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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>.

1 Controllar of anomalis in columnic (b), (c), and (d) may not more executive quality of manufactorism)	For	cale	ndar year 2014, or tax year beginning 01-	01-2014	, ar	nd ending 1	12-31-2014	
The KERT-TERE FOUNDATION Another and sizes for P is two number if wait is not debrered to steed address) Recommendation According TREET City or lown, date or purene, quantity, and 2P or foreign postal code Recommendation Final return Final return final bits Fin						A Employer id	lentification numbe	er
Correction Strite Control born, date or province, counter, and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal code (Control born, date or province), and ZIP or foreign posal code (Control born, date or province, counter), and ZIP or foreign posal control born, and ZIP						42-6058939		
1400 SECON TREET	Num	her and	street (or P.O. how number if mail is not delivered to street address	2) Poom/suite		B Telephone nu	ımber (see ınstructior	ns)
Comparison of the properties of the foundation is not required to attach schedule) The formation is not required to attach schedule sc			· ·	, Room, saice		(563) 264-422	6	
## Check all that apply	<u> </u>		TD of the second			, ,		a shask bara to C
Final return						C ir exemption	application is pendin	g, cneck nere ⊫
Final return	<u> </u>		Ushakaran Etankarlankan Etankarlankan da	£				_
Captrage Name change Nam	GCI	песк а	· · · · — —	former public charit	^y			•
			<u> </u>					
Section 4947(a)(1) nonexempt charatable trust Other taxable private foundation Fair market value of all sases at all all accounting method of year (from Part II, cot (c)) Cother (specify) Cothe	H C I	eck ty		ite foundation				
Other (respectiv) Interest	Г _s	ection				41,40, 555,15	007 (27(17(1.17) 0.100	
Intensity Analysis of Revenue and Expenses (The Column (d) must be on cash basis.)				l ✓ Cash I Acc	rual			
Analysis of Revenue and Expenses (The control of white income substances) (1) Analysis of Revenue and expenses (The control of white income substances) (1) Analysis of Revenue and expenses per labolate income income (1) (See Substances) (1) Net investment income income (1) (See Substances) (1) Net investment income income income income income (1) (See Substances) (1) Net investment income in				be on cash basis.)		under section	11 307(b)(1)(b), chec	.K HCIC
Total of amounts in columns (b), (c) and (d) may not necessary equal the amounts in columns (a) (a) (company) to the amounts in columns (b), (c) and (d) may not necessary equal the amounts in columns (a) (a) (company) to the amounts in columns (b), (c) and (d) may not necessary equal the amounts in columns (b), (c) and (d) may not necessary equal the amounts in columns (b), (c) and (d) may not necessary equal to the amounts in columns (b), (c) and (d) may not necessary equal to the amounts in columns (c) (c) Allusted in the income of the amounts in columns (c) (c) Allusted in the income of the amounts in columns (c) (c) Allusted in the income of the amounts in columns (c) (c) Allusted in the income of the amounts in columns (c) (c) Allusted in the income of the amounts in columns (c) (c) Allusted in the income of the amounts in columns (c) (c) Allusted in the income of the amounts (c) Allusted in the income of the amounts (c) (c) Allusted in the income of the amounts (c) (c) Allusted in the income of the amounts of the income (at an amount c) (c) Allusted in the income of the amounts (c) (c) Allusted in the income of the amounts (c) (c) Allusted in the income of the income of the income of the amounts (c) (c) Allusted in the income of the i	Pa	rt I	L:::		<u> </u>			(d) Disbursements
Schedule 998,000 99			total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see	expenses per	(b) N			purposes
2 Check		1	Contributions, gifts, grants, etc , received (attach					
Sch B 3 Interest on savings and temporary cash investments 295 205			,	998,000				
100 1		2	•					
Total Add lines 1 through 11 Total Add lines 1 through 12 Total Add lines 1 through 11 Total Add lines 1 through 12 Total Add lines 1 through 11 Total Add lines 1 through 12 Total Add lines 1 through 23 Total Add lines 24 and 25 Total Add lines 1 through 23 Total Add lines 24 and 25 Total Add lines 24 and 25 Total Add lines 24 for 11 Total Add lines 1 through 23 Total Add lines 24 and 25 Total Add lines 24 for 11 Total Add lines 24 for		_		205		205	205	
Sa Gross rents 1,440 1				295		295	295	
Net rental income or (loss) 1,440		-		1 440		1 440	1 440	
Total Add lines 1 through 11 Separate of the remplayee salaries and wages				2,110		1,110	2,110	
Net short-term capital gain	<u>Φ</u>	_						
Net short-term capital gain	Ze Je	_	Gross sales price for all assets on line 6a					
8	Æ	,						
10a Gross sales less returns and allowances	<u> </u>	-						
Ballowances		9						
Less Cost of goods sold		10a	Gross sales less returns and					
C Gross profit or (loss) (attach schedule)								
11								
12 Total. Add lines 1 through 11 999,735 1,735								
To the professional fees (attach schedule)				999.735		1.735	1.735	
14 Other employee salaries and wages						_,		
17 Interest 1,069 1,06								
17 Interest 1,069 1,06	Š.	15	Pension plans, employee benefits					
17 Interest 1,069 1,06	ens	16a	Legal fees (attach schedule)					
17 Interest 1,069 1,06	Ă	b	Accounting fees (attach schedule)	105		53		
22 Printing and publications	∯ E	_ c	Other professional fees (attach schedule)					
22 Printing and publications	ativ	17	Interest	.es				
22 Printing and publications	¥		·	1,069		1,069		
22 Printing and publications	=							
22 Printing and publications	용							
23 Other expenses (attach schedule)	Þ							
24 Total operating and administrative expenses. Add lines 13 through 23								
26 Total expenses and disbursements. Add lines 24 and 25 567,487 1,122 566,33 27 Subtract line 26 from line 12 567,487 1,122 566,33	ij							
26 Total expenses and disbursements. Add lines 24 and 25 567,487 1,122 566,33 27 Subtract line 26 from line 12 567,487 1,122 566,33	e e			1,174		1,122		0
25 567,487 1,122 566,3: 27 Subtract line 26 from line 12	ð	25	Contributions, gifts, grants paid	566,313				566,313
27 Subtract line 26 from line 12		26	Total expenses and disbursements. Add lines 24 and					
		<u> </u>		567,487		1,122		566,313
				A22 240				
b Net investment income (if negative, enter -0-) 613		a b	Excess of revenue over expenses and disbursements Net investment income (if negative enter -0-)	432,248		613		
c Adjusted net income (if negative, enter -0-)			· · · · · · · · · · · · · · · · · · ·			013	1,735	

