * * * * * * * * * * * * * * * *
amount - see instructions	
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see	, washing
instructions	
f Undistributed income for 2014. Subtract lines	
4d and 5 from line 1. This amount must be	
distributed in 2015	
7 Amounts treated as distributions out of corpus	.
to satisfy requirements imposed by section	
170(b)(1)(F) or 4942(g)(3) (Election may be	, , , , , , ,
required - see instructions)	<u> </u>
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	
applied of fille of of fille i (eee modulustorio), , ,	
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a.	
Subtract lines 7 and 8 from line 6a	
10 Analysis of line 9: a Excess from 2010 1,078,335.	1
1 040 071	7
1 707 050	1
1.066.000	*
143 450	and you wantly was to see the
e Excess from 2014 143, 459 . Form 9	are some dear and some some

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the rulin					
b	Check box to indicate					j)(3) or 4942(j)(5)
-	•	Tax year	To a private operating	Prior 3 years		1/(0/0)
2 a	Enter the lesser of the ad-		(b) 0040		40.0044	(e) Total
	justed net income from Part I or the minimum Investment	(a) 2014	(b) 2013	(c) 2012	(d) 2011	-
	return from Part X for each		l			İ
	year listed				<u> </u>	
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct					
Α.	of exempt activities				† 	
·	directly for active conduct of					
	exempt activities Subtract line					
•	2d from line 2c				 	
3	Complete 3a, b, or c for the alternative test relied upon				Ì	Ì
а	"Assets" alternative test - enter					
	(1) Value of all assets					İ
	(2) Value of assets qualifying					
	under section					
h	4942(j)(3)(B)(i)				 	
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed				ļ. ———	
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross Investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties)	ļ			 	
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization		 		 	
	(4) Gross investment income			<u></u>	<u> </u>	<u> </u>
Pa				t only if the found	dation had \$5,000	or more in assets
		e during the year -s				
	Information Regardin					
а	List any managers of					
	before the close of any	y tax year (but only if th	ey have contributed r	nore than \$5,000). (S	see section 507(d)(2).)	
	N/A					
<u>_</u>	List any managers of	the foundation who	own 10% or more of	f the stock of a corr	poration (or an oqual	ly large portion of the
D	ownership of a partner					ly large portion or the
	ownership of a partie	iship of other entity) of	willon the loundation	ilias a 10 /0 oi greate	i iliterest.	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ ☐ if 1	the foundation only	makas santributions	to propolested show	itable argenizations	and does not assen
	unsolicited requests f	or funds If the found	makes continuutions	no preselecteu char	tions) to individuals	and does not accept
	other conditions, com			ants, etc. (see manuc	Mons) to mainagas i	or organizations under
				,,,,,,,		
а	The name, address, a	ind telephone number	or e-mail address of t	the person to whom ap	oplications should be ac	idressed:
	ATCH 5				_	
b	The form in which app	lications should be su	omitted and information	on and materials they	should include:	
				·		
	AN OPCANTA	ATION FACT SHEET	TS AWATTABLE I	IDON RECHEST		
_	Any submission deadl		ID AVAILABLE (JEON KEQUEST.		
G	wily auditiliaalott deadl	II 100.				
	N/A					
d	Any restrictions or li	imitations on awards	such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other
	factors:					
	N/A					
JSA						Form 990-PF (2014)
490 1	000					roini 330-PF (2014)

4E14

Part XV Supplementary Information (continued)

Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an Individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Amount Purpose of grant or contribution Purpose of grant								
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year								
ATCH 6								
AICH 6								
		İ						
		1						
		1						
		!						
				!				
		ļ						
		İ						
		İ						
	•							
Total				313,900.				
b Approved for future payment								
		Ì						
j								
			•					
	<u> </u>		<u> </u>					
Total	 <u>.</u>	<u> </u>						

