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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

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

|   |  |  |  |
|---|--|--|--|
| Name of foundation<br>O'BRATE FOUNDATION  |  | <b>A Employer identification number</b><br><br>46-1631934  |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>PO BOX 1271   |  | <b>B Telephone number</b> (see instructions)<br><br>(620) 408-8381   |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>GARDEN CITY, KS 67846   |  | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>  |  |
| <b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| <b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>   |  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 101,855  |  | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>  |  |
| <b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)   |  |  |  |

| Part I Analysis of Revenue and Expenses (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 | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue   | <b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .                          | 485,041                            |                           |                         |   |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments  |                                    |                           |                         |   |
|   | <b>4</b> Dividends and interest from securities. . . . .   |                                    |                           |                         |   |
|   | <b>5a</b> Gross rents . . . . .  |                                    |                           |                         |   |
|   | <b>b</b> Net rental income or (loss) _____   |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10  |                                    |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a _____   |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2) . . . .  |                                    | 0                         |                         |   |
|   | <b>8</b> Net short-term capital gain . . . . .   |                                    |                           |                         |   |
|   | <b>9</b> Income modifications . . . . .  |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances   |                                    |                           |                         |   |
|   | <b>b</b> Less Cost of goods sold . . . . .   |                                    |                           |                         |   |
|   | <b>c</b> Gross profit or (loss) (attach schedule) . . . . .  |                                    |                           |                         |   |
|   | <b>11</b> Other income (attach schedule) . . . . .   |                                    |                           |                         |   |
|   | <b>12 Total.</b> Add lines 1 through 11 . . . . .  | 485,041                            | 0                         | 0                       |   |
| Operating and Administrative Expenses   | <b>13</b> Compensation of officers, directors, trustees, etc   | 0                                  | 0                         | 0                       | 0   |
|   | <b>14</b> Other employee salaries and wages . . . . .  | 102,158                            | 0                         | 0                       | 102,158   |
|   | <b>15</b> Pension plans, employee benefits . . . . .   | 18,116                             | 0                         | 0                       | 18,116  |
|   | <b>16a</b> Legal fees (attach schedule) . . . . .  | 7,491                              | 0                         | 0                       | 7,491   |
|   | <b>b</b> Accounting fees (attach schedule) . . . . .   |                                    |                           |                         |   |
|   | <b>c</b> Other professional fees (attach schedule) . . . . .   |                                    |                           |                         |   |
|   | <b>17</b> Interest . . . . .   |                                    |                           |                         |   |
|   | <b>18</b> Taxes (attach schedule) (see instructions) . . . .   |                                    |                           |                         |   |
|   | <b>19</b> Depreciation (attach schedule) and depletion . . .   | 10,112                             | 5,047                     | 7,389                   |   |
|   | <b>20</b> Occupancy . . . . .  | 5,836                              | 0                         | 0                       | 5,836   |
|   | <b>21</b> Travel, conferences, and meetings . . . . .  | 29,819                             | 0                         | 0                       | 32,176  |
|   | <b>22</b> Printing and publications . . . . .  |                                    |                           |                         |   |
|   | <b>23</b> Other expenses (attach schedule) . . . . .   | 6,683                              | 0                         | 0                       | 6,741   |
|   | <b>24 Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . .                | 180,215                            | 5,047                     | 7,389                   | 172,518   |
|   | <b>25</b> Contributions, gifts, grants paid . . . . .  | 376,981                            |                           |                         | 376,981   |
|   | <b>26 Total expenses and disbursements.</b> Add lines 24 and 25  | 557,196                            | 5,047                     | 7,389                   | 549,499   |
|   | <b>27</b> Subtract line 26 from line 12  |                                    |                           |                         |   |
|   | <b>a Excess of revenue over expenses and disbursements</b>   | -72,155                            |                           |                         |   |
|   | <b>b Net investment income</b> (if negative, enter -0-)  |                                    | 0                         |                         |   |
|   | <b>c Adjusted net income</b> (if negative, enter -0-)  |                                    |                           | 0                       |   |

