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Form 990-PF

## Return of Private Foundation

## or Section 4947(a)(1) Trust Treated as Private Foundation

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2014

Open to Public  
Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation O'BRATE FOUNDATION		A Employer identification number 46-1631934		
Number and street (or P O box number if mail is not delivered to street address) PO BOX 1271		B Telephone number (see instructions) (620) 408-8381		
C If exemption application is pending, check here ► <input type="checkbox"/>				
D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>				
E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>				
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>				
<b>G Check all that apply</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>H Check type of organization</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 101,855</b>		<b>J Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	
Revenue		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
1	Contributions, gifts, grants, etc , received (attach schedule)	485,041		
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B			
3	Interest on savings and temporary cash investments			
4	Dividends and interest from securities.			
5a	Gross rents			
b	Net rental income or (loss) _____			
6a	Net gain or (loss) from sale of assets not on line 10			
b	Gross sales price for all assets on line 6a			
7	Capital gain net income (from Part IV, line 2)	0		
8	Net short-term capital gain			
9	Income modifications			
10a	Gross sales less returns and allowances			
b	Less Cost of goods sold			
c	Gross profit or (loss) (attach schedule)			
11	Other income (attach schedule)			
12	<b>Total.</b> Add lines 1 through 11	485,041	0	
			0	
<b>Operating and Administrative Expenses</b>				
13	Compensation of officers, directors, trustees, etc	0	0	0
14	Other employee salaries and wages	102,158	0	102,158
15	Pension plans, employee benefits	18,116	0	18,116
16a	Legal fees (attach schedule)	7,491	0	7,491
b	Accounting fees (attach schedule)			
c	Other professional fees (attach schedule)			
17	Interest			
18	Taxes (attach schedule) (see instructions)			
19	Depreciation (attach schedule) and depletion	10,112	5,047	7,389
20	Occupancy	5,836	0	5,836
21	Travel, conferences, and meetings	29,819	0	32,176
22	Printing and publications			
23	Other expenses (attach schedule)	6,683	0	6,741
24	<b>Total operating and administrative expenses.</b>	180,215	5,047	7,389
	Add lines 13 through 23			172,518
25	Contributions, gifts, grants paid	376,981		376,981
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	557,196	5,047	7,389
27	Subtract line 26 from line 12	-72,155		
a	<b>Excess of revenue over expenses and disbursements</b>			
b	<b>Net investment income</b> (if negative, enter -0-)	0		
c	<b>Adjusted net income</b> (if negative, enter -0-)			0

Assets	Part III Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing . . . . .		142,176	59,921	59,921
2	Savings and temporary cash investments . . . . .				
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 ►				
8	Inventories for sale or use . . . . .		22,185	8,500	8,500
9	Prepaid expenses and deferred charges . . . . .			10,000	10,000
10a	Investments—U S and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule) . . . . .				
c	Investments—corporate bonds (attach schedule) . . . . .				
11	Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans . . . . .				
13	Investments—other (attach schedule) . . . . .				
14	Land, buildings, and equipment basis ►	50,298			
	Less accumulated depreciation (attach schedule) ►	13,272			
			22,077	37,026	23,434
15	Other assets (describe ►) . . . . .				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		186,438	115,447	101,855
Liabilities					
17	Accounts payable and accrued expenses . . . . .				1,164
18	Grants payable . . . . .				
19	Deferred revenue . . . . .				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule) . . . . .				
22	Other liabilities (describe ►) . . . . .				
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0		1,164
Net Assets or Fund Balances					
24	Unrestricted . . . . .				
25	Temporarily restricted . . . . .				
26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here ►</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
27	Capital stock, trust principal, or current funds . . . . .		0		0
28	Paid-in or capital surplus, or land, bldg , and equipment fund		0		0
29	Retained earnings, accumulated income, endowment, or other funds		186,438		114,283
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .		186,438		114,283
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		186,438		115,447

**Part III. 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 agree with end-of-year figure reported on prior year's return) . . . . .	1	186,438
2	Enter amount from Part I, line 27a . . . . .	2	-72,155
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3 . . . . .	4	114,283
5	Decreases not included in line 2 (itemize) ►	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	114,283

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
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**1a**


