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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

Department of the Treasury Internal Revenue Service

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

	Fo	r ca	lendar year 2014 or tax year beginning		, 2014,	and ending	9	, 20
			of foundation LINDA T. WATSON FAM		dentification number			
	(	C/0	ASSURED MANAGEMENT COMPANY				43-681	16063
	1	Numb	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone	number (see instructions)
								(913) 432-1020
		190	1 WEST 47TH PLACE			200		
	_	City o	r town, state or province, country, and ZIP or foreign po-	stal code		<u> </u>		
							C If exemption	application is
	1	WES'	TWOOD, KS 66205				pending, che	eck here
	_		ck all that apply   Initial return	Initial return of	of a former p	ublic charity	y D 1 Foreign o	rganizations, check here
			Final return	Amended ret	urn	•	_	organizations meeting the
			Address change	Name change	е			check here and attach
	Н	Che	ck type of organization   X   Section 501(	c)(3) exempt private f	oundation		` <b> </b>	
		ີ s	section 4947(a)(1) nonexempt charitable trust	Other taxable pri	vate foundat	tion		undation status was terminated on 507(b)(1)(A), check here
	ī	Fair	market value of all assets at J Acco	unting method X Ca	ash Acc	rual	· 1	ation is in a 60-month termination
		end	of year (from Part II, col (c), line O	ther (specify)			E .	n 507(b)(1)(B), check here .
		16)	▶\$ 642,176. (Part I, c	olumn (d) must be on cas	:h basıs )		_	
	P	art l	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
			total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inve	I	(c) Adjusted no income	et for charitable purposes
			column (a) (see instructions) )	books				(cash basis only)
	$\overline{}$	1	Contributions, gifts, grants, etc., received (attach schedule)	100,225.				
		2	Check If the foundation is not required to attach Sch B					
t 2.1	-	3	Interest on savings and temporary cash investments.					
2015	1	4	Dividends and interest from securities	5,608.		5,608.		ATCH 1
ر د	ĺ	5a	Gross rents					
43		b	Net rental income or (loss)					
	ne	6a	Net gain or (loss) from sale of assets not on line 10	-1,267.	<u>.</u>			
STANCE MAY	evenu	D	Gross sales price for all assets on line 6a 205, 116.			252		
<b></b>		7	Capital gain net income (from Part IV, line 2) .		2	9,357.		Pro see do am a se a granteno
111	2	8	Net short-term capital gain,		 <del></del>			KICEWED !
بخ	Ì	9	Income modifications				16.5	
مين	- {	,,,,	and allowances		· · · · · · · · · · · · · · · · · · ·	<del></del>	4	MAY 2 1 2015   9
7	Į		Less Cost of goods sold					
Ϋ́λ	Ì		Gross profit or (loss) (attach schedule)		<u> </u>			000501 117
	- 1	11 12	Other income (attach schedule)	104,566.	3	4,965.		OGDEN, UT-
	-		· — — — — — — — — — — — — — — — — — — —	104,500.		1,303.		
	S	13	Compensation of officers, directors, trustees, etc		L <del> </del>	<del></del>		<del>-   -</del>
	Sc	14	Other employee salaries and wages Pension plans, employee benefits					
	a	10			<u></u>			
	M	16 a b	Legal fees (attach schedule)	1,300.	<del></del>	650.		650
	é		Other professional fees (attach schedule)	, , , , ,		<del></del>		
	and Administrative Expense	17	Interest		<del></del>			
	str	18	Taxes (attach schedule) (see instructions)[3].	406.				
	Ē	19	Depreciation (attach schedule) and depletion.		-			
	F	20	Occupancy					
	4	21	Travel, conferences, and meetings		<del></del>			
	an a	22	Printing and publications					
	Б	23	Other expenses (attach schedule)					
	at:	24	Total operating and administrative expenses.					
	Operating		Add lines 13 through 23	1,706.		650.		650
	이	25	Contributions, gifts, grants paid	82,900.				82,900
		26	Total expenses and disbursements. Add lines 24 and 25	84,606.		650.		0 83,550
	7	27	Subtract line 26 from line 12					
		a	Excess of revenue over expenses and disbursements	19,960.				
		þ	Net investment income (if negative, enter -0-)		3	4,315.		
		c	Adjusted net income (if negative, enter -0-)					200 85

JSA For Paperwork Reduction Act Notice, see instructions. 4E1410 1 000 Q6RRQT 7571. 5/6/2015 2:57:

2:57:24 PM

Part	Balanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
rait	Datatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing			
2		cash investments	516,057.	642,176.	642,176
3					
1	Less allowance for dou	ubtful accounts ▶			
4					
} `		ubtful accounts ▶		j	
5					
6		officers, directors, trustees, and other		····	
"		· · · · · · · · · · · · · · · · · · ·		j	
_	· · · · · · · · · · · · · · · · · · ·	itach schedule) (see instructions)		<del></del>	<u> </u>
7		receivable (attach schedule)			
		ubtful accounts ▶			
ssets 6 8		se	<del></del>		<del></del>
		deferred charges		<del></del> -	
1		te government obligations (attach schedule).	107,620.		
4		e stock (attach schedule)	107,620.		
		e bonds (attach schedule)			
11	Investments - land, building and equipment basis Less accumulated depreci	ation			
12		loans			
13	Land, buildings, and	ach schedule)			
' '	equipment basis Less accumulated depreci	etion b			
	(attach schedule)	<b></b>			
15		►ATCH_4)			
16		completed by all filers - see the	600 655	640 486	540 185
-		page 1, item I)	623,677.	642,176.	642,176
17	Accounts payable and	accrued expenses			
18	Grants payable				
န္မ 19			<u></u>		
Liabilities 20 21 22					
G 21	Mortgages and other no	otes payable (attach schedule)			
22	Other liabilities (describ	e ▶) L			
23	Total liabilities (add line	es 17 through 22)	0	0	
	Foundations that fo	llow SFAS 117, check here . ▶			
<sub>ω</sub>		24 through 26 and lines 30 and 31.		l l	
8 24	Unrestricted				
E 25					
26					
힐~~		not follow SFAS 117, ▶ 🗓			
or Fund Balan	check here and com	pplete lines 27 through 31.			
o 27		cipal, or current funds			
27 28		or land, bldg , and equipment fund			
29	•		623,677.	642,176.	
	•	ulated income, endowment, or other funds	623,677.	642,176.	
30 31		d balances (see instructions)	023,0111		
3 '		`	623,677.	642,176.	
Dord		enges in Not Appets or Fund Poles		042,170.	
		inges in Net Assets or Fund Balar		ust person with	
		balances at beginning of year - Part I			622 677
end	u-or-year tigure report	ed on prior year's return)		· · · · · · · ·   1	623,677
2 En	ter amount from Part I	, line 27a		2	19,960
3 Oti	ner increases not inclu	aea in line 2 (itemize) ▶			
4 Ad	d lines 1, 2, and 3	n line 2 (itemize) ► ATCH 5		4	643,637
					1,461
6 To	tal net assets or fund t	palances at end of year (line 4 minus	ine 5) - Part II, column (b)	, line 30 6	642,176

Form 990-PF (2014)				···	Page 3
	and Losses for Tax on Inve		(LANGE COMME		T
	d describe the kind(s) of property sold (		(b) How acquired P - Purchase	(c) Date	(d) Date sold (mo, day, yr)
	rick warehouse, or common stock, 200	shs MLC Co)	D - Donation	(mo , day, yr )	(IIIO, day, yi )
1a SEE PART IV SCHE	DULE				
b					<del> </del>
<u>c</u>			l		<del> </del>
<u>d</u>			<u> </u>	<u></u>	<del> </del>
e	(f) Depreciation allowed	(g) Cost or other basis	<del> </del>	(h) Gain or (lo	) 
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) min	
a					
b					· · · · · · · · · · · · · · · · · · ·
С					
d					
е					
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 Losses (from co	
а					
b					
С					
d					
e					
2 Capital gain net income	or (not conital loce)	gain, also enter in Part I, line 7			20 257
_	( II	(loss), enter -0- in Part I, line 7	2		29,357.
· -	nin or (loss) as defined in sections		1		
- ·	art I, line 8, column (c) (see inst		,		0
	Index Section 4940(a) for Pos	duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No
	not qualify under section 4940(e)				<del> </del>
	<del></del>	r, see the instructions before makir	ng any ent T	ries (d)	
(a) Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r	atio
Calendar year (or tax year beginning in) 2013	109,732.	541,295.	<del> </del>	(col (b) divided b	0.202721
2012	115,500.	502,804.	<del>                                     </del>		0.229712
2012	133,073.	470,921.	<u> </u>		0.282580
2010	91,114.	398,521.			0.228630
2009	89,420.	387,427.			0.230805
2 Total of line 1, column (c	0		2		1.174448
		le the total on line 2 by 5, or by the			
number of years the four	ndation has been in existence if les	ss than 5 years	3		0.234890
			ļ ļ		
4 Enter the net value of no	ncharitable-use assets for 2014 from	om Part X, line 5	4		573,641.
			_		124 742
5 Multiply line 4 by line 3			5	_ <del></del>	134,743.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)	<i></i>	6		343.
					125 225
7 Add lines 5 and 6			7		135,086.
8 Enter qualifying distributi If line 8 is equal to or g Part VI instructions	ons from Part XII, line 4 reater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	83,550.