JSA 4E1491 1 000

ter gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					
b			 		
c	 				
d					
e					
f	<u> </u>				 -
g Fees and contracts from government agencies			 		
Membership dues and assessments	·		14	9.	
Interest on savings and temporary cash investments Dividends and interest from securities			14	76,614.	—· — · — ·
Net rental income or (loss) from real estate:	·		 	70,011.	
a Debt-financed property			 		
b Not debt-financed property					
Net rental income or (loss) from personal property			+		
Other investment income			01		·
Gain or (loss) from sales of assets other than inventor			18	48,720.	
Net income or (loss) from special events			20		
Gross profit or (loss) from sales of inventory.	1		1		
Other revenue: a	1				
b					
С					
d	1				
e					
				125,343.	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activitie	culations.)	complishment of Ex		oses 13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities Relationship of Activities to the No. Explain below how each activities.	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activities Relationship of Activities to the No. Explain below how each activities.	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	culations.) s to the Ac	complishment of Ex	cempt Purp	oses e) of Part XVI-A contribu	uted importantly to

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4) ATHENE CHARITABLE FOUNDATION 42-1431745 Page Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1		_	•	gage in any of the followection 501(c)(3) organization		_				Yes	No
		cion 50 (c) or the Co zations?	ode (other than se	ection 50 (c)(3) organizat	dons) or in se	ection 527,	relating to	political		}	
_	-		a foundation to a	noncharitable exempt or	annization of					1	
а		· ·	-	-	-				4 - / 4 \		Х
	(1) Cash										
h		transactions:							1a(2)		X
D			ncharitable evemn	ot organization					1b(1)		Х
	(2) Pu	rchases of assets fro	om a noncharitable	e exempt organization.					1b(2)		X
				ssets							Х
											X
											Х
	(6) Pe	rformance of service	es or membership	or fundraising solicitations	· • • • • • • • • • • • • • • • • • • •			• • • • •	1b(6)		X
С	Sharin	a of facilities, equipr	nent. mailing lists.	other assets, or paid emp	olovees				1c		X
				complete the following						fair m	arket
_				s given by the reporting							
				ment, show in column (c							
(a) L	ine no.	(b) Amount Involved		charitable exempt organization		ription of trans					
		N/A			N/A	- ·					
						<u></u>					
				· · · · · · · · · · · · · · · · · · ·							
								_			
									-		
									-		
2a	Is the	foundation directly	or indirectly affilia	ated with, or related to,	one or more	tax-exemp	t organiza	itions			
	descri	bed in section 501(c)) of the Code (other	er than section 501(c)(3))	or in section	527?		[Ye	es X	No
b	If "Yes	;" complete the follo	wing schedule.	· · · · · · · · · · · · · · · · · · ·							
		(a) Name of organizatio	n	(b) Type of organization	<u> </u>		(c) Description	on of relations	hip		
	<u></u>										
	1					 					
	Corre	r penaities of perjury, I deci: ct, and complete Declaration o	are that I have examined If peeparer (other than taxp	this return, including accompanyin ayer) is based on all information of wh	ig schedules and s nich preparer has an	statements, and ly knowledge	to the best of	my knowledg	e and b	elief, it	is true,
Sigi	1 N.	1/100	ρ	11/2/2			[May the IRS	discus	s this	return
Her		maum w	ym	4/10/15	- '	OF CORP	<u>AFFAI</u> R	with the pre			<u>bel</u> ow
	Sig	nature of officer or trustee		Date*	Title		Į.	(see instructions	5)?	Yes	No
		In. we		I B		Is.					
Paid	i	Print/Type preparer's na	ıme	Preparer's signature		Date	Chec	~ — "	TIN		
	- parer			<u> </u>		<u> </u>	т '	employed			
	-	Firm's name					Firm's EIN	<u> </u>			
use	Only	Firm's address									
		<u> </u>		 			Phone no			\ D=	
								For	m 岁りし)-PF (2014)