| Part II 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 |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .   | 142,176           | 59,921         | 59,921                |
|                             | 2   | Savings and temporary cash investments . . . . .  |                   |                |                       |
|                             | 3   | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____   |                   |                |                       |
|                             | 4   | Pledges receivable ▶ _____<br>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) ▶ _____<br>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 ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____               |                   |                |                       |
|                             | 12  | Investments—mortgage loans . . . . .  |                   |                |                       |
|                             | 13  | Investments—other (attach schedule) . . . . .   |                   |                |                       |
|                             | 14  | Land, buildings, and equipment basis ▶ _____ 50,298<br>Less accumulated depreciation (attach schedule) ▶ 13,272                   | 22,077            | 37,026         | 23,434                |
| Liabilities                 | 15  | Other assets (describe ▶ _____)   |                   |                |                       |
|                             | 16  | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)  | 186,438           | 115,447        | 101,855               |
|                             | 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 ▶ _____)  |                   |                |                       |
| Net Assets or Fund Balances | 23  | Total liabilities (add lines 17 through 22) . . . . .   | 0                 | 1,164          |                       |
|                             |     | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.     |                   |                |                       |
|                             | 24  | Unrestricted . . . . .  |                   |                |                       |
|                             | 25  | Temporarily restricted . . . . .  |                   |                |                       |
|                             | 26  | Permanently restricted . . . . .  |                   |                |                       |
|                             |     | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.       |                   |                |                       |
|                             | 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  | Total net assets or fund balances (see instructions) . . . . .  | 186,438           | 114,283        |                       |
|                             | 31  | Total liabilities and net assets/fund balances (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

|   |   |   |  |                                  |
|---|---|---|--|----------------------------------|
| (a) 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) How acquired<br>P—Purchase<br>D—Donation    | (c) Date acquired<br>(mo , day, yr )   | (d) Date sold<br>(mo , day, yr ) |
| 1a  |   |   |  |                                  |
|   |   |   |  |                                  |
|   |   |   |  |                                  |
|   |   |   |  |                                  |
|   |   |   |  |                                  |
|   |   |   |  |                                  |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)  | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)   |                                  |
| a   |   |   |  |                                  |
| b   |   |   |  |                                  |
| c   |   |   |  |                                  |
| d   |   |   |  |                                  |
| e   |   |   |  |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                       |   |   | (i) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |                                  |
| (i) F M V as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col (i)<br>over col (j), if any   |  |                                  |
| a   |   |   |  |                                  |
| b   |   |   |  |                                  |
| c   |   |   |  |                                  |
| d   |   |   |  |                                  |
| e   |   |   |  |                                  |
| 2   | Capital gain net income or (net capital loss) <div><div>If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7</div></div>  |   | 2  |                                  |
| 3   | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><div><div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br/>in Part I, line 8 . . . . .</div></div> |   | 3  |                                  |

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

|   |   |  |   |  |
|---|---|--|---|--|
| (a)<br>Base period years Calendar<br>year (or tax year beginning in)  | (b)<br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |  |
| 2013  |   |  |   |  |
| 2012  | 0   | 0  | 0 000000  |  |
| 2011  |   |  |   |  |
| 2010  |   |  |   |  |
| 2009  |   |  |   |  |
| 2   | Total of line 1, column (d). . . . .  |  | 2   |  |
| 3   | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years . . . . . |  | 3   |  |
| 4   | Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .   |  | 4   |  |
| 5   | Multiply line 4 by line 3. . . . .  |  | 5   |  |
| 6   | Enter 1% of net investment income (1% of Part I, line 27b). . . . .   |  | 6   |  |
| 7   | Add lines 5 and 6. . . . .  |  | 7   |  |
| 8   | Enter qualifying distributions from Part XII, line 4. . . . .   |  | 8   |  |
| 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<br>the Part VI instructions |   |  |   |  |

Part VIExcise 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 ☐ and enter "N/A" on line 1

Date of ruling or determination letter (attach copy of letter if necessary—see instructions)

1

0

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ 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

Tax based on investment income. 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 penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

9

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

10

10,000

11

Enter the amount of line 10 to be credited to 2015 estimated tax. 0 Refunded

11

10,000

Part VII-AStatements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

1b

No

c

Did the foundation file Form 1120-POL for this year?

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  
(1) On the foundation \$ 0 (2) On foundation managers \$ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?  
If "Yes," attach a detailed description of the activities.

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? If "Yes," attach a conformed copy of the changes.

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 Form 990-T for this year?

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?  
If "Yes," attach the statement required by General Instruction T.

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? If "Yes," complete Part II, col. (c), and Part XV.