<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

<b>(i)</b> FMV as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>If gain, also enter in Part I, line 7</b> <b>If (loss), enter -0- in Part I, line 7</b>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<b>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8</b>	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2013			
2012	0	0	0 000000
2011			
2010			
2009			

<b>2</b> Total of line 1, column (d).	<b>2</b>
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	<b>4</b>
<b>5</b> Multiply line 4 by line 3.	<b>5</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>
<b>7</b> Add lines 5 and 6.	<b>7</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b>

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>		1	0
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	2	0
3	Add lines 1 and 2. . . . .	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	0
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	10,000
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d. . . . .	7	10,000
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	10,000
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> 0 <b>Refunded</b> <input type="checkbox"/>	11	10,000

**Part VII-A Statements Regarding Activities**

		<b>Yes</b>	<b>No</b>
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
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .	1b	No
<i>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.</i>			
1c	Did the foundation file <b>Form 1120-POL</b> 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 <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6	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? . . . . .	6	Yes
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> KS		
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? <i>If "No," attach explanation.</i>	8b	Yes
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)? <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> <input type="checkbox"/>	10	Yes

**Part 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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►WWW OBRATEFOUNDATION.ORG	13	Yes	
14	The books are in care of ►KYLIE BOYD Located at ►519 W MARY STREET SUITE 103 GARDEN CITY KS	Telephone no ►(620) 408-8381 ZIP +4 ►67846		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year. . . . . ►	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ►	16	Yes	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1a</b>	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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	1b	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? . . . . .	1c	No
<b>2</b>	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))		
<b>a</b>	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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	2b	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</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 if the foundation had excess business holdings in 2014). . . . .	3b	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? . . . . .	4b	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . .		5b	
c	Organizations relying on a current notice regarding disaster assistance check here. . . . . ►			
	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DEANNA KUDER 13319 US HWY 166 ARKANSAS CITY, KS 67005	FORMER EXECUTIVE DIR 45 00	67,383	5,390	0
<b>Total</b> number of other employees paid over \$50,000. . . . .				0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(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. . . . .	▶	0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Activity Description	Amount
1 SCHOLARSHIPS THE O'BRATE FOUNDATION INVITES YOUTHS WITH LIMITED RESOURCES STRIVING TO CONTINUE THEIR EDUCATIONAL CAREERS TO MAKE APPLICATION FOR FINANCIAL AID SO THEY MAY FURTHER THEIR EDUCATION/TECHNICAL TRAINING TO ATTAIN THEIR PERSONAL GOALS AND BECOME A SUCCESSFUL MEMBER OF SOCIETY. DURING 2014, 50 INDIVIDUALS RECEIVED SCHOLARSHIPS AND ASSISTANCE THROUGH THIS PROGRAM	261,163
2 IMMEDIATE NEEDS THE O'BRATE FOUNDATION WILL CONSIDER, ON AN INDIVIDUAL BASIS, ADDRESSING URGENT OR CRISIS SITUATIONS FOR YOUTH (AGES 17-25) IN ORDER TO CREATE THE STABILITY OF LIVING IN A SAFE ENVIRONMENT AND CONTINUING THEIR EDUCATIONAL/CAREER GOALS DURING 2014, APPROXIMATELY 52 INDIVIDUALS RECEIVED ASSISTANCE THROUGH THIS PROGRAM	115,818
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Investment Description	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	97,923
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	97,923
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	97,923
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	1,469
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	96,454
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	4,823

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	4,823
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	4,823
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	4,823
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	4,823

**Part XII 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	549,499
b	Program-related investments—total from Part IX-B. . . . .	1b	0
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		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	549,499
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	549,499
	<b>Note:</b> 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		

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7				4,823
<b>2</b> Undistributed income, if any, as of the end of 2014			0	
<b>a</b> Enter amount for 2013 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009. . . . .				
<b>b</b> From 2010. . . . .				
<b>c</b> From 2011. . . . .				
<b>d</b> From 2012. . . . .				
<b>e</b> From 2013. . . . .	285,105			
<b>f Total of lines 3a through e. . . . .</b>	285,105			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ► \$ 549,499			0	
<b>a</b> Applied to 2013, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2014 distributable amount. . . . .				4,823
<b>e</b> Remaining amount distributed out of corpus	544,676			
<b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:	829,781			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b> 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .	0			
<b>9</b> Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	829,781			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010. . . . .				
<b>b</b> Excess from 2011. . . . .				
<b>c</b> Excess from 2012. . . . .				
<b>d</b> Excess from 2013. . . . .	285,105			
<b>e</b> Excess from 2014. . . . .	544,676			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
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.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 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))