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6	86.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $J$			
	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			B6.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0 86.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			86.
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 840.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld		8	40.
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax officer field			
9	Tax due. If the total of thice of those than the 7, effect amount owed		1	54.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	- }		
С	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	
	(1) On the foundation > \$(2) On foundation managers > \$		1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		ļ	
	foundation managers  \$	1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities		Ì	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	_ [	Í	v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		$\frac{x}{x}$
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		$\frac{\Lambda}{X}$
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		$\frac{x}{x}$
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T	ľ	- 1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		ľ	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	х	
7	conflict with the state law remain in the governing instrument?	7	$\frac{1}{x}$	
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
υa	KS,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		ļ	
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATCH 6	8b		Х
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,"		1	
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	7		
	names and addresses . ATCH. 7	10	Х	
		00	DE "	

Form	990-PF (2014) LINDA T. WATSON FAMILY FOUNDATION 43-681	0063	F	age 3
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	,-,-,		
14	Website address ► N/A  The books are in care of ► CHARLES RUBIN  Located at ►1901 W. 47TH PL., STE. 200 WESTWOOD, KS  ZIP+4 ► 66205	-102	0	
	Located at ▶1901 W. 47TH PL., STE. 200 WESTWOOD, KS ZIP+4 ▶ 66205			, ,
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16			Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If			
	"Yes," enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u></u>	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	İ		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?	ì		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	foundation agreed to make a grant to or to employ the official for a period after	ļ		
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	İ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	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, that			
	were not corrected before the first day of the tax year beginning in 2014?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014? Yes X No	ĺ		
	If "Yes," list the years			}
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		X
С	if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			ļ
	<b>&gt;</b>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	ĺ		1
þ	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	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	ļ		
	foundation had excess business holdings in 2014)	3b_		X
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		<u> </u>

Form 9	990-PF(2014) LINDA T. WATS	ON FAMILY FOU	INDATION		43-6816063	Page <b>6</b>
Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	quired (continu	ied)	
5a	During the year did the foundation pay or incur any am	ount to				
	(1) Carry on propaganda, or otherwise attempt to influ	ience legislation (sectio	n 4945(e))?	. Yes	X No	- [
	(2) Influence the outcome of any specific public el				_	
	directly or indirectly, any voter registration drive?	· ·		1 1 1	X No	
	(3) Provide a grant to an individual for travel, study, or				X No	
	(4) Provide a grant to an organization other than a					
	section 4945(d)(4)(A)? (see instructions)	_			X No	
	(5) Provide for any purpose other than religious, of				_	
	purposes, or for the prevention of cruelty to children			1 1	X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the					
	Regulations section 53 4945 or in a current notice rega				5b	
	Organizations relying on a current notice regarding disa					j
С	If the answer is "Yes" to question 5a(4), does the		•	1 1 1	$\neg_{No} \mid  $	
	because it maintained expenditure responsibility for the				J 70	
	If "Yes," attach the statement required by Regulations so					
6a	Did the foundation, during the year, receive any fu	•	• • • •	ms	X No	
	on a personal benefit contract?					x
b	Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contr	act?	<u>6b</u>	_ <u></u> ^
	If "Yes" to 6b, file Form 8870			П., Г	ਚਾ	
	At any time during the tax year, was the foundation a	• •			X No	v
	If "Yes," did the foundation receive any proceeds or ha					X
Pai	Information About Officers, Directors	ors, Trustees, Fot	indation Manager	s, rignly Palo	Employees,	
1	List all officers, directors, trustees, foundation		r compensation (se			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pl and deferred compen	lans (e) Expense	
ATC	н 8			a	d	0
				·		
				<u> </u>		
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lir			ne, enter
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions employee bene plans and defen	efit (e) Expense	
		devoted to position	——————————————————————————————————————	compensation	1	
	NONE	<u> </u>	 			
			1		ı ı	
		<u> </u>		<u> </u>		
				1		
		-				
				T		
				1		
		•				

## LINDA T. WATSON FAMILY FOUNDATION

Form 9	90-PF (2014)	Page 7
Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		ļ <u>.</u>
<del>-</del>		
Total	number of others receiving over \$50,000 for professional services	<u> </u>
Part	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 1	NOTE: THE ONLY ACTIVITY OF THE FOUNDATION WAS DONATING	
	TO VARIOUS ORGANIZATIONS THAT WERE SELECTED BY THE TRUSTEES.	
2	THERE WERE NO DIRECT EXPENSES INCURRED IN MAKING THESE	
_ [	DONATIONS.	
_		
3		
_	<del></del>	
4		
	Mark Comment of the C	<u> </u>
	IX-B Summary of Program-Related Investments (see instructions)	Amount
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  NONE	Amount
1 _ :	NOIND	
2		
All	other program-related investments. See instructions	
3 1	NONE	
·		
	······································	
Total	Add lines 1 through 3	