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions).  
KS

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)?  
If "Yes," complete Part XIV

9

No

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

10

Yes

Form 990-PF (2014)

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?   | 13 | Yes |    |
| Website address ▶ WWW OBRATEFOUNDATION ORG  |   |    |     |    |
| 14  | The books are in care of ▶ KYLIE BOYD Telephone no ▶ (620) 408-8381<br>Located at ▶ 519 W MARY STREET SUITE 103 GARDEN CITY KS ZIP +4 ▶ 67846   |    |     |    |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/>  |    |     |    |
|   | 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? | 16 | Yes | No |
| 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 ▶ |   |    |     |    |

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 |
| 1a  | 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   | 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | 1b |     |    |
| 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | 1c |     | No |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))  |    |     |    |
| a   | 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   | 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 2b |     |    |
| c   | 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____  |    |     |    |
| 3a  | 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   | 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i> ) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 3b |     |    |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4a |     | No |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from 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  |  |    |
|    | Organizations relying on a current notice regarding disaster assistance check here.  | <input checked="" type="checkbox"/>                                 |  |    |
| c  | 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            |  |    |
|    | If "Yes," attach the statement required by Regulations section 53.4945–5(d).   |   |  |    |
| 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 |  |    |
| b  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 6b  |  | No |
|    | If "Yes" to 6b, file Form 8870.  |   |  |    |
| 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 |  |    |
| b  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  | 7b  |  |    |

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   | FORMER EXECUTIVE  | 67,383                                    | 5,390   | 0                                     |
| 13319 US HWY 166   | DIR   |   |   |                                       |
| ARKANSAS CITY,KS 67005   | 45 00   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
| Total 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.   | Expenses |
| 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 | 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 | Total (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 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                | 5  | 96,454 |
| 6 | Minimum investment return. 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  | Distributable amount 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 | Qualifying distributions. 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 | Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .  | 6  | 549,499 |

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

Part XIII

Undistributed Income (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7  |               |                            |             | 4,823       |
| 2 Undistributed income, if any, as of the end of 2014   |               |                            |             |             |
| a Enter amount for 2013 only. . . . .   |               |                            | 0           |             |
| b Total for prior years 20____, 20____, 20____  |               | 0                          |             |             |
| 3 Excess distributions carryover, if any, to 2014   |               |                            |             |             |
| a From 2009. . . . .  |               |                            |             |             |
| b From 2010. . . . .  |               |                            |             |             |
| c From 2011. . . . .  |               |                            |             |             |
| d From 2012. . . . .  |               |                            |             |             |
| e From 2013. . . . .  |               |                            |             | 285,105     |
| f Total of lines 3a through e. . . . .  | 285,105       |                            |             |             |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 549,499  |               |                            |             |             |
| a Applied to 2013, but not more than line 2a  |               |                            | 0           |             |
| b Applied to undistributed income of prior years (Election required—see instructions). . . . .  |               | 0                          |             |             |
| c Treated as distributions out of corpus (Election required—see instructions). . . . .  | 0             |                            |             |             |
| d Applied to 2014 distributable amount. . . . .   |               |                            |             | 4,823       |
| e Remaining amount distributed out of corpus  | 544,676       |                            |             |             |
| 5 Excess distributions carryover applied to 2014<br>(If an amount appears in column (d), the same amount must be shown in column (a).)  | 0             |                            |             | 0           |
| 6 Enter the net total of each column as indicated below:  |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 829,781       |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b. . . . .  |               | 0                          |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .   |               | 0                          |             |             |
| e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .   |               |                            | 0           |             |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .   |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .      | 0             |                            |             |             |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .   | 0             |                            |             |             |
| 9 Excess distributions carryover to 2015.<br>Subtract lines 7 and 8 from line 6a . . . . .  | 829,781       |                            |             |             |
| 10 Analysis of line 9   |               |                            |             |             |
| a Excess from 2010. . . .   |               |                            |             |             |
| b Excess from 2011. . . .   |               |                            |             |             |
| c Excess from 2012. . . .   |               |                            |             |             |
| d Excess from 2013. . . .   |               |                            |             | 285,105     |
| e Excess from 2014. . . .   |               |                            |             | 544,676     |

Part XIVPrivate 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 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

|    | Tax year  | Prior 3 years |          |          | (e) Total |
|----|---|---------------|----------|----------|-----------|
|    | (a) 2014  | (b) 2013      | (c) 2012 | (d) 2011 |           |
| 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 XVSupplementary 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)                 |   |                                |                                  |         |
| a Paid during the year<br>See Additional Data Table |   |                                |                                  |         |
| Total . . . . .                                     |   |                                | 3a                               | 376,981 |
| b Approved for future payment                       |   |                                |                                  |         |
| Total . . . . .                                     |   |                                | 3b                               | 0       |

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

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?