CECIL O'BRATE

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

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

Check here  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 email address of the person to whom applications should be addressed

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines

See Additional Data Table

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

See Additional Data Table

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	376,981
<b>b Approved for future payment</b>				
<b>Total</b> . . . . .			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Line number	Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue	a _____ b _____ c _____ d _____ e _____ f _____						
g Fees and contracts from government agencies							
2 Membership dues and assessments. . . . .							
3 Interest on savings and temporary cash investments . . . . .							
4 Dividends and interest from securities. . . . .							
5 Net rental income or (loss) from real estate							
a Debt-financed property. . . . .							
b Not debt-financed property. . . . .							
6 Net rental income or (loss) from personal property. . . . .							
7 Other investment income. . . . .							
8 Gain or (loss) from sales of assets other than inventory . . . . .							
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory. . . . .							
11 Other revenue a _____ b _____ c _____ d _____ e _____							
12 Subtotal Add columns (b), (d), and (e). . . . .			0			0	
13 Total Add line 12, columns (b), (d), and (e). . . . .				13		0	0

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash. . . . .	1a(1)	No
(2) Other assets. . . . .	1a(2)	No
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	No
(4) Reimbursement arrangements. . . . .	1b(4)	No
(5) Loans or loan guarantees. . . . .	1b(5)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	1c	No

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

\* \* \* \* \*

2015-05-11

\* \* \* \* \*

Signature of officer or trustee

Date

## Title

May the IRS discuss this  
return  
with the preparer shown  
below  
(see instr.)?  Yes  No

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name  
GALEN M PEFFER

Preparer's Signature

Dat

Check if se  
employed ►

PTIN  
P0029065

Firm's name ►  
ADAMS BROWN BERAN AND BALL CHTD

Firm's EIN ► 48-104013

Firm's address ►

Phone no (785) 628-304

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
CECIL O'BRATE	TRUSTEE 10 00	0	0	0
PO BOX 399 GARDEN CITY, KS 67846				
JENNIFER O'BRATE	TRUSTEE 2 00	0	0	0
605 RIDGE VIEW DR LOUISVILLE, CO 80027				
MARK O'BRATE	TRUSTEE 2 00	0	0	0
7411 S 108TH E AVE TULSA, OK 74133				
THOMAS M WILLIS	TRUSTEE 2 00	0	0	0
901 APOLLO ST LIBERAL, KS 67901				
JOSEPH L ERSKIN	TRUSTEE 10 00	0	0	0
2404 N BELMONT PL GARDEN CITY, KS 67846				
EDWARD CONDON	TRUSTEE 5 00	0	0	0
4510 BELLEVUE AVE STE 204 KANSAS CITY, MO 64111				

**Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

**a** The name, address, and telephone number of the person to whom applications should be addressed

KYLIE BOYD O'BRATE FOUNDATION EXECU  
PO BOX 1271  
GARDEN CITY, KS 678461271  
(620) 408-8381

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

GRANT APPLICATIONS ARE TO BE COMPLETED ONLINE. THE INFORMATION SHOULD INCLUDE DETAIL ON THE IMMEDIATE AND EMERGENCY NEEDS OF THE APPLICANT, AS WELL AS THE PURPOSE OF THE AID REQUESTED. THE FINANCIAL NEED FOR THE APPLICANT IS ALSO VERIFIED EITHER THROUGH THE FREE/REDUCED MEAL PROGRAM PARTICIPATION AT SCHOOL, TAX RETURNS THAT SHOW IRS ADJUSTED GROSS INCOME AT THE POVERTY LEVEL, OR MONTHLY INCOME STATEMENTS PROVIDED THAT SHOW THE APPLICANT IS AT OR BELOW THE POVERTY LEVEL