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ATHENE CHARITABLE FOUNDATION 42-1431745
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Control Control Control FMV Control		Kind of Property					pr	Data	Date sold
145,940. ISHARES RUSSELL 1000 GRW ETF 05/16/2012 48,719. OTAL GAIN(LDSS)	Gross sale price less	Depreciation allowed/	other	as of	Adj. basis as of	Excess of FMV over		Gain	
		allowable	ISHARES RUS			auj vasis		05/16/2012	11/06/2014
	OTAL GAIN(LC	oss)			•••••			48,719.	
		i							
		i							
									ı
		İ							
1,000	A 1 000	i							

ATTACHMENT 1

42-1431745

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF,

	NET	INVESTMENT	INCOME
REVENUE	AND	EXPENSES	PER BOOKS
			DESCRIPTION

INCOME	76,624.	76,624.
PER BOOKS	76,624.	76,624.
		TOTAL

DIVIDENDS & INTEREST

42-1431745

ATTACHMENT 2

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

ISHARES BARCLAYS AGG BD FD
THE FINANCIAL SEL SECT SPDR FD
RUSSELL MIDCAP INDEX FUND
S & P MIDCAP 400
RUSSELL 1000 GR INDEX
ISHARES IBOXX INVEST GR COR FD
SPDR TRUST SERIES 1
ENERGY SEL SECT SPDR
POWERSHARES SENIOR LOAN PORT
SPDR BARCAP SHRT TERM HI YIELD
VANGUARD MSCI EAFE ETF

TOTALS

ENDING <u>FMV</u>	242,264. 290,577. 250,560. 250,772. 382,440. 316,437. 868,406. 197,900. 194,643. 115,640. 94,700.	4,38
ENDING BOOK VALUE	244,658. 188,364. 160,367. 163,000. 259,829. 315,003. 591,270. 178,648. 199,879. 121,219. 83,529.	0,47

ATTACHMENT	3	

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

TNUOMA

OTHER DECREASE

170.

TOTAL

170.

42-1431745

4

ATTACHMENT

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

7700 MILLS CIVIC PARKWAY

MS: 7C 10

JIM BELARDI

WEST DES MOINES, IA 50266-3862

7700 MILLS CIVIC PARKWAY GRANT KVALHEIM

VICE PRESIDENT

MS: 7C 10

WEST DES MOINES, IA 50266-3862

KAREN LYNN

MS: 7C 10

WEST DES MOINES, IA 50266-3862

PRESIDENT

7700 MILLS CIVIC PARKWAY

SECRETARY & TREASURER

T1 1/-/17

ATTACHMENT 5

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

KAREN LYNN 7700 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50266 515-342-3910 42-1431745

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CONTRIBITATION
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PAPA
1 99005
-

ATTACHMENT 6

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND EQUIDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MCKINLEY & CATTEL SCHOOLS 1610 SE 6TH DES MOINES, IA 50315	NONE EXEMPT	PROVIDE BOOTS AND COATS FOR STUDENTS.	37,739.
ATTACHMENT SEE ATTACHED SCHEDULE	NONE	VARIOUS - SEE ATTACHED SCHEDULE	276, 161.

313,900

TOTAL CONTRIBUTIONS PAID

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. ▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041. OMB No 1545-0092 2014