|  |              |  |           |
|--|--------------|--|-----------|
| <b>(1)</b> Cash. . . . .   | <b>1a(1)</b> |  | <b>No</b> |
| <b>(2)</b> Other assets. . . . .   | <b>1a(2)</b> |  | <b>No</b> |
| <b>b</b> Other transactions  |              |  |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                         | <b>1b(1)</b> |  | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                   | <b>1b(2)</b> |  | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                               | <b>1b(3)</b> |  | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .   | <b>1b(4)</b> |  | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .   | <b>1b(5)</b> |  | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .             | <b>1b(6)</b> |  | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . . | <b>1c</b>    |  | <b>No</b> |

[illegible]

**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.

|   |   |   |  |
|---|---|---|--|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>*****</span> <span>2015-05-11</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature of officer or trustee</span> <span>Date</span> </div> | ➡ | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>*****</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Title</span> </div> | <div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below<br/> (see instr )? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> </div> |
|---|---|---|--|

|  |                      |      |  |                   |
|--|----------------------|------|--|-------------------|
| Print/Type preparer's name<br>GALEN M PFEIFER  | Preparer's Signature | Date | Check if self-employed <input checked="" type="checkbox"/> | PTIN<br>P00290658 |
| Firm's name <input checked="" type="checkbox"/><br>ADAMS BROWN BERAN AND BALL CHTD   |                      |      | Firm's EIN <input checked="" type="checkbox"/> 48-1040139  |                   |
| Firm's address <input checked="" type="checkbox"/><br>PO BOX 1186 HAYS, KS 676011186 |                      |      | Phone no (785) 628-3046                                    |                   |

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

| (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 |
|--|---|---|---|---------------------------------------|
| CECIL O'BRATE                                      | TRUSTEE<br>10 00  | 0   | 0   | 0                                     |
| PO BOX 399<br>GARDEN CITY,KS 67846                 |   |   |   |                                       |
| JENNIFER O'BRATE                                   | TRUSTEE<br>2 00   | 0   | 0   | 0                                     |
| 605 RIDGE VIEW DR<br>LOUISVILLE,CO 80027           |   |   |   |                                       |
| MARK O'BRATE                                       | TRUSTEE<br>2 00   | 0   | 0   | 0                                     |
| 7411 S 108TH E AVE<br>TULSA,OK 74133               |   |   |   |                                       |
| THOMAS M WILLIS                                    | TRUSTEE<br>2 00   | 0   | 0   | 0                                     |
| 901 APOLLO ST<br>LIBERAL,KS 67901                  |   |   |   |                                       |
| JOSEPH L ERSKIN                                    | TRUSTEE<br>10 00  | 0   | 0   | 0                                     |
| 2404 N BELMONT PL<br>GARDEN CITY,KS 67846          |   |   |   |                                       |
| EDWARD CONDON                                      | TRUSTEE<br>5 00   | 0   | 0   | 0                                     |
| 4510 BELLEVIEW AVE STE 204<br>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</b> <i>Paid during the year</i>   |   |                                |   |         |
| ADRIAN ROSAS 1309 6TH AVE<br>DODGE CITY,KS 67801   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED | 2,146   |
| ADRIANA TORRES PO BOX 754<br>SUBLETTE,KS 67877   | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 2,035   |
| ALEXANDRA CERVANTES 9 N SEVERANCE ST APT B<br>HUTCHINSON,KS 67504  | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 1,000   |
| ALYSIA COOK 322 W 27TH ST<br>HAYS,KS 67601   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 2,500   |
| ANA ORDAZ 220 MARSH AVE<br>KINSLEY,KS 67547  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED | 2,509   |
| ANAISA MELENDEZ PO BOX 583<br>SUBLETTE,KS 67877  | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 284     |
| ANDREA JONES 1005 AVENUE B<br>DODGE CITY,KS 67801  | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 372     |
| ANDRES SALDIVAR 1906 VINZANT ST<br>GARDEN CITY,KS 67846  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| ANGELICA PEREZ 2700 AVE A APT E8<br>DODGE CITY,KS 67801  | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 1,282   |
| ANNA GONZALEZ PO BOX 423<br>SUBLETTE,KS 67877  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 1,500   |
| ASHLEE BEAN 1706 E MAGGIE ST APT 2<br>GARDEN CITY,KS 67846   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| ASHLEY BELL 703 N INMAN<br>SUBLETTE,KS 67877   | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 921     |
| ASHLEY CLANTON 402 N 10TH ST APT B<br>MANHATTAN,KS 66502   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED | 3,638   |
| AVERY DOVER 1725 W 52ND<br>HAYS,KS 67601   | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 5,052   |
| AVIGAEEL GONZALEZ PO BOX 534<br>SUBLETTE,KS 67877  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 3,500   |
| <b>Total . . . . .</b>  <b>3a</b> |   |                                |   | 376,981 |