**c** Any submission deadlines

NONE AS THE PROGRAM IS OPEN AND ONGOING

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

NONE AT THIS TIME. THE PROGRAM IS EVIDENCE-BASED REGARDING NEED ON AN INDIVIDUAL APPLICATION BASIS

**a** The name, address, and telephone number of the person to whom applications should be addressed

KYLIE BOYD O'BRATE FOUNDATION EXECU  
PO BOX 1271  
GARDEN CITY, KS 678461271  
(620) 408-8381

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

GRANT APPLICATIONS ARE TO BE COMPLETED ONLINE THE INFORMATION SHOULD INCLUDE THE NUMBER OF MEMBERS IN THE APPLICANT'S FAMILY, THE NUMBER OF FAMILY MEMBERS IN COLLEGE, THE ACCREDITED EDUCATIONAL INSTITUTION WHERE THE APPLICANT IS PLANNING TO ENROLL, THE APPLICANT'S EXPECTED MAJOR AND GRADUATION DATE AND YEAR, INFORMATION REGARDING THE APPLICANT'S RANK WITHIN THE HIGH SCHOOL GRADUATING CLASS, ACADEMIC INFORMATION RELATING TO HIGH SCHOOL (I E , ACT/SAT SCORE AND GRADE POINT AVERAGE), IF CURRENTLY IN COLLEGE, THE APPLICANT'S COLLEGE GPA (BOTH CUMULATIVE AND WITHIN MAJOR), FINANCIAL INFORMATION (ESTIMATED COLLEGE EXPENSES, AS WELL AS ESTIMATED ANNUAL RESOURCES RECEIVED), AND A PERSONAL ESSAY EXPLAINING THE APPLICANT'S NEED FOR ASSISTANCE