Page 8

Pari	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	4,485.
	Average of monthly cash balances	1b	577,892.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	582,377.
е	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		3	582,377.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		-
	instructions)	4	8,736.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	573,641.
6	Minimum investment return. Enter 5% of line 5	6	28,682.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here  and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	28,682.
2a			
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	- 686.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	27,996.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	27,996.
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	27,996.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	83,550.
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	83,550.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del></del>	· · · · · · · · · · · · · · · · · · ·
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	83,550.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculating whether t	he foundation

## LINDA T. WATSON FAMILY FOUNDATION

Page 9 Form 990-PF (2014) Part XIII Undistributed Income (see instructions) (b) (c) (a) 2014 Years prior to 2013 2013 Corpus Distributable amount for 2014 from Part XI, 27,996. Undistributed income, if any, as of the end of 2014 2 Enter amount for 2013 only . . Total for pnor years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014 89,420 From 2009 . . . . . . 71,210. From 2010 . . . . . . 112,071. From 2011 . . . . . . 90,420. From 2012 . . . . . . 83,483. e From 2013 . . . . . . . . . . 446,604 Total of lines 3a through e . . . . . . . . . . . . Qualifying distributions for 2014 from Part XII, 83,550. line 4 ▶ \$ a Applied to 2013, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions)..... Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . 27,996. d Applied to 2014 distributable amount . . . . . 55,554. e Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 502,158. Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b 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 Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions . . . . . . . . . . . . f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 ......... 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) . . . . . . . . . . . . Excess distributions carryover from 2009 not 89,420 applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. 412,738 Subtract lines 7 and 8 from line 6a . . . . . . . Analysis of line 9 71,210. a Excess from 2010 . . . 112,071. b Excess from 2011 . . . 90,420. Excess from 2012 . . . 83,483. Excess from 2013 . . . 55,554. e Excess from 2014 . . .

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year - see instructions.)

## Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

## LINDA WATSON

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

Form 990-PF (2014)

vear listed b 85% of line 2a

2 a Enter the lesser of the ad-

justed net income from Part Lor the minimum investment return from Part X for each

C Qualifying distributions from Part XII, line 4 for each year listed . d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets . . (2) Value of assets qualifying under section 4942(j)(3)(B)(i). . . b "Endowment" alternative testenter 2/3 of minimum investment return shown in Part X line 6 for each year listed . . . C "Support" atternative test - enter (1) Total support other than gross investment income (interest, dividends, rents payments on securities loans (section 512(a)(5)), or royalties) . . . . (2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(m) . . . . . (3) Largest amount of support from an exempt organization.... (4) Gross investment income

## 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

ATCH 10

c Any submission deadlines

ATCH 11

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

NO RESTRICTIONS

014)	Page 1
Supplementary Information (continued)	

Recipient a recording distribution of the part of the	3 Grants and Contributions Paid Duri	If recipient is an individual	oved for r		
Total ▶ 3a 92,900.  Total ▶ 3a 92,900.		show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Total		or substantial contributor	recipient		
Total	a Faid during the year				
Total	ATCH 12				
b Approved for future payment  Total					
b Approved for future payment  Total					
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Total			<del></del>	<u></u> ► 3a	82,900.
	b Approved for future payment				
			1		
		}		Į.	
			1		
	Total	<u> </u>	<u> </u>	▶ 3b	

art XVI-A Analysis of Income-Producter gross amounts unless otherwise indicated	T	ed business income	Excluded by s	ection 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
Program service revenue				-	(See instructions )
a			+	<del></del>	
b	ļ				
c					
d	1		<del> </del>		
	<del>                                     </del>		<del>                                     </del>		
	<del>                                     </del>	<del></del>	<del>   </del> -		
G Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments	<del></del>		14	5,608.	
Dividends and interest from securities	<del></del>		<del></del>		·
Net rental income or (loss) from real estate				<del></del>	
Debt-financed property		<del></del>	<del></del>	<del> </del>	
Not debt-financed property		·			
let rental income or (loss) from personal property			<del></del>		
Other investment income	1	··	18	-1,267.	
Gain or (loss) from sales of assets other than inventory					· · · · · · · · · · · · · · · · · · ·
Net income or (loss) from special events	[ ]	<del></del>	<del></del>		<del></del>
Gross profit or (loss) from sales of inventory	<del>                                     </del>		<del> </del>		
Other revenue a	<del></del>		+		
			<del></del>		<del></del>
			<del>-     -</del>	<del></del>	
	i I				
d					
Gubtotal Add columns (b), (d), and (e)	culations )				4,3
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calce  rt XVI-B Relationship of Activities  the No. Explain below how each activities	culations) s to the Acc	complishment of E	xempt Purpos	ses of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated the columns (b).  Relationship of Activities	culations) s to the Acc	complishment of E	xempt Purpos	ses of Part XVI-A contribu	ted importantly to
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Part	XVII	Information Exempt Org		ansfers To and T	ransacti	ons and	d Relation	iships With Non	charii	table	<b>;</b>
1 D	old the	<del></del>		engage in any of the	following	with an	y other orga	anization described		Yes	No
				section 501(c)(3) org							
		rations?	0000 (01110) 1110//		,	-,	,	, , , , , , , , , , , , , , , , , , ,	1 1		
	•		rting foundation to	o a noncharitable exe	not organ	zation of			] ]		1
		•	-						1a(1)		Х
											Х
		ransactions							1		
			noncharitable eve	emnt organization					15(1)		Х
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		•						should always show			<b>—</b> —
								dation received less			
								s, other assets, or s			
								sfers, transactions, and sha			
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt organ	ization	N/A	cription of trans	siers, transactions, and sna	nng arra	ngeme	nts
		- IN / M	<del></del>	<del></del>		N/A		<del></del>			
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		£		ffile And with an index							
			•	ffiliated with, or relat				organizations		. <b>T</b>	No
				other than section 501	(c)(3)) or	in section	152//		YE	es <u>r</u>	] 140
b !!	<u>"Yes</u>	" complete the fo		T	<del></del>	<del></del>					
		(a) Name of organiz	ation	(b) Type of org	janization			(c) Description of relation	ship		
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								to the best of my knowled	ge and b	elief, it	is true,
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## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