Da	rt II	Ralanco Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year
I C		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year 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	350,814	784,862	784,862
	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 🟲			
<u>v</u>	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
ЙЗ	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
		Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ►35,530			
		Less accumulated depreciation (attach schedule)	37,330	% 35,530	94,000
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
	10	instructions Also, see page 1, item I)	388,144	820,392	878,862
	17	Accounts payable and accrued expenses	300,111	020,332	070,002
		· · · · · · · · · · · · · · · · · · ·	738,984	1,169,899	
y.	18	· ′	750,904	1,109,099	
abilities	19	Deferred revenue			
ğ	20	Loans from officers, directors, trustees, and other disqualified persons			
Ï	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)	700.004		
	23	Total liabilities (add lines 17 through 22)	738,984	1,169,899	
ķ		Foundations that follow SFAS 117, check here			
Fund Balance		and complete lines 24 through 26 and lines 30 and 31.			
ılar	24	Unrestricted			
B	25	Temporarily restricted			
пd	26	Permanently restricted			
Fu		Foundations that do not follow SFAS 117, check here 🕨 🔽			
ŏ		and complete lines 27 through 31.			
£\$	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	-350,840	-349,507	
Net	30	Total net assets or fund balances (see instructions)	-350,840	-349,507	
	31	Total liabilities and net assets/fund balances (see instructions)	388,144	820,392	
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 a	gree	
		with end-of-year figure reported on prior year's return)		1	-350,840
2		Enter amount from Part I, line 27a		2	432,248
3		Other increases not included in line 2 (itemize)		3	
4		Add lines 1, 2, and 3		4	81,408
5		Decreases not included in line 2 (itemize) ▶		_ % _5	430,915
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F	art II, column (b), l	ine 30 . 6	-349,507