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer Identification number

ATHENE CHARITABLE FOUNDATION			42-14317	45	
Note: Form 5227 filers need to complete only Parts I and II.		,			
Part I Short-Term Capital Gains and Losses - Ass	sets Held One Yea	r or Less			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds	(e) Cost (or other basis)	(g) Adjustments to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				-	
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
 Short-term capital gain or (loss) from Forms 4684, 6. Net short-term gain or (loss) from partnerships, S continuous 				4	
6 Short-term capital loss carryover. Enter the amou Carryover Worksheet	int, if any, from lin	e 9 of the 2013	Capital Loss	6	(
7 Net short-term capital gain or (loss). Combine line line 17, column (3) on the back	es 1a through 6 in	column (h). Enter	here and on	7	
Part II Long-Term Capital Gains and Losses - Ass	sets Held More Tha	an One Year			·
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments	3	(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss f Form(s) 8949, Pa line 2, column	art II,	from column (d) and combine the result wth column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	145,940.	97,221.			48,719.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked					
11 Long-term capital gain or (loss) from Forms 2439, 46	684, 6252, 6781, and	1 8824		11	
12 Net long-term gain or (loss) from partnerships, S corp	porations, and other e	states or trusts		12	
13 Capital gain distributions				13	
14 Gain from Form 4797, Part I.15 Long-term capital loss carryover. Enter the amount	nt, if any, from line	14 of the 2013	Capital Loss	14	
Carryover Worksheet	s 8a through 15 in	column (h). Enter	here and on	15	(
line 18a, column (3) on the back	-			16	48,719.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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V 14-4.1F

Schedule D (Form 1041) 2014

	dule D (Form 1041) 2014		,		-	Page 2
Pa	rt III Summary of Parts I and II		(1) Beneficiarie			(3) Total
	Caution: Read the instructions before completing this p	art.	(see instr.)	or trus	t's	(3) Total
17	Net short-term gain or (loss)	17				
18	Net long-term gain or (loss):					
	Total for year	18a	<u> </u>			48,719.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b	ļ			
	28% rate gain	18c				
	Total net gain or (loss). Combine lines 17 and 18a		000 T D 1 1	4-) <i>If II 46</i>		48,719.
gains neces	e: If line 19, column (3), is a net gaın, enter the gain on Form 1041, line 4 s, go to Part V, and do not complete Part IV. If line 19, column (3), is a r ssary.	or Fo. net loss	rm 990-1, Part I, II , complete Part N	ne 4a). If lines 16 and the Capital	Loss C	are ne (2), are ne
Pai	rt IV Capital Loss Limitation					
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, I	ne 4c, if a trust), th	e smaller of:	/	,
a Note	The loss on line 19, column (3) or b \$3,000	nage	l line 22 (or Form		20 (s complete the Canita
Loss	If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover.	page			70 a 700.	
Pai	Tax Computation Using Maximum Capital Gains Rate	es	-			
	n 1041 filers. Complete this part only if both lines 18a and 19 in co			an amount is en	tered i	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo					
	tion: Skip this part and complete the Schedule D Tax Worksheet in the	instruc	ctions if:			
	ither line 18b, col. (2) or line 18c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	n 990-T trusts. Complete this part only if both lines 18a and 19 a		ins or qualified	dividends are in	acluder	l in income in Part
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	t and c	omplete the Sch	edule D Tax W	orkshe	et in the instruction
	her line 18b, col. (2) or line 18c, col. (2) is more than zero.					
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21			
22	Enter the smaller of line 18a or 19 in column (2)	/	•			
	but not less than zero					
23	Enter the estate's or trust's qualified dividends		 			
	from Form 1041, line 2b(2) (or enter the qualified		1 1)	Ì	
	dividends included in income in Part I of Form 990-T) . 23					
24	Add lines 22 and 23		-			
25	If the estate or trust is filing Form 4952, enter the	_	1 1	Ì	1	
	amount from line 4g; otherwise, enter -0 ▶ 25		,			
26	Subtract line 25 from line 24. If zero or less, enter -0-		. 26			
27	Subtract line 26 from line 21. If zero or less, enter -0		. 27			
28	Enter the smaller of the amount on line 21 or \$2,500		. 28			
29	Enter the smaller of the amount on line 27 or line 28		. [29]			
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is	s taxed	at 0%	▶ 🚉	30	
31	Enter the smaller of line 21 or line 26					
32	Subtract line 30 from line 26					
33	Enter the smaller of line 21 or \$12,150					
34	Add lines 27 and 30					
35	Subtract line 34 from line 33. If zero or less, enter -0		· ———		Į	
36	Enter the smaller of line 32 or line 35					
37	Multiply line 36 by 15%			▶	37	
38	Enter the amount from line 31					
39	Add lines 30 and 36					
40	Subtract line 39 from line 38. If zero or less, enter -0-					
41	Multiply line 40 by 20%			▶ '	41	
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for		1 . 1			
40	and Trusts (see the Schedule G instructions in the instructions for Form 1041)					
43	Add lines 37, 41, and 42					
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for					
45	and Trusts (see the Schedule G instructions in the instructions for Form 1041) Tax on all taxable income. Enter the smaller of line 43 or line 44	•		1 Schodula		
40	G, line 1a (or Form 990-T, line 36)				45	