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

OMB No 1545-0047

Employer identification number

Name of the organization		Employer identification number
LINDA T. WATSON FA		43-6816063
Organization type (check o		43 0010003
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation
	527 political organization	
Form 990-PF X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a pri	ivate foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year property) from any one contributor. Complete Parts Land III	
contributor's tota	ey or property) from any one contributor. Complete Parts I and II is a contributions.	See instructions for determining a
Special Rules		
regulations under 13, 16a, or 16b, \$5,000 or (2) 2%	on described in section 501(c)(3) filing Form 990 or 990-EZ that resections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A and that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-on described in section 501(c)(7), (8), or (10) filing Form 990 or 9	A (Form 990 or 990-EZ), Part II, line contributions of the greater of (1) -EZ, line 1 Complete Parts I and II
	ig the year, total contributions of more than \$1,000 <i>exclusively</i> for tional purposes, or the prevention of cruelty to children or animals	
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 9 g the year, contributions exclusively for religious, charitable, etc., lied more than \$1,000. If this box is checked, enter here the total or an exclusively religious, charitable, etc., purpose. Do not completelies to this organization because it received nonexclusively religious in more during the year	purposes, but no such contributions that were received ete any of the parts unless the us, charitable, etc, contributions
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules do nust answer "No" on Part IV, line 2, of its Form 990, or check the , to certify that it does not meet the filing requirements of Schedule	oes not file Schedule B (Form 990, box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization LINDA T. WATSON FAMILY FOUNDATION
C/O ASSURED MANAGEMENT COMPANY

Employer identification number 43-6816063

	C/O ASSURED MANAGEMENT COMPANY		43-6816063
Part I	Contributors (see instructions) Use duplicate copies of Pa	irt I if additional space is nee	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	LINDA WATSON  1901 W. 47TH PLACE, SUITE 200  WESTWOOD, KS 66205	\$100,225.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization LINDA T. WATSON FAMILY FOUNDATION C/O ASSURED MANAGEMENT COMPANY

Employer identification number 43-6816063

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is nee	eaea
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	950 SHS VANGUARD GROWTH ETF		
		\$100,225.	12/04/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization LINDA T. WATSON FAMILY FOUNDATION
C/O ASSURED MANAGEMENT COMPANY

Employer identification number 43-6816063

Part III	Exclusively religious, charitable, etc.	, contributions to o	rganizations desc	ribed in section 501(c)(7), (8), or (10)	
	that total more than \$1,000 for the y	ear from any one	contributor. Comp	lete columns (a) through (e) and the	
	following line entry For organizations				
	contributions of \$1,000 or less for the			ee instructions ) ► \$	
	Use duplicate copies of Part III if addit	ional space is neede	ed		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
			<b>-</b>		
		(e) Transf	er of gift	14.10	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, as	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relation		nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	

AND INTEREST FROM SECURITES	
PART I - DIVIDENDS A	
FORM 990PF, 1	

	NET	INVESTMENT	INCOME	5,605.	5,608.
REVENUE	AND	EXPENSES	PER BOOKS	5,605.	5,608.
					TOTAL
			DESCRIPTION	DIVIDENDS	

ATTACHMENT 1 PAGE 20

# ATTACHMENT

## - ACCOUNTING FEES PART I FORM 990PF,

CHARITABLE PURPOSES	.059	650.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	650.	650.
REVENUE AND EXPENSES PER BOOKS	1,300.	1,300.
		TOTALS
DESCRIPTION	TAX CONSULTING FEES	

43-6816063

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

FEDERAL TAXES PAID

DESCRIPTION

406.

TOTALS

406.