**c** Any submission deadlines

THE FALL SCHOLARSHIP APPLICATION HAD A DEADLINE OF SEPTEMBER 15TH, AND THE SPRING OF DECEMBER 15TH

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

NONE AT THIS TIME

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ADRIAN ROSAS 1309 6TH AVE DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	2,146
ADRIANA TORRES PO BOX 754 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	IMMEDIATE NEED	2,035
ALEXANDRA CERVANTES 9 N SEVERANCE ST APT B HUTCHINSON, KS 67504	NONE	GENERAL PUBLIC	IMMEDIATE NEED	1,000
ALYSIA COOK 322 W 27TH ST HAYS, KS 67601	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
ANA ORDAZ 220 MARSH AVE KINSLEY, KS 67547	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	2,509
ANAISA MELENDEZ PO BOX 583 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	IMMEDIATE NEED	284
ANDREA JONES 1005 AVENUE B DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	IMMEDIATE NEED	372
ANDRES SALDIVAR 1906 VINZANT ST GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
ANGELICA PEREZ 2700 AVE A APT E8 DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	IMMEDIATE NEED	1,282
ANNA GONZALEZ PO BOX 423 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,500
ASHLEE BEAN 1706 E MAGGIE ST APT 2 GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
ASHLEY BELL 703 N INMAN SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	IMMEDIATE NEED	921
ASHLEY CLANTON 402 N 10TH ST APT B MANHATTAN, KS 66502	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	3,638
AVERY DOVER 1725 W 52ND HAYS, KS 67601	NONE	GENERAL PUBLIC	IMMEDIATE NEED	5,052
AVIGAEL GONZALEZ PO BOX 534 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	3,500
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BAYLEE BRISENO 912 N CEDAR MEDICINE LODGE, KS 67104	NONE	GENERAL PUBLIC	IMMEDIATE NEED	2,328
BERNADETTE CHINN 302 S BELMONT WICHITA, KS 67218	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	6,726
BRENNA BETTS PO BOX 391 FOWLER, KS 67844	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
BRIANA JOHNSON 204 S YORK APT A OBERLIN, KS 67749	NONE	GENERAL PUBLIC	IMMEDIATE NEED	1,100
BRIANNA BEEBE 402 E ELM HAVILAND, KS 67059	NONE	GENERAL PUBLIC	IMMEDIATE NEED	2,846
BRITTINIE NICHOLS 1706 N B ST GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,000
BROOKE WILLIAMS 720 W EDWARDS AVE KINSLEY, KS 67547	NONE	GENERAL PUBLIC	IMMEDIATE NEED	987
CAMILA GONZALEZ 125 S MONROE HUGOTON, KS 67951	NONE	GENERAL PUBLIC	IMMEDIATE NEED	435
CHARLOTTE WILCZEK 339 CR 7 MINNEOLA, KS 68765	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
CHEYENNE MCCULLEY 1801 SW JEWELL AVE TOPEKA, KS 66604	NONE	GENERAL PUBLIC	IMMEDIATE NEED	4,600
CLARISSA WERTH 810 E 4TH ST KINSLEY, KS 67547	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	4,000
CORY HEIM PO BOX 343 FOWLER, KS 67844	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	1,070
DESTINY BRANNAN 815 N MULLBERRY OTTAWA, KS 66067	NONE	GENERAL PUBLIC	IMMEDIATE NEED	5,323
DYLAN PATEL 1408 JONES AVE GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
ELDY LEYVA PO BOX 424 SYRACUSE, KS 67878	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ELIZABETH WILCZEK 339 CR 7 MINNEOLA, KS 68765	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
EMILY ARAGON PO BOX 71 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
ENRIQUE GUAJARDO PO BOX 671 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	IMMEDIATE NEED	971
ERIC GOMEZ 1010 W WASHINGTON LIBERAL, KS 67901	NONE	GENERAL PUBLIC	IMMEDIATE NEED	237
ERICA WHALER PO BOX 1103 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
ERIK ESPINOSA 405 DAVIS ST GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	4,500
ERIK ROBERTS 719 EAST 1ST AVE HUTCHINSON, KS 67501	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	3,128
ERIKA MENDOZA 303 CHURCH ST SCOTT CITY, KS 67871	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	9,376
FRANCISCO GRANADOS PO BOX 51 FOWLER, KS 67844	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,500
GABRIEL GONZALEZ 1512 N 12TH GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	IMMEDIATE NEED	765
GABRIEL MARQUEZ 501 N WALNUT MEDICINE LODGE, KS 67104	NONE	GENERAL PUBLIC	IMMEDIATE NEED	675
GARY HARLEY 1008 CENTER ST GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	4,500
GINO DILORENZO 2020 N PERIMETER D40811 WICHITA, KS 67208	NONE	GENERAL PUBLIC	IMMEDIATE NEED	4,170
GRETA PETERS 1334 S WINTERBROOKE OLATHE, KS 66062	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
GRETCHEN HAMMER 33213 TOWER RD ARKANSAS CITY, KS 67005	NONE	GENERAL PUBLIC	IMMEDIATE NEED	465
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
GUSTAVO FERIA 1505 N 8TH STREET GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
HANNAH WHITAKER 524 PETERS AVE TRIBUNE, KS 67879	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,500
HARLE WILLIAMS 614 EAST 8TH ST KINSLEY, KS 67547	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
HENRY FRIESEN PO BOX 641 MONTEZUMA, KS 67867	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	3,330
HILDA GONZALEZ PO BOX 156 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
HOPE HORINEK PO BOX 597 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
HUNTER LILE 777 W 175TH ST S CALDWELL, KS 67022	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	9,042
INDIGENT PERSONS - TOTALS PAID LESS PO BOX 1271 GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	IMMEDIATE NEED	11,803
JACEY BISHOP 102 S GRANT ST HANSTON, KS 67849	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
JACOB SEYFERTH 2105 SUNFLOWER ST GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
JAMES NGUYEN 1103 LABRADOR BLVD GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
JANETH ROSALES 125 S ROOSEVELT LIBERAL, KS 67901	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
JASMINE HERNANDEZ 709 E CURTIS LIBERAL, KS 67901	NONE	GENERAL PUBLIC	IMMEDIATE NEED	394
JESSICA ALARCON 1409 N 2ND AVE DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	IMMEDIATE NEED	620