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side ATHENE CHARITABLE FOUNDATION

Social security number or taxpayer identification number

42-1431745

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<u>nor</u>	e of the boxes, complete as many forms with the same box checked as you need.
X	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
Г	(F) Long-term transactions not reported to you on Form 1099-B

gain or loss. t in column (g), olumn (f). nstructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(g) amount of djustment	combine the result with column (g)
	48,719
	48,719.
_	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Athene Charitable Foundation Grants and Contributions Paid During the Year EIN # 42-1431745 Form 990 PF, Part XV For Calendar Year 2014

		_	Relationship to	Relationship to Organizational Status	Purpose of Grant	Foundation status
Recipient Name	Address	Amount	Contributor	of Recipient	or Contribution	of recipient
АГРНА РНІ АГРНА	GREENVILLE, SC 29606	200:00	NONE	EXEMPT	Civic & Community	PC
ALTOONA YOUTH SOCCER	ALTOONA, IA 50009	2,000.00	NONE	EXEMPT	Civic & Community	PC C
AMERICAN LUNG ASSOCIATION IN IOWA	URBANDALE, IA 50322	230.00	NONE	EXEMPT	Health & Human Services	2
ANIMAL RESCUE LEAGUE	DES MOINES, IA 50313	30.00	NONE	EXEMPT	Civic & Community	2
ASPCA	NEW YORK, NY 10128	250.00	NONE	EXEMPT	Civic & Community	5
BALLARD COMMUNITY CLOTHES PANTRY	HUXLEY, IA 50124	200.00	NONE	EXEMPT	Civic & Community	PC
BETHANY CHRISTIAN SCHOOL	THOUSAND OAKS, CA 91360	200.00	NONE	EXEMPT	Education	S
BROWN UNIVERSITY	PROVIDENCE, RI 02912	250.00	NONE	EXEMPT	Education	D D
BUENA VISTA UNIVERSITY	STORM LAKE, IA 50588	260.00	NONE	EXEMPT	Education	PC
BUTLER UNIVERSITY	INDIANAPOLIS, IN 46208	20.00	NONE	EXEMPT	Education	2
CHILDREN & FAMILY URBAN MOVEMENT	DES MOINES, IA 50314	1,000.00	NONE	EXEMPT	Health & Human Services	ე
CLAREMONT MCKENNA COLLEGE	CLAREMONT, CA 91711	200:00	NONE	EXEMPT	Education	S
CLARKE COLLEGE/UNIVERSITY	DUBUQUE, IA 52001	200:00	NONE	EXEMPT	Education	PC
COLLEGE OF THE HOLY CROSS	WORCESTER, MA 01610	166.00	NONE	EXEMPT	Education	2
COMBINED JEWISH PHILANTHROPIES	BOSTON, MA 02110	120.00	NONE	EXEMPT	Civic & Community	δ