	4	
ļ	IENT	
	ATTACHM	
	TA	
	A	

- OTHER ASSETS PART II FORM 990PF,

ORGANIZATION COSTS LESS: ACCUMULATED AMORTIZATION DESCRIPTION

TOTALS

	UE
ING	VAI
ENI	OK A
	윘

ENDING

1,500.

1,500.

ATTACHMENT 4 PAGE 23

ATTACHMENT 5

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

BOOK ADJUSTMENTS 1,461.

TOTAL 1,461.

## ATTACHMENT 6

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

FOUNDATION IS EXEMPT FROM FILING UNDER THE KANSAS REGULATIONS

PART VII-A,

FORM 990PF,

43-6816063

ATTACHMENT 7

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

LINDA WATSON 1901 W. 47TH PLACE, SUITE 200 WESTWOOD, KS 66205

ATTACHMENT 7 PAGE 26

ATTACHMENT 8 PAGE 27

FORM 990PF, PART VIII - LIST OF OFFICERS,	DIRECTORS, AND TRUST		ATTACHMENT ATTACHMENT CONTRIBUTIONS EXPE	EXPENSE ACCT
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	TO EMPLOYEE BENEFIT PLANS	ALLOWANCES
LINDA WATSON C/O ASSURED MANAGEMENT COMPANY 1901 WEST 47TH PLACE, SUITE 200 WESTWOOD, KS 66205	CO-TRUSTEE 1.00	0	0	0
MARGARET E WATSON C/O ASSURED MANAGEMENT COMPANY 1901 WEST 47TH PLACE, SUITE 200 WESTWOOD, KS 66205	CO-TRUSTEE 1.00	0	0	0
CHARLES E RUBIN C/O ASSURED MANAGEMENT COMPANY 1901 WEST 47TH PLACE, SUITE 200 WESTWOOD, KS 66205	CO-TRUSTEE 1.00	0	0	0
ARNOLD H BROWN C/O ASSURED MANAGEMENT COMPANY 1901 WEST 47TH PLACE, SUITE 200 WESTWOOD, KS 66205	CO-TRUSTEE 1.00	0	0	0
	GRAND TOTALS	0	0	0

43-6816063

## ATTACHMENT 9

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

CHARLES E RUBIN, ASSURED MANAGEMENT 1091 WEST 47TH PLACE, SUITE 200 WESTWOOD, KS 66205 913-432-1020

ATTACHMENT 10

## 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

SEE 2(A) ABOVE WRITTEN REQUEST NAMING THE CHARITY AND ITS PURPOSE AND PROPOSED USE OF THE REQUESTED FUNDS.

ATTACHMENT 11

## 990PF, PART XV - SUBMISSION DEADLINES

SEE 2(A) ABOVE REQUESTS MUST BE SUBMITTED BY NOVEMBER 1ST TO BE CONSIDERED FOR THE YEAR ENDING DECEMBER 31ST.

43-6816063

LINDA WATSON FAMILY FOUNDATION A STATEMENT MADE PART OF FORM 990-PF U.S. RETURN OF PRIVATE FOUNDATION FOR THE YEAR ENDED DECEMBER 31, 2014

## PAGE 11, PART XV - GRANTS AND CONTRIBUTIONS PAID

For the year ended December 31, 2014, the following contributions were made to the listed charitable organizations

<u>NAME</u>	TYPE OF ORGANIZATION	AMOUNT	PURPOSE
American Red Cross 2025 E Street, NW Washington, DC 20006	PC	2,500	Preventing and relieving suffering, here at home and around the world
Barstow School, The 11511 State Line Road Kansas City, MO 64114	PC .	1,000	To promote sound scholarship and to give symmetrical development to mind, body and character.
Boys & Girls Club of Greater KC 6301 Rockhill Road, Suite 303 Kansas City, MO 64131	PC	1,000	To provide a fun, safe environment for kids to learn, play, grow and meet new friends.
Camp Watcha Wanna-Do PO Box 11166 Fort Wayne, IN 46856-1166	PC	500	To provide support to every child living with cancer, their families and communities
Children's Mercy Hospital Resource Development Office 2401 Gillham Road Kansas City, MO 64108	PC	1,000	Provides comprehensive pedriatic care
Folly Theatre 300 West 12th Street Kansas City, MO 64105	PC	10,000	To preserve Kansas City's oldest historic theatre
Gillis 8150 Wornall Road Kansas City, MO 64114	PC	1,500	Assisting troubled children and their families to become healthy and self-sufficient.
Kansas City CARE Clinic 3515 Broadway Kansas City, MO 64111	PC	1,000	Promotes health and wellness by providing quality Care, Access, Research, and Education to the underserved and all people in our community.