JESSICA HUTCHISON 503 E 7TH ST KINSLEY, KS 67547	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	3,500
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
JOCELYN ZAIDA ALCALA-MACIAS 306 A E BECKNELL ST SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	IMMEDIATE NEED	3,154
JONATHAN TROTTER 4128 SW 6TH AVE 204 TOPEKA, KS 66606	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
JOSE LOPEZ 910 AVE H DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	4,689
JOSE RAMOS PO BOX 370 SYRACUSE, KS 67878	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	4,000
JUAN VINCNTE-RAMOS 4101 E HWY 50 - LOT 79 GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,500
JUANA LANDEROS 24 UNION ST EMPORIA, KS 66801	NONE	GENERAL PUBLIC	IMMEDIATE NEED	1,838
JULIO MORALES 115 S WESTERN 41 LIBERAL, KS 67901	NONE	GENERAL PUBLIC	IMMEDIATE NEED	323
JYLEESA HAMPTON 3100 OUSDAHL APT 131 LAWRENCE, KS 66046	NONE	GENERAL PUBLIC	IMMEDIATE NEED	2,567
KARINA MALDONADO PO BOX 124 MONTEZUMA, KS 67867	NONE	GENERAL PUBLIC	IMMEDIATE NEED	2,135
KATIA DOMINGUEZ 611 CAMPUS DR GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,400
KAYLA CORDES 408 EVANS GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
KAYLEE SEYFERTH 2105 SUNFLOWER ST GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
KAYLYN PROVINCE PO BOX 535 ASHLAND, KS 67831	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
KELSEY SMITH P9 OAKLEY, KS 67748	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,500
KIM HANG 3323 IOWA ST LOT 115 LAWRENCE, KS 66046	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
KYLE STOKES 206 PIKE ST SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	500
KYLER LINE 855 OEDING PLACE GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	3,000
KYSHIA PRIETO 1518 PIONEER RD GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	4,000
LAKIN PAGE 1007 W 16TH WELLINGTON, KS 67152	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
LAURA MEZA-VEGA 807 4TH AVE DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,000
LUIS DELAROSA 309 N 11TH ST GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
LYDIA GOULD PO BOX 327 SYRACUSE, KS 67878	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
MADISON WHITE PO BOX 483 ELKHART, KS 67950	NONE	GENERAL PUBLIC	IMMEDIATE NEED	249
MADISON WITZKE PO BOX 973 HOLCOMB, KS 67851	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
MALLORY TAYLOR 820 N OAK MEDICINE LODGE, KS 67104	NONE	GENERAL PUBLIC	IMMEDIATE NEED	5,802
MANDEE SAUSEDOD PO BOX 188 MOSCOW, KS 67952	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,000
MANUEL CARRILLO TURNER 14570 N TAOS RD HEALY, KS 67850	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,000
MARCO MERAZ 108 W LA MESA DR DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
MARIA ANGULO 605 S HARRISON ST HUGOTON, KS 67951	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	2,558
MARIA LARA 140 W WALNUT LIBERAL, KS 67901	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	5,345
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MARIA VINCENTE-RAMOS 4101 E HWY 50 - LOT 79 GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,500
MARIAH DAVIS 121 RD LL SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	3,500
MARIAH OCHOA 2209 S ROCK ROAD 916 WICHITA, KS 67207	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	3,500
MARISSA SANCHEZ PO BOX 732 ELKHART, KS 67950	NONE	GENERAL PUBLIC	IMMEDIATE NEED	249
MARKI ANTON P2169 RD 20 MOSCOW, KS 67952	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,000
MARY OWSTON 1006 E 15TH APT A HAYS, KS 67601	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	4,864
MATILDA HALL 2417 BELMONT PLACE GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
MATTIE RINGWALD 13004 WILBURN RD BUCKLIN, KS 67834	NONE	GENERAL PUBLIC	IMMEDIATE NEED	1,000
MEGHAN HANNA 2140 DAHLIA LANE LIBERAL, KS 67901	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
MELISSA SANCHEZ PO BOX 81 ELKHART, KS 67950	NONE	GENERAL PUBLIC	IMMEDIATE NEED	249
MICHAEL BEELER 652 GOODNOW HALL MANHATTAN, KS 66506	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	847
MIKALENA MARTINEZ 1249 RD 100 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	4,500
NATALIE MARTINEZ 308 E FRANKLIN AVE SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	500
NEPHTALY GOMEZ 513 S GILMORE BAZINE, KS 67514	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	5,498
NICOLE BETTS PO BOX 391 FOWLER, KS 67844	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
PERLA SOSA PO BOX 214 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	IMMEDIATE NEED	526
PETER THIESSEN MARTENS 208 S AZTEC ST MONTEZUMA, KS 67867	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,037
RAELYNN CARRELL BOX 254 INGALLS, KS 67853	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
REBECCA TORRES 2774 202 BERSCHEL AVE SALINA, KS 67401	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	2,903
REBEKAH WARNER PO BOX 249 ELKHART, KS 67950	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,000
REGAN MATTESON PO BOX 1143 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	IMMEDIATE NEED	284
RILEY MATTESON PO BOX 1143 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	5,000
ROBERT MCKENZIE 305 N CHICAGO ST COLDWATER, KS 67029	NONE	GENERAL PUBLIC	IMMEDIATE NEED	2,494
ROCK STRECKER JR 309 PINE ST SPEARVILLE, KS 67876	NONE	GENERAL PUBLIC	IMMEDIATE NEED	400
SARAH JENNINGS 102 EAST C ST ELLINWOOD, KS 67526	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	3,510
SARAH PATTERSON 412 N KINGMAN HAVILAND, KS 67059	NONE	GENERAL PUBLIC	IMMEDIATE NEED	4,896
SARAH WILCZEK 339 CR 7 MINNEOLA, KS 68765	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
SAVANNAH ARDERY 2356 RD 30 COPELAND, KS 67837	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,000
SAVANNAH DWYRE BOX 264 INGALLS, KS 67853	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
SHAWN HOOK 258 E AVE KINGMAN, KS 67068	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	4,610
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