the Part VI instructions

	90-PF (2014)	nd Losses for Tax on Inve	stmont Incom	•		Page 3
Pai t	(a) List and describe t	the kind(s) of property sold (e g , reuse, or common stock, 200 shs M	al estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PROCEEDS FROM SA	LE OF EASEMENT		P	1955-06-01	2014-08-13
<u>т</u> ь				·		
С						
d						
e		1 (5) 5			41.0	
(€	e) Gross sales price	(f) Depreciation allowe (or allowable)		t or other basıs xpense of sale		or (loss)) mınus (g)
а		1,800		1,80	0	
b						
С						
d						
e						
Со	mplete only for assets sh	nowing gain in column (h) and owne	ed by the foundatio	n on 12/31/69	(I) Gains (Col	(h) gain miniis
		(j) Adjusted basis		cess of col (ı)		less than -0-) or
(1)	FM V as of 12/31/69	as of 12/31/69	over	col (j), if any	Losses (fr	om col (h))
а						
b						
С						
d						
e						
3	·	l gain or (loss) as defined in sectio art I, line 8, column (c) (see instru · · · · · · · ·			. 3	
Part	V Qualification U	nder Section 4940(e) for R	Reduced Tax or	n Net Investme	<u> </u>	
		rivate foundations subject to the se				
fsecti	on 4940(d)(2) applies, le	eave this part blank				
		section 4942 tax on the distribut t qualify under section 4940(e) D	,	, ,	eriod?	┌ Yes ┌ No
		nt in each column for each year, s			ries	
	(a)		<u> </u>		(d)	
	penod years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncha) aritable-use assets	Distribution	
year (or tax year beginning in) 2013	491,383		452,016	(col (b) divided	1 08709
	2013	787,313		394,689		1 99477
	2011	529,750		390,355		1 35710
	2010	814,550		357,477		2 27861
	2009	469,250		554,923		0 84561
2	Total of line 1, column	(d)			2	7 56318
3		atio for the 5-year base period—di ie foundation has been in existenc			3	1 51264
4	· · · · · · · · · · · · · · · · · · ·	noncharitable-use assets for 2014	· · · · · · · · · · · · · · · · · · ·		4	714,184
5	Multiply line 4 by line	3			5	1,080,300
6	Enter 1% of net invest	tment income (1% of Part I, line 2	7b)		6	6
7	Add lines 5 and 6				7	1,080,306
8	Enter qualifying distrib	outions from Part XII, line 4			8	566,313
	· · · · ·	greater than line 7, check the box		<u> </u>	part using a 1% tax	