Harvesters P.O Box 87-9025 Kansas City, MO 64187	PC	2,000	To feed hungry people today and work to end hunger tomorrow
Jewish Federation of GKC 5801 West 115th Street Overland Park, KS 66211	PC	2,600	To sustain and enhance Jewish life at home and around the world
Kansas City Chorale 5601 Wyandotte, Suite 412 Kansas City, MO 64113	PC	13,000	Creates concert programs and recordings that educate, engage and inspire listeners
Kansas City Hospice 1625 W. 92nd St Kansas City, MO 64114	PC	3,000	Providing comfort and care to the seriously ill and their families in the Greater Kansas City area
Kauffman Center - Skylight 906 Grand Blvd , 11th Floor Kansas City, MO 64106	PC	25,000	To offer extraordinary and diverse performing arts experiences
KC Ronald McDonald House 2501 Cherry Street Kansas City, MO 64108	PC	500	To reduce the burden of childhood illness on children and their families
KCPT 125 E 31st St Kansas City, MO 64108	PC	1,000	Using the power of telecommunications to enrich people's lives
Kemper Museum 4420 Warwick Blvd. Kansas City, MO 64111	PC	500	Exhibits a growing permanent collection and offers a variety of educational programs
Mayo Foundation 200 1st St SW #W4 Rochester, MN 55905	PC	2,000	To provide the best care to every patient.
Midwest Center for Holocaust 5801 West 115th Street, Ste 106 Overland Park, KS 66211	PC	500	Teaches the history of the Holocaust
Nelson Gallery Foundation 4525 Oak Street Kansas City, MO 64111	PC	2,850	To being a vital partner in the educational and cultural life of Kansas City.
Nerman Museum of Contemporary Art 12345 College Blvd Overland Park, KS 66210	PC	1,000	To be an academic resource for students and faculty, and a cultural center for exhibiting works of contemporary art

The New Reform Temple 7100 Main Street Kansas City, MO 64114	PC	1,950	To practice Reform Judaism, as its members understand it
Salvation Army 3637 Broadway Kansas City, MO 64108	PC	3,000	Taking care of the of the physical and emotional needs of the hungry and homeless
United Way 434 Minnesota Kansas City, KS 66101	PC	5,000	To improve education. To help people achieve financial stability. Promote healthy lives.
Veterans of Foreign Wars 406 West 34th Street, Suite 514 Kansas City, MO 64111	PC	500	To advocate on behalf of all veterans
TOTAL CONTRIBUTIONS		\$ 82,900	

## **SCHEDULE D** (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

**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.

LINDA T. WATSON FAMILY FOUNDATION

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

(	O ASSURED MANAGEMENT COMPANY			43-681606	63	
Note	: Form 5227 filers need to complete only Parts I and II					
Par	Short-Term Capital Gains and Losses - Asse	ets Held One Year	or Less			
the I	instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Pa		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	nole dollars			line 2, column (	(g)	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 <b>Box C</b> checked					
4	Short-term capital gain or (loss) from Forms 4684, 62	52, 6781, and 8824			4	
5 6	Net short-term gain or (loss) from partnerships, S corp Short-term capital loss carryover Enter the amoun Carryover Worksheet	nt, if any, from line	e 9 of the 2013	Capital Loss	5 6	()
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back				7	
		-4- II-I-I MA The	- O V			
Pai	t II Long-Term Capital Gains and Losses - Asse	ets Held Wore Tha	an One Year	,		r
See the I	instructions for how to figure the amounts to enter on nes below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr	om	(h) Galn or (loss) Subtract column (e) from column (d) and
See the I This	instructions for how to figure the amounts to enter on	(d)	(e)	Adjustments	om art II,	Subtract column (e)
See the I This to w	instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents	(d) Proceeds	(e) Cost	Adjustments to gain or loss fr Form(s) 8949, Pa	om art II,	Subtract column (e) from column (d) and combine the result with
See the I This to w	instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents note dollars  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	(d) Proceeds	(e) Cost	Adjustments to gain or loss fr Form(s) 8949, Pa	om art II,	Subtract column (e) from column (d) and combine the result with
See the I This to w 8a	form may be easier to complete if you round off cents note dollars  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.  Totals for all transactions reported on Form(s) 8949	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	Adjustments to gain or loss fr Form(s) 8949, Pa	om art II,	Subtract column (e) from column (d) and combine the result with column (g)
See the I This to w 8a	form may be easier to complete if you round off cents note dollars  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.  Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	Adjustments to gain or loss fr Form(s) 8949, Pa	om art II,	Subtract column (e) from column (d) and combine the result with column (g)
See the I This to w 8a	Instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents hole dollars  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.  Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds (sales price)  205,116.	(e) Cost (or other basis)	Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (	om art II,	Subtract column (e) from column (d) and combine the result with column (g)
See the I This to w 8a 8b 9	Instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents note dollars  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.  Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds (sales price) 205, 116.	(e) Cost (or other basis)	Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (	om art II, (g)	Subtract column (e) from column (d) and combine the result with column (g)
See the I This to w 8a  8b  9  10	Instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents note dollars  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.  Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds (sales price)  205, 116.  84, 6252, 6781, and other e	(e) Cost (or other basis)  175,759.	Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (	11_	Subtract column (e) from column (d) and combine the result with column (g)
See the I This to w 8a 8b 9 10 11	Instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents nole dollars  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.  Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds (sales price)  205,116.  84, 6252, 6781, and orations, and other e	(e) Cost (or other basis)  175,759.  18824	Adjustments to gain or loss fr Form(s) 8949, Pa Inne 2, column (	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
See the I This to w 8a 8b 9 10 11 12 13 14	Instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents nole dollars  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.  Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds (sales price)  205,116.  84, 6252, 6781, and orations, and other e	(e) Cost (or other basis)  175,759.  18824 estates or trusts 14 of the 2013 column (h) Enter	Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (	111 12	Subtract column (e) from column (d) and combine the result with column (g)