COMMUNITY AWARENESS INITIATIVE	ANKENY, IA 50021	1,000.00	NONE	EXEMPT	Civic & Community	S
COURAGE LEAGUE SPORTS	URBANDALE, IA 50322	150.00	NONE	EXEMPT	Civic & Community	2
COWLES MONTESSORI PARENT GROUP	WINDSOR HEIGHTS, IA 50311	200:00	NONE	EXEMPT	Health & Human Services	PC
CUSHING ACADEMY	ASHBURNHAM, MA 01430	166.00	NONE	EXEMPT	Education	P C
DES MOINES ARTS FESTIVAL	DES MOINES, IA 50309	1,000.00	NONE	EXEMPT	Arts & Culture	PC
DES MOINES COMMUNITY PLAYHOUSE	DES MOINES, IA 50312-2684	1,000.00	NONE	EXEMPT	Arts & Culture	5
DES MOINES METRO OPERA, INC.	INDIANOLA, IA 50125	200:00	NONE	EXEMPT	Arts & Culture	5
DMARC FOOD PANTRY	DES MOINES, 1A 50309	915.00	NONE	EXEMPT	Civic & Community	D.
DONORSCHOOSE.ORG	NEW YORK, NY 10018	20.00	NONE	EXEMPT	Civic & Community	P C
DRAKE UNIVERSITY	DES MOINES, IA 50311-4505	1,200.00	NONE	EXEMPT	Education	2
DSM CHRISTIAN SCHOOL	URBANDALE, IA 50323	200:00	NONE	EXEMPT	Education	P C
EASTER SEALS OF IOWA	DES MOINES, IA 50305	175.00	NONE	EXEMPT	Civic & Community	<u> </u>
ELMIRA COLLEGE	ELMIRA, NY 14901	200.00	NONE	EXEMPT	Education	ე
ERSKINE COLLEGE	DUE WEST, SC 29639	200:00	NONE	EXEMPT	Education	5
FAMILY & CHILDRENS COUNCIL	WATERLOO, IA 50702	1,000.00	NONE	EXEMPT	Health & Human Services	გ
FELLOWSHIP OF CHRISTIAN ATHLETES	LINDSTROM, MN 55045	100.00	NONE	EXEMPT	Civic & Community	2
FREEDOM FOR YOUTH MINISTRIES	DES MOINES, IA 50310	1,000.00	NONE	EXEMPT	Civic & Community	٦.
GIGIS PLAYHOUSE DES MOINES	URBANDALE, IA 50322	150.00	NONE	EXEMPT	Arts & Culture	ည
GRAND VIEW COLLEGE	DES MOINES, IA 50316	100.00	NONE	EXEMPT	Education	2
GREATER DES MOINES COMMUNITY FOUNDATION	DES MOINES, IA 50309	2,500.00	NONE	EXEMPT	Civic & Community	PC
HAWTHORN HILL NEW DIRECTIONS SHELTER	DES MOINES, IA 50312	25.00	NONE	EXEMPT	Health & Human Services	D
HEINZ 57 PET TRANSPORT	DE SOTO, IA 50069	1,000.00	NONE	EXEMPT	Health & Human Services	5
HILLEL TORAH NORTH SUBURBAN DAY SCHOOL	SKOKIE, IL 60077	200:00	NONE	EXEMPT	Education	2
HOPE MINISTRIES	DES MOINES, IA 50304	250.00	NONE	EXEMPT	Health & Human Services	5
HOSPICE OF CENTRAL IOWA	WEST DES MOINES, IA 50266	200.00	NONE	EXEMPT	Health & Human Services	PC

Athene Charitable Foundation
Grants and Contributions Paid During the Year
EIN # 42-1431745
Form 990 PF, Part XV
For Calendar Year 2014