## 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SHAYLEE MEYERS 212 WEST 1ST KINSLEY, KS 67547	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	1,000
SHELBY HULL PO BOX 1464 ELKHART, KS 67950	NONE	GENERAL PUBLIC	IMMEDIATE NEED	2,000
SKYLAR YOUNKMAN 310 LAURA LANE HOLCOMB, KS 67851	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
STEELE WARD 701 N 9TH ST 12 MANHATTAN, KS 67502	NONE	GENERAL PUBLIC	IMMEDIATE NEED	1,692
TAYLOR WILLIAMSON 1747 ROAD 240 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
TIMOTHY SIEBUHR 211 STANLEY DR ARKANSAS CITY, KS 67005	NONE	GENERAL PUBLIC	IMMEDIATE NEED	465
TRALE YOST 1212 US HIGHWAY 283 MINNEOLA, KS 67865	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,500
TREVOR LEVERETT PO B272 SUBLETTE, KS 67877	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	2,000
VICTOR ORDAZ 220 MARSH AVE KINSLEY, KS 67547	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	2,509
WHITNEY WILSON 714 PROSPECT GARDEN CITY, KS 67846	NONE	GENERAL PUBLIC	IMMEDIATE NEED	100
YOMIARA ROSAS 1107 MERCHANT ST 8 EMPORIA, KS 66801	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED	8,586
ZETH HARPER 310 W 8TH ST LARNED, KS 67550	NONE	GENERAL PUBLIC	IMMEDIATE NEED	1,572
ZULEMA SAMANIEGO 1302 MIDDLE RD DODGE CITY, KS 67801	NONE	GENERAL PUBLIC	SCHOLARSHIP FOR HIGHER EDUCATION	3,500
<b>Total . . . . .</b>			<b>► 3a</b>	<b>376,981</b>