Exempt operating foundations described in section 4940(d)(2), check here □ and enter "N/A" on line 1 Date of ruling or determination letter		990-PF (2014)			age 4
on line 1 Date of rating or determination letter instructions) Domestic Conditions that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1% of Part 1, line 27b All other demostic foundations ster 2% of line 27b Exempt foreign organizations enter 4% of Part 1, line 12, cell (e) 12 Tax under section 511 (demestic section 4947(e)(1) trusts and taxable foundations only 0 thers 3 Add lines 1 and 2. 5 Subtible A. (income) has (domestic section 4947(e)(1) trusts and taxable foundations only 0 thers enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment line may be a line 2 from line 3 If zero or less, enter -0 5 Tax based on investment line may be a line 3 line		Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
Date of ruling or determination letter	1a				
b Domestic foundations that meet the section 4940(a) requirements in Part V, check here ₱ [7] and inter 1 We of Part 1, line 27 % of line 270 Exempt foreign organizations enter 4% of Part 1, line 12, col. (b) 2 Tax under section 511 (somestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0.) 3 Add lines 1 and 2. 3 \$12		Date of ruling or determination letter(attach copy of letter if necessary–see			
c. All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, cal. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2. 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 3 12 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 12 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 12 6 Credits/P ayments 2 2014 settinated tax payments and 2013 overpayment credited to 2014 6 205 6 Exempt foreign organizations—lax withheld at source 7 Tax paid with application for extension of time to file (Form 8868). 6 Backup withholding erroneously withheld. 6 Crad backup withholding erroneously withheld. 7 Total credits and payments Add lines 5a through 6d. 6 Crad backup withholding erroneously withheld. 6 Crad backup withholding erroneously withheld. 7 Total credits and payments Add lines 5a through 6d. 7 Total credits and payments Add lines 5a through 6d. 8 Enter any peality for undersyment of estimated tax. Pick cheer [I F Form 2220 is attached 6d.] 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount overpaid. 10 Overpayment, If line 7 is more than the total of lines 5 and 8 is more than line 10 to be credited to 2015 estimated tax. 11 Enter the amount of line 10 to be credited to 2015 estimated tax. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did to participate or interviene in any political campaign? 10 During type and more than \$10 during the year (ether directly) for political purposes (see Instructions for definition)? 11 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (ether directly any expenditure) for political purposes (see Instructions) 12 Per 2 Per 10 During the year (ether directly or indirect	Ь	· II I			12
Part I, Ine 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only 0 thers enter -0-) 3 Add lines 1 and 2. 3 Add lines 1 and 2. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only 0 thers enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 6 Credis/Payments a 2014 estimated fax payments and 2013 overpayment credited to 2014 60 208 b Exemp foregon organizations—rax withheld at source . 6 December 1 Tax paid with application for extension of time to file (Form 8888). 6 C Data paid with application for extension of time to file (Form 8888). 6 C Data paid with application for extension of time to file (Form 8888). 7 Totals credits and payments. Add line 6 at through 6d. 8 Enter any penalty for underpayment of estimated tax Check here If Form 2220 is attached 8 Tax due. If the total of lines 3 and 8 is more manum towed. 9 Tax due. If the total of lines 3 and 8 is more manum tower in the 10 treat the amount of line 10 is to be Credited to 2014 10 treat the amount of line 10 is to be Credited to 2014 11 11 11 11 11 11 11 11 11 11 11 11 1		here Fand enter 1% of Part I, line 27b			
a Notheria A (income) tax (domestic section 4947(a)/1 trusts and taxable foundations only others enter -0 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on lavestment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on lavestment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax based on lavestment income. Subtract line 4 from line 3 if zero or less, enter -0 5 Tax due of the subtract line 4 from line 3 if zero or less, enter -0 5 Tax due of the subtract line 4 from line 3 if zero or less, enter -0 6 Deckup withholding erroneously withheld. 7 2008 8 Enter any penalty for underpayment of estimated tax Check here from 2220 is attached section 100 1	c				
4 subtitle A (income) tax (domestic section 49.47(a)(1) trusts and taxable foundations only. Others enter-0-0-0 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter-0-3 6 Credits/Payments 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 208 b Exempt foreign organizations—tax withheld at source	2	l a l			
enter-0-0 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0-0 5 12 Cendits/Payments 2014 established by the subtract line 4 from line 3. If zero or less, enter-0-0 5 12 Exempt foreign organizations—tax withheld at source 6 6 8 208 Exempt foreign organizations—tax withheld at source 6 6 8 208 Exempt foreign organizations—tax withheld at source 6 6 8 208 Exempt foreign organizations—tax withheld at source 6 6 8 208 Exempt foreign organizations—tax withheld at source 6 6 8 208 Exempt foreign organizations—tax withheld at source 6 6 8 208 Exempt foreign organizations—tax withhelding exempts with line 7 is more than the total of lines 5 and 8, enter the amount overend. 9 9 100 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overend. 9 100 199	3	Add lines 1 and 2			12
5 Tax based on investment income. Subtract line 4 from line 3 fizero or less, enter -0 -	4				
a 2014 estimated tax payments and 2013 overpayment credited to 2014 b Exempt foreign organizations—tax withheld at source	5	· · · · · · · · · · · · · · · · · · ·			12
b Exempt foreign organizations—tax withheld at source . 6b 6c 7 7 7 7 8 8 8 8 8 8	6	C redits/P ayments			
c Tax paid with application for extension of time to file (Form 8868). d Backup withholding erroneously withheld. 7 Total credits and payments Add lines 6 at through 6d. 8 Enter any penalty 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. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 10 Interior the amount of line 10 to be credited to 2015 estimated tax. 11 Enter the amount of line 10 to be credited to 2015 estimated tax. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did. 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did. 14 In participate or intervene in any political campaign? 15 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did. 16 In participate or intervene in any political campaign? 17 Enter the amount of the 100 Outron the year (either directly or indirectly) for political purposes (see Instructions for definition)? 18 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. 19 During the tax return or Form 1120-POL for this year? 20 During the foundation file Form 1120-POL for this year? 21 Has the foundation managers by \$ 22 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers by \$ 23 Political foundation engaged in any activities that have not previously been reported to the IRS? 22 No. If "Yes," attach a detailed description of the activities. 33 No incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. 40 No. If "Yes," attach a detailed description of the activities. 41 Political fou	а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 208			