	ule D (Form 1041) 2014				Page 2
Par	Summary of Parts I and II  Caution: Read the instructions before completing this pa	art.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
47			(566 11511)	Of trusts	
	Net short-term gain or (loss)	17		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Net long-term gain or (loss):	400			29,357.
	Total for year	18a			23,337.
	• • • • • • • • • • • • • • • • • • • •	18b 18c		<del></del>	
	28% rate gain	19	<del></del>	<del></del>	29,357.
Note	If line 19 column (3) is a net gain, enter the gain on Form 1041, line 4	(or Fo	rm 990-T. Part I. line 4	la) If lines 18a and 1	19. column (2), are ne
gaıns,	go to Part V, and do not complete Part IV If line 19, column (3), is a n	et loss	, complete Part IV and	d the Capital Loss Ca	arryover Worksheet, as
neces Par				· · · · · · · · · · · · · · · · · · ·	·
الغيا 20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	ort L i	no do if a trust) the ex	naller of	
	The loss on line 19, column (3) or b \$3,000	alti, ii	ne 40, ii a trust), the <b>sr</b>	20 (	)
Note	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041,	page	1, line 22 (or Form 99)	0-T, line 34), is a loss	complete the Capita
	Carryover Worksheet in the instructions to figure your capital loss carryover			<del></del>	<del></del>
Par					<del></del>
	1041 filers. Complete this part only if both lines 18a and 19 in col			imount is entered in	n Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more ion: Skip this part and complete the <b>Schedule D Tax Workshee</b> t in the i				
	her line 18b, col. (2) or line 18c, col. (2) is more than zero, or	115ti u	AIOTIS II		
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	990-T trusts. Complete this part only if both lines 18a and 19 a	ге qa	ins, or qualified divi	dends are included	In income in Part
	rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part				
ıf eıth	er 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	4)	. 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				
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23 24				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 25	_			
26	Subtract line 25 from line 24 If zero or less, enter -0	<del></del>	. 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	taxed	at 0%	▶ 30	
31	Enter the smaller of line 21 or line 26		. 31		
32	Subtract line 30 from line 26		. 32		
33	Enter the smaller of line 21 or \$12,150		. 33		
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0		. 35		
36	Enter the smaller of line 32 or line 35		. 36		
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 $$ If zero or less, enter -0- $$		. 40		
41	Multiply line 40 by 20%			▶ 41	
42	Figure the tax on the amount on line 27 $$ Use the 2014 Tax Rate Schedule for		k I		
	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				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
45	Tax on all taxable income. Enter the smaller of line 43 or line 44				
	G, line 1a (or Form 990-T, line 36)	<u></u>	<del> </del>		
				Schedu	le D (Form 1041) 2014

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side LINDA T. WATSON FAMILY FOUNDATION

Social security number or taxpayer identification number 43-6816063

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)

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term Part II 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

[]	<b>(</b>	(D)	Long-term	transac	tions r	eported	on Form(	s)	1099-B	showing	basis was	reported	l to	the	IRS	(see Note above	)
$\overline{}$	$\neg$																

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if as If you enter an ar enter a code See the separ	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
950 SHS VANGUARD GROWT ETF	05/23/2013	12/04/2014	99,098.	77,079.			22,019
100,000 SHS CHARLESTON SC BE	04/30/2009	01/08/2014	106,018.	98,680.			7,338
2 Totals. Add the amounts in colu (subtract negative amounts) Einclude on your Schedule D, line checked), line 9 (if Box E above	nter each tota e 8b (if Box D	il here and Dabove is	205,116	175,759.			29,357.

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

## LINDA T. WATSON FAMILY FOUNDATION

FORM 990-PF - PART IV

Kınd of F			Descri	ь Б	Date acquired	Date sold		
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	U	Gain or (loss)	
99,098.			GUARD GROWTH				05/23/2013 22,019.	12/04/201
106,018.		100,000 SHS 98,680.	CHARLESTON	SC BE			04/30/2009 7,338.	01/08/201
OTAL GAIN(L	oss)						29,357.	