## Schedule of Contributors

OMB No 1545-0047

2014

- 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](http://www.irs.gov/form990).

**Name of the organization**

**Employer identification number**

46-1631934

**Organization type (check one)**

### **Filers of:**

## Section:

Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ► \$

**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)

<b>Name of organization</b> O'BRATE FOUNDATION	<b>Employer identification number</b> 46-1631934
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<b>Part I</b> <b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
<b>(a)</b> No.	<b>(b)</b> Name, address, and ZIP + 4	<b>(c)</b> Total contributions	<b>(d)</b> Type of contribution
1	PALMER AMERICAN HOLDING PO BOX 399 GARDEN CITY, KS 67846	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	BADLANDS CAPITAL MANAGEMENT LLC 2216 WEST BLACK ROCK SIOUX FALLS, SD 57108	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	DUKE DRILLING PO BOX 823 GREAT BEND, KS 67530	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	EVAN NOLL PO BOX 1351 HAYS, KS 67601	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
5	AMERICAN WARRIOR PO BOX 399 GARDEN CITY, KS 67846	\$ 120,274	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

**Name of organization**  
O'BRATE FOUNDATION

**Employer identification number**

46-1631934

**Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed**

(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization O'BRATE FOUNDATION		Employer identification number 46-1631934	
<b>Part III</b> <b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.</b> Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► Use duplicate copies of Part III if additional space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
		<b>(e) Transfer of gift</b> Transferee's name, address, and ZIP 4 _____ _____ _____	
		Relationship of transferor to transferee _____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
		<b>(e) Transfer of gift</b> Transferee's name, address, and ZIP 4 _____ _____ _____	
		Relationship of transferor to transferee _____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
		<b>(e) Transfer of gift</b> Transferee's name, address, and ZIP 4 _____ _____ _____	
		Relationship of transferor to transferee _____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	—	—	—
		<b>(e) Transfer of gift</b> Transferee's name, address, and ZIP 4 _____ _____ _____	
		Relationship of transferor to transferee _____ _____ _____	

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2014

Attachment  
Sequence No 179► Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).Name(s) shown on return  
O'BRATE FOUNDATIONBusiness or activity to which this form relates  
FORM 990-PF PAGE 1Identifying number  
46-1631934

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	1	500,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29 . . . . .	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8		
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 . . . . .	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12		
13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ► [13] . . . . .	13		

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ► [ ]		

## Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		See Add'l Data				
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs		S/L		
h Residential rental property		27 5 yrs	MM	S/L		
		27 5 yrs	MM	S/L		
i Nonresidential real property		39 yrs	MM	S/L		
			MM	S/L		

## Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year		12 yrs		S/L		
c 40-year		40 yrs	MM	S/L		

## Part IV Summary (see instructions.)

21 Listed property Enter amount from line 28 . . . . .	21	5,100
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	10,112
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			

**26 Property used more than 50% in a qualified business use**

2012 TOYOTA CAMRY	2013-02-15	100 000 %	25,237	25,237	5 0	200 DB-HY	5,100	
		%						
		%						

**27 Property used 50% or less in a qualified business use**

	%			S/L -				
	%			S/L -				
	%			S/L -				

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28** 5,100

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					

43 Amortization of costs that began before your 2014 tax year	43
44 Total. Add amounts in column (f) See the instructions for where to report	44

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 46-1631934  
**Name:** O'BRATE FOUNDATION

### Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>b</b> 5-year property		2,464	5 0	HY	200 DB	493
<b>b</b> 5-year property		22,597	5 0	HY	200 DB	4,519

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2014 Depreciation Schedule

**Name:** O'BRATE FOUNDATION

**EIN:** 46-1631934

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
2012 TOYOTA CAMRY	2013-02-15	25,237	3,160	200DB	5 000000000000	5,100	5,047	5,047	
TELEPHONE SYSTEM	2014-11-05	2,464		200DB	5 000000000000	493	0	82	
2014 TOYOTA CAMRY	2014-07-08	22,597		200DB	5 000000000000	4,519	0	2,260	

**TY 2014 Land, Etc. Schedule****Name:** O'BRATE FOUNDATION**EIN:** 46-1631934

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
2012 TOYOTA CAMRY	25,237	8,260	16,977	
TELEPHONE SYSTEM	2,464	493	1,971	
2014 TOYOTA CAMRY	22,597	4,519	18,078	

## TY 2014 Legal Fees Schedule

**Name:** O'BRATE FOUNDATION

**EIN:** 46-1631934

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL AND PROFESSIONAL FEES	7,491	0	0	7,491

## TY 2014 Other Expenses Schedule

**Name:** O'BRATE FOUNDATION

**EIN:** 46-1631934

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICES CHARGES	71	0	0	71
BUSINESS FEES	1,450	0	0	1,450
POSTAGE	285	0	0	285
OFFICE SUPPLIES	4,367	0	0	4,425
ADVERTISING	510	0	0	510

## TY 2014 Substantial Contributors Schedule

**Name:** O'BRATE FOUNDATION

**EIN:** 46-1631934

Name	Address
PALMER AMERICAN HOLDING	PO BOX 399 GARDEN CITY, KS 67846
AMERICAN WARRIOR	PO BOX 399 GARDEN CITY, KS 67846
CECIL O'BRATE	PO BOX 399 GARDEN CITY, KS 67846