d Backup withholding erroneously withhold. 7 Total credits and payments Add lines 6 a through 6d. 8 Enter any penalty 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 10 Overpayment. If line? is more than the total of lines 5 and 8, enter the amount owerpaid. 110 Duning the tax year, did the foundation attempt to influence any national, state, or local legislation or did 11 Enter the amount of line 10 to be Credited to 2015 settimated tax. 12 Duning the tax year, did the foundation attempt to influence any national, state, or local legislation or did 13 Yes. No 14 In No 15 Dulit spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 15 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. 16 Dulit the foundation in Point 1120-POI. Or this year? 17 On the foundation № \$ (2) On foundation managers № \$ 28 Has the foundation № \$ (2) On foundation managers № \$ 29 Has the foundation happes of the activities with foundation during the year for political expenditure tax imposed on foundation managers № \$ 20 Has the foundation happes, 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 of Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of Incorporation, or bylaws, or other similar instruments? If "Yes," attach a point the year? 18 Has the foundation have unrelated business gross income of \$1,000 or mo	b	Exempt foreign organizations—tax withheld at source 6b			
7 Total credits and payments Add lines 6a through 6d. 8 Enter any penalty 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. 10 Inter the amount of line 10 to be credited to 2015 estimated tax ▶ 19 Refunded ▶ 11 2011/16 A Statements Regarding Activities 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 10 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. 10 Did the foundation hie Form 1120-POL for this year? 11 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation memagers ▶ 5 12 Has the foundation ₱ \$ (2) On foundation during the year for political expenditure tax imposed on foundation memagers ▶ 5 13 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 13 No 14 If "Yes," has it filed a tax return on Form 990-T for this year? 14 Ab Old the foundation have unrelated businesses gross income of \$1,000 or more during the year? 15 No 16 If "Yes," stack the statement required by General Instruction T. 16 Are the requirements of section \$50(e) (relating to sections 4941 through 4945) satisfied either 15 By language in the governing instrument, or 16 By state legislation that eff	C	Tax paid with application for extension of time to file (Form 8868) 6c			
Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 11 Enter the amount of line 10 to be Credited to 2015 estimated tax 198 Refunded 11 Part VIICA Statements Regarding Activities 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 During the tax year, did the foundation of tempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 During the tax year, did the foundation of the activities in the foundation in state of incorporation or the activities of incorporation or the foundation in connection with the activities. 10 During the foundation of the activities of incorporation, or bylaws, or other similar instruments? If "res," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "res," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "res," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "res," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "res," attach the state law remain in the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument so that no mandatory directions that conflict with the state law re	d	Backup withholding erroneously withheld 6d			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerpaid. ▶ 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. ▶ 10 195 11 Enter the amount of line 10 to be C-recited to 2015 settimated tax ▶ 196 Refunded ▶ 11 Part VII-A Statements Regarding Activities 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . 1a No 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . 1b No 16 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. 16 Did the foundation file Form 1120-POL for this year? . 1c No 17 Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$	7	Total credits and payments Add lines 6a through 6d			208
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. ▶ 10 1996 11 Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 196 Refunded ▶ 11 Part VIIA	8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
The Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 196 Refunded ▶ 11 Part VII - A Statements Regarding Activities	9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
Durity Name Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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 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? c Did the foundation file Form 1120-POL for this year? c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation S	10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			196
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a 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. 1c No 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 his point of tax on political expenditures (section 4955) imposed during the year (1) On the foundation managers ▶ \$ 1c No 2 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 2 No No 1f "Yes," attach a detailed description of the activities. 2 No No 1f "Yes," attach a detailed description of the activities. 3 No No 1f "Yes," attach a detailed description of the activities. 3 No No 1f "Yes," attach a detailed description of the activities. 3 No No 1f "Yes," attach a detailed description of the activities. 3 No No No <td< th=""><td></td><td></td><td></td><td></td><td></td></td<>					
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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? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶\$	D		16		No
c Did the foundation file Form 1120-POL for this year?. d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$		•	10		140
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$					
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e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Did the foundation termination, dissolution, or substantial contraction during the year? 5 Did the foundation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 6 Pus Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. 5 Did the foundation during the tax the foundation of the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 5 Did the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3) or 4942(1)(5) for calendar year 2014 or the tax	d				
on foundation managers ▶ \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?					
Has the foundation engaged in any activities that have not previously been reported to the IRS?	е				
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	_				NI-
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	2		-		NO
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	2				
Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3		3		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4a				
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_				
If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. Enter the states to which the foundation reports or with which it is registered (see instructions) LA 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. Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV Policy in the governing in the tax year? If "Yes," attach a schedule listing their names					
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ■ By language in the governing instrument, or ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?					
 ▶ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
that conflict with the state law remain in the governing instrument?		By language in the governing instrument, or] '		
 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. Enter the states to which the foundation reports or with which it is registered (see instructions) ►IA 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. Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV Old any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names 		• By state legislation that effectively amends the governing instrument so that no mandatory directions			
and Part XV		that conflict with the state law remain in the governing instrument?	6	Yes	
Enter the states to which the foundation reports or with which it is registered (see instructions) LA 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 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	7		7	Yes	
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. 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-	. 30	
General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV					
Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	b		OL	V	
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	•		OD	res	
If "Yes," complete Part XIV	9				
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			,		No
	10		<u> </u>		
			10		No