			0	Organizational Status	Purpose of Grant	Foundation status
Recipient Name	Address	Amount	Contributor	of Recipient	or Contribution	of recipient
INDIANA UNIVERSITY FOUNDATION	BLOOMINGTON, IN 47402	250.00	NONE	EXEMPT	Education	<u>ج</u>
IOWA STATE UNIVERSITY	AMES, IA 50014	1,150.00	NONE	EXEMPT	Education	5
JEWISH FAMILY & CHILDRENS SERVICES	WALTHAM, MA 02451	25.00	NONE	EXEMPT	Civic & Community	<u>გ</u>
JEWISH NATIONAL FUND	ROCKVILLE CENTRE, NY 11570	20.00	NONE	EXEMPT	Civic & Community	<u>გ</u>
LEUKEMIA & LYMPHOMA SOCIETY OF IOWA	WEST DES MOINES, IA 50266	150.00	NONE	EXEMPT	Health & Human Services	<u>გ</u>
MAKE A WISH IOWA CHAPTER	URBANDALE, IA 50322	1,000.00	NONE	EXEMPT	Health & Human Services	<u>ح</u>
MANHATTAN BEACH EDUCATION FOUNDATION	MANHATTAN BEACH, CA 90267	200:00	NONE	EXEMPT	Education	5
MENTOR IOWA	DES MOINES, IA 50312	1,000.00	NONE	EXEMPT	Health & Human Services	D
NATIONAL MULTIPLE SCLEROSIS SOCIETY	KANSAS CITY, MO 64114	180.00	NONE	EXEMPT	Health & Human Services	<u>ე</u>
NATIONAL PARKS CONSERVATION ASSOC	WASHINGTON, DC 20077	50.00	NONE	EXEMPT	Civic & Community	<u>გ</u>
NE DACHSHUND RESCUE	OMAHA, NE 68139	1,000.00	NONE	EXEMPT	Health & Human Services	<u>გ</u>
NORTHEAST ELEMENTARY PTO	ANKENY, IA 50021	200.00	NONE	EXEMPT	Education	<u>გ</u>
NORTHWESTERN COLLEGE	SAINT PAUL, MN 55113-0005	20.00	NONE	EXEMPT	Education	5
PLANNED PARENTHOOD OF THE HEARTLAND	DES MOINES, IA 50305	1,000.00	NONE	EXEMPT	Health & Human Services	5
PREVENT BLINDNESS IOWA	DES MOINES, IA 50309	1,000.00	NONE	EXEMPT	Health & Human Services	S
RETRIEVE A GOLDEN OF MN	MINNETONKA, MN 55345	200:00	NONE	EXEMPT	Health & Human Services	ე
RUTH HARBOR	DES MOINES, IA 50312	200.00	NONE	EXEMPT	Health & Human Services	5
S TX CHILDRENS HOME	BEEVILLE, TX 78104	1,000.00	NONE	EXEMPT	Health & Human Services	ပ္
SACRED HEART	WEST DES MOINES, IA 50265	200.00	NONE	EXEMPT	Education	2
SAINT FRANCIS OF ASSISI SCHOOL FOUNDATION	WEST DES MOINES, IA 50266	2,000.00	NONE	EXEMPT	Education	2
SALISBURY HOUSE	DES MOINES, IA 50312	500.00	NONE	EXEMPT	Civic & Community	5
SALVATION ARMY	ALEXANDRIA, VA 22313	100.00	NONE	EXEMPT	Civic & Community	PC
SALVATION ARMY	DES MOINES, IA 50304	200:00	NONE	EXEMPT	Civic & Community	5
SAN JOSE CATHOLIC SCHOOL	JACKSONVILLE, FL 32217	450 00	NONE	EXEMPT	Education	5
SIMPSON COLLEGE	INDIANOLA, IA 50125	200 00	NONE	EXEMPT	Education	2
SPECIAL OLYMPICS IOWA INC	GRIMES, IA 50111-0620	500.00	NONE	EXEMPT	Health & Human Services	PC
ST JUDE CHILDRENS RESEARCH HOSPITAL	MEMPHIS, TN 38105	200 00	NONE	EXEMPT	Health & Human Services	2
SURVIVEALL ASSOCIATION OF IOWA	ALTOONA, IA 50009	1,000.00	NONE	EXEMPT	Health & Human Services	S S
THE HOMESTEAD AUTISM SERVICES	ALTOONA, IA 50009	200 00	NONE	EXEMPT	Health & Human Services	S
UNITED WAY OF CENTRAL IOWA	DES MOINES, IA 50314-2500	165,000.00	NONE	EXEMPT	Civic & Community	5
UNITED WAY OF GREATER TOPEKA	TOPEKA, KS 66601-0028	32,968.76	NONE	EXEMPT	Civic & Community	5
UNITED WAY OF GREENVILLE COUNTY	GREENVILLE, SC 29607	10,000.00	NONE	EXEMPT	Civic & Community	٦ 2
UNITED WAY OF ROCKLAND COUNTY	NYACK, NY 10960	13,000.00	NONE	EXEMPT	Civic & Community	5
UNIVERSITY OF INDIANAPOLIS	INDIANAPOLIS, IN 46227-3697	150.00	NONE	EXEMPT	Education	2
UNIVERSITY OF IOWA FOUNDATION	IOWA CITY, IA 52244	200:00	NONE	EXEMPT	Education	2
UNIVERSITY OF MASSACHUSETTS AMHERST	AMHERST, MA 01003	200.00	NONE	EXEMPT	Education	2
UNIVERSITY OF MICHIGAN	PALANTINE, IL 60055-0189	20.00	NONE	EXEMPT	Education	გ
UNIVERSITY OF NORTHERN IA FOUNDATION	CEDAR FALLS, 1A 50614	200.00	NONE	EXEMPT	Education	<u>გ</u>
UNIVERSITY OF NORTHERN IOWA	CEDAR FALLS, IA 50614-0239	800.00	NONE	EXEMPT	Education	ე
UNIVERSITY OF NORTHWESTERN-ST PAUL	SAINT PAUL, MN 55113-1598	20.00	NONE	EXEMPT	Education	D O