	Challenge and Department of Astroitics (continued)		<u>'</u>	age c
	**TYII-A Statements Regarding Activities (continued)			_
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	11		No.
40	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	12		l Na
40	advisory privileges? If "Yes," attach statement (see instructions)	12	W	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	<u> </u>
	Website address ►N/A			
14	The books are in care of ▶JEFF BOHLING Telephone no ▶(563	264-	4227	
	Located at ► 1600 OREGON STREET MUSCATINE IA ZIP+4 ► 52761			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			► F
	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
10	a bank, securities, or other financial account in a foreign country?	16	163	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	10	<u> </u>	1.00
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 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? Yes V No			
	(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 V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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) A gree 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 V No			
h	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
Ĭ	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(1)(3) or 4942(1)(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? Yes Vo			
	If "Yes," list the years 🕨 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20, 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2014.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 leopardy before the first day of the tax year beginning in 2014?	4ь		No

	rt VIII-B Statements Rega	rdina Activities	for Wi	hich Form 4720	May Be Required (cont	inued)	Page G		
5a	During the year did the foundation	_		11011 1 01111 47 20	Hay be kegan ea (cont				
Ja	(1) Carry on propaganda, or othe			riclation (coction 49	45(e)) [?]	- No			
						110			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?								
					Yes				
	(3) Provide a grant to an individu				, ,	NO			
	(4) Provide a grant to an organiza					7			
	in section 4945(d)(4)(A)? (s				Yes	NO			
	(5) Provide for any purpose other				-	, .,			
_	educational purposes, or for t								
Ь	If any answer is "Yes" to 5a(1)-				•				
	Regulations section 53 4945 or						No		
	Organizations relying on a currer								
С	If the answer is "Yes" to question			· · ·		_			
	tax because it maintained expend				Yes	✓ No			
	If "Yes," attach the statement requ	ured by Regulations se	ction 53	.4945–5(d).					
6a	Did the foundation, during the yea	ar, receive any funds,	directly	or indirectly, to pay	premiums on				
	a personal benefit contract?				Tyes F	No			
b	Did the foundation, during the yea	ar, pay premiums, dire	ctly or	indirectly, on a perso	onal benefit contract?	. 6b	No		
	If "Yes" to 6b, file Form 8870.								
7a	At any time during the tax year, w	was the foundation a p	arty to	a prohibited tax shel	ter transaction?	√ No			
b	If yes, did the foundation receive	any proceeds or have	e any ne	t income attributable	e to the transaction?	. 7b	No		
Do	Information Abou	t Officers, Direct	ors, T	rustees, Founda	ation Managers, Highly	Paid Em	oloyees,		
	and Contractors								
_1	List all officers, directors, trustee					ı			
	(a) Name and address	(b) Title, and avera hours per week	- 1	(c) Compensation If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,		
	(a) Name and address	devoted to positio		-0-)	and deferred compensation	other al	lowances		
GAGE	A KENT	Trustee		0	·				
160	O OREGON STREET	1 00							
MUS	CATINE,IA 52761								
JEFF	REY W BOHLING	Trustee		0					
	O OREGON STREET	1 00							
	CATINE,IA 52761								
_2	Compensation of five highest-paid	d employees (other th	an thos	e included on line 1–		nter "NONE.	"		
(2)	Name and address of each emplo	(b) Title, and a	verage		(d) Contributions to employee benefit	(a) Eynan	se account,		
(a)	paid more than \$50,000	nours per w		(c) Compensation	plans and deferred		lowances		
		devoted to po	SITION		compensation				
NON	E								
Tota	I number of other employees paid of	over\$50,000							

Information About Officers, Directors, Truste	es. Foundation Managers. His	page / hlv Paid Employees.
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc	Lxpelises
1		
2		
3		
Power IV D. Common of Program Polated Investments (and instructions)	
Part IX-B Summary of Program-Related Investments (some part in the street of the two largest program-related investments made by the foundation during the street of the street investment of the street of the stre		A mount
1	the tax year on lines I and E	Amount
-		
2		
-		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•

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 631.060 1h 1c 94.000 1d 725.060 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 725.060 3 Subtract line 2 from line 1d. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 10.876 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 714.184 5 35,709 **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.) 35.709 1 Tax on investment income for 2014 from Part VI, line 5. 12 2a Income tax for 2014 (This does not include the tax from Part VI). . . 2c 12 3 3 35.697 4 4 5 5 35.697 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 35.697 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 566.313 1b 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 4 566,313 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 566,313 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

Р	art XIII Undistributed Income (see instri	uctions)			.
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7		·		35,697
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only				
ь	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2014				
	From 2009				
ь	From 2010				
c	From 2011 510,232				
d	From 2012				
е	From 2013				
f	Total of lines 3a through e	2,984,792			
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$ 566,313				
а	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	0			
_	required—see instructions)				25.00
	Applied to 2014 distributable amount	F20 616			35,697
	Remaining amount distributed out of corpus	530,616			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,515,408			
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount				
•	—see instructions				
e	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
	ınstructions				
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)				
8	Excess distributions carryover from 2009 not	441,504			
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	3,073,904			
10	Analysis of line 9	. ,			
	Excess from 2010				
b	Excess from 2011 510,232				
_	Excess from 2012				
d	Excess from 2013 468,793				
e	Excess from 2014 530,616				

TO BE CONSIDERED, PROPOSALS WILL GENERALLY BE REQUIRED TO PROVIDE PUBLIC BENEFITS IN THE GENERAL

OFTEN CONSIDERED FAVORABLY

PROXIMITY TO MUSCATINE COUNTY AND, TO A LESSER DEGREE, IN THE WASHINGTON, INDIANA AREA FUNDING WILL BE

CONSIDERED FOR SPECIFIC PROJECTS THAT MAY LACK OTHER SOURCES OF SUPPORT EDUCATIONAL INSTITUTIONS ARE

3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
Total		<u> </u>		566,31

Enter gross 1 Program	Analysis of Income-Producions amounts unless otherwise indicated		s Isiness income	Excluded by section	2 512 513 or 514	(-)
1 Program	s amounts unless otherwise marcated	Officiated b	asiness income			
2	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See instructions)
b c						
e f						
2 Member 3 Interes	and contracts from government agencies rship dues and assessments			14	295	
5 Net ren	nds and interest from securities					
b Not de 6 Net ren	financed property ebt-financed property			16	1,440	
8 Gain or	nvestment income					
10 Gross p	ome or (loss) from special events profit or (loss) from sales of inventory evenue a					
с						
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	1,735 13	
	orksheet in line 13 instructions to verify ca -B Relationship of Activities to Explain below how each activity for whice	the Accom		xempt Purpos	es	
Line No.	the accomplishment of the foundation's instructions)					

Form 990-P	F(2014)										Pa	ge 13
Part XVI	II Information R Noncharitable					actio	ns and F	Relationships	With			
section	organization directly or i 501(c) of the Code (oth										Yes	No
organiza -												
	rs from the reporting fou									4 - (4)		
• •	sh									1a(1)		No
	erassets									1a(2)		No
	ansactions es of assets to a noncha	wtable av		~~~ n.=~ t. ~	m					15/1)		No
	chases of assets from a											No
	ital of facilities, equipme											No
	mbursement arrangemei									1b(3)		No
	ns or loan guarantees.									1b(5)		No
	ormance of services or r									1b(6)		No
	of facilities, equipment,									⊢ <u>`</u> ´		No
d If the an	swer to any of the above ods, other assets, or se ansaction or sharing arr	e is "Yes," ervices giv angement	compl en by t , show	ete the fol the reporti in column	llowing schedule ng foundation I	Colum f the fou the god	nn (b) sho undation r ods, other	uld always show t eceived less than	the fair ma i fair marki es receive	rket va et value ed	1	ntc
(a) Line No	(b) Amount involved	(C) Name	OI HOHE	папале ех	empt organization	(u)	Description	or transfers, transact	ions, and sna	allily alla	ngemer	its
												-
describe	undation directly or indi ed in section 501(c) of t complete the following (a) Name of organizatio	he Code (c schedule		nan sectio	-	ın sectı	-		· · · ·	.FY€	es F	₹ _{No}
										•		
the	der penalties of perjury, be best of my knowledge a ormation of which prepa ******	and belief,	ıt ıs tr	ue, correc					n taxpaye May the return		sed on	all
	Signature of officer or t	rustee			Date	•	Title		below (see ins	tr)? 🔽 Y	∕es	No
	Print/Type preparer's ERIC J THOMSEN	name	Prepa	arer's Sign	nature	Date		Check if self- employed ▶▼	PTIN P	007522	266	— —
Paid Prepare Use	Firm's name FERIC J THOMSEN LA	W O FFICI	E					Firm's EIN ►				
Only	2447 SUNFLOWER R 527619399	DG MUS	CATIN	IE, IA				Phone no (563) 264-13:	17		

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
MUSCATINE COMMUNITY Y 1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	10,000
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA,IA 50125	NONE	PUBLIC	GENERAL OPERATIONS	25,000
UNITED WAY OF DAVIESS COUNTY IN 211 E MAIN STREET WASHINGTON,IN 47501	NONE	PUBLIC	GENERAL OPERATIONS	16,500
IOWA COLLEGE FOUNDATION 505 5TH AVENUE SUITE 1034 DES MOINES,IA 50309	NONE	PUBLIC	GENERAL OPERATIONS	50,000
MUSCATINE CHAMBER OF COMMERCE FOUND 102 WALNUT STREET MUSCATINE,IA 52761	NONE	PUBLIC	JULY 4TH CELEBRATION	1,500
MUSCATINE SYMPHONY ORCHESTRA PO BOX 573 MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	10,000
UNITED WAY OF MUSCATINE PO BOX 797 MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	53,130
HISTORIC MUSCATINE 117 WEST SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	4,350
GREAT RIVER DAYS INC 223 E SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	7,500
LOUISA COUNTY FAIR ASSOCIATION 812 UNION STREET COLUMBUS JUNCTION,IA 52738	NONE	PUBLIC	GENERAL OPERATIONS	5,000
MUSCATINE ARBORETUM ASSOCIATION 2368 HIGHWAY 22 MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	11,500
CITY OF MUSCATINE 312 EAST FIFTH STREET MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	10,000
IOWA DONOR NETWORK 550 MADISON AVENUE NORTH LIBERTY,IA 52317	NONE	PUBLIC	GENERAL OPERATIONS	1,000
TERRACE HILL FOUNDATION HISTORICAL 400 LOCUST STREET SUITE 330 DES MOINES,IA 50309	NONE	PUBLIC	GENERAL OPERATIONS	33,333
MUSCATINE SAFE STREETS INC 614 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	39,500
Total				566,313