Athene Charitable Foundation Grants and Contributions Paid During the Year EIN # 42-1431745 Form 990 PF, Part XV For Calendar Year 2014

			Relationship to	Relationship to Organizational Status	Purpose of Grant	Foundation status
Recipient Name	Address	Amount	Contributor	of Recipient	or Contribution	of recipient
UNIVERSITY OF TX AT AUSTIN	AUSTIN, TX 78713	500.00	NONE	EXEMPT	Education	PC
UNIVERSITY OF WI FOUNDATION	MILWAUKEE, WI 53278-0807	100.00	NONE	EXEMPT	Education	<u>გ</u>
URBANDALE BOOSTERS INC	URBANDALE, IA 50322	300:00	NONE	EXEMPT	Civic & Community	<u>გ</u>
USO	WASHINGTON, DC 20077-7677	10,000.00	NONE	EXEMPT	Civic & Community	<u>გ</u>
VAN METER EDUCATION	VAN METER, 1A 50261	100.00	NONE	EXEMPT	Education	<u>გ</u>
WALNUT CREEK YMCA	WINDSOR HEIGHTS, IA 50324	200:00	NONE	EXEMPT	Civic & Community	ద
WAUKEE COMMUNITY SCHOOL FOUNDATION	WAUKEE, IA 50263	550.00	NONE	EXEMPT	Education	ပ္ရ
WILLIAMS COLLEGE	WILLIAMSTOWN, MA 01267	200:00	NONE	EXEMPT	Education	<u>გ</u>
WIRE FOX TERRIER RESCUE MIDWEST	MOKENA, IL 60448	100.00	NONE	EXEMPT	Health & Human Services	ñ
YMCA OF GREATER DSM - YCAMP	BOONE, IA 50036	1,000.00	NONE	EXEMPT	Civic & Community	<u>ج</u>
YOUNG LIFE	WAUKEE, IA 50263	500.00	NONE	EXEMPT	Civic & Community	S.

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