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 status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WAPELLO COMMUNITY SCHOOL 406 MECHANIC STREET WAPELLO,IA 52653	NONE	PUBLIC	GENERAL OPERATIONS	25,000
TRINITY MUSCATINE FOUNDATION 1518 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	200,000
MUSCATINE COMMUNITY SCHOOL DISTRICT 2900 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC	GENERAL OPERATIONS	10,000
MUSCATINE CENTER FOR SOCIAL ACTION 312 IOWA AVENUE MUSCATINE,IA 52761	NONE	PC	GENERAL OPERATIONS	12,500
MIRACLES CAN HAPPEN BOYS RANCH 1614 300TH STREET WILTON,IA 52778	NONE	PC	GENERAL OPERATIONS	1,000
REBUILDING TOGETHER MUSCATINE COUNT 1424 B HOUSER STREET MUSCATINE,IA 52761	NONE	PC	GENERAL OPERATIONS	2,500
MUSCATINE MELON PATCHERS QUILT GUIL 2665 SAMUEL CLEMENS ROAD MUSCATINE,IA 52761	NONE	PC	GENERAL OPERATIONS	3,000
MUSCATINE ART CENTER 1314 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PC	GENERAL OPERATIONS	2,000
MUSCATINE COMMUNITY COLLEGE 152 COLORADO STREET MUSCATINE,IA 52761	NONE	PC	GENERAL OPERATIONS	2,000
DAVIESS COUNTY COMMUNITY FOUNDATION 320 E MAIN STREET WASHINGTON,IN 47501	NONE	PC	GENERAL OPERATIONS	25,000
COMMUNITY FOUNDATION OF GREATR MUSC 208 W SECOND STREET SUITE 213 MUSCATINE,IA 52761	NONE	PC	GENERAL OPERATIONS	5,000
Total				566,313

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KENT CORPORATION CHARITABLE FOUNDATION

As Filed Data -

DLN: 93491132020255

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

fka KENT-STEIN FOUND	ATION	42-6058939			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	١			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to m any one contributor Complete Parts I and II See instructions for determining a c				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990-Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II					
during the year, tot	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive al contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific of cruelty to children or animals Complete Parts I, II, and III				
during the year, co this box is checked purpose Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive intributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contribut, enter here the total contributions that were received during the year for an <i>exclusive</i> policies any of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause 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 KENT CORPORATION CHARITABLE FOUNDATION fka KENT-STEIN FOUNDATION

Employer identification number

42-6058939

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GRAIN PROCESSING CORPORATION 1600 OREGON STREET MUSCATINE, IA 52761	\$823,250	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KENT NUTRITION GROUP PET 1600 OREGON STREET MUSCATINE, IA 52761	\$43,500	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KENT PRECISION FOODS GROUP 11457 OLDE CABIN ROAD STE 100 ST LOUIS, MO 63141	\$119,750	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KENT NUTRITION GROUP 1600 OREGON STREET MUSCATINE, IA 52761	\$11,500	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
KENT CORPORATION CHARITABLE FOUNDATION
fka KENT-STEIN FOUNDATION

Employer identification number

42-6058939

art II Nonca	as h Property (see instructions) Use duplicate copies of Part II if additional spar	ce is	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om rtl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		_	

Name of organization
KENT CORPORATION CHARITABLE FOUNDATION
fka KENT-STEIN FOUNDATION
42-6058939

c)(7), (8), or (10) c) and the following line ons of \$1,000 or less for
on of how gift is held
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on of how gift is held
o transferee
on of how gift is held

TY 2014 Accounting Fees Schedule

Name: KENT CORPORATION CHARITABLE FOUNDATION

fka KENT-STEIN FOUNDATION

EIN: 42-6058939

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	105	53	0	0

TY 2014 Land, Etc. Schedule

Name: KENT CORPORATION CHARITABLE FOUNDATION

fka KENT-STEIN FOUNDATION

EIN: 42-6058939

Software ID: 14000265

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land	35,530		35,530	94,000

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TY 2014 Other Decreases Schedule

Name: KENT CORPORATION CHARITABLE FOUNDATION

fka KENT-STEIN FOUNDATION

EIN: 42-6058939

Software ID: 14000265

Description	Amount
NET CHANGE IN PLEDGES PAYABLE	430,915

TY 2014 Taxes Schedule

Name: KENT CORPORATION CHARITABLE FOUNDATION

fka KENT-STEIN FOUNDATION

EIN: 42-6058939

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	1,069	1,069		