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</b> <i>Paid during the year</i>   |   |                                |   |         |
| 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> |   |                                |   | 376,981 |


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


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| 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</b> <i>Paid during the year</i>                                 |   |                                |   |         |
| GUSTAVO FERIA 1505 N 8TH STREET<br>GARDEN CITY,KS 67846              | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| HANNAH WHITAKER 524 PETERS AVE<br>TRIBUNE,KS 67879                   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 1,500   |
| HARLE WILLIAMS 614 EAST 8TH ST<br>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 . . . . . ▶ 3a</b>  |   |                                |   | 376,981 |


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

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| <b>a</b> <i>Paid during the year</i>   |   |                                |   |         |
| KYLE STOKES 206 PIKE ST<br>SUBLETTE,KS 67877   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 500     |
| KYLER LINE 855 OEDING PLACE<br>GARDEN CITY,KS 67846  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 3,000   |
| KYSHIA PRIETO 1518 PIONEER RD<br>GARDEN CITY,KS 67846  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 4,000   |
| LAKIN PAGE 1007 W 16TH<br>WELLINGTON,KS 67152  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| LAURA MEZA-VEGA 807 4TH AVE<br>DODGE CITY,KS 67801   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 2,000   |
| LUIS DELAROSA 309 N 11TH ST<br>GARDEN CITY,KS 67846  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| LYDIA GOULD PO BOX 327<br>SYRACUSE,KS 67878  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| MADISON WHITE PO BOX 483<br>ELKHART,KS 67950   | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 249     |
| MADISON WITZKE PO BOX 973<br>HOLCOMB,KS 67851  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| MALLORY TAYLOR 820 N OAK<br>MEDICINE LODGE,KS 67104  | NONE  | GENERAL PUBLIC                 | IMMEDIATE NEED                                      | 5,802   |
| MANDEE SAUSED0 PO BOX 188<br>MOSCOW,KS 67952   | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 1,000   |
| MANUEL CARRILLO TURNER 14570<br>N TAOS RD<br>HEALY,KS 67850  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 2,000   |
| MARCO MERAZ 108 W LA MESA DR<br>DODGE CITY,KS 67801  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION                    | 5,000   |
| MARIA ANGULO 605 S HARRISON<br>ST<br>HUGOTON,KS 67951  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED | 2,558   |
| MARIA LARA 140 W WALNUT<br>LIBERAL,KS 67901  | NONE  | GENERAL PUBLIC                 | SCHOLARSHIP FOR HIGHER EDUCATION AND IMMEDIATE NEED | 5,345   |
| <b>Total . . . . .</b>  <b>3a</b> |   |                                |   | 376,981 |

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| Name and address (home or business)  |   |                                |   |         |
| <b>a</b> Paid during the year  |   |                                |   |         |
| 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> |   |                                |   | 376,981 |



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

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

|   |  |   |
|---|--|---|
| <div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> | <div>OMB No 1545-0047</div> <div>2014</div> |
|---|--|---|

|   |   |
|---|---|
| <div>Name of the organization</div> <div>O'BRATE FOUNDATION</div> | <div>Employer identification number</div> <div>46-1631934</div> |
|---|---|

Organization type (check one)

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

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<sup>1</sup>/<sub>3</sub>% 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><br>O'BRATE FOUNDATION | <b>Employer identification number</b><br>46-1631934 |
|---|---|

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed |                            |   |
|------------|--|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| <u>1</u>   | PALMER AMERICAN HOLDING<br><br>PO BOX 399<br><br>GARDEN CITY, KS67846                        | \$ 250,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions ) |
| <u>2</u>   | BADLANDS CAPITAL MANAGEMENT LLC<br><br>2216 WEST BLACK ROCK<br><br>SIOUX FALLS, SD57108      | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions ) |
| <u>3</u>   | DUKE DRILLING<br><br>PO BOX 823<br><br>GREAT BEND, KS67530                                   | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions ) |
| <u>4</u>   | EVAN NOLL<br>PO BOX 1351<br><br>HAYS, KS67601  | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions ) |
| <u>5</u>   | AMERICAN WARRIOR<br><br>PO BOX 399<br><br>GARDEN CITY, KS67846                               | \$ 120,274                 | Person <input type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions ) |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions )            |

|   |   |
|---|---|
| <b>Name of organization</b><br>O'BRATE FOUNDATION | <b>Employer identification number</b><br>46-1631934 |
|---|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |

|   |   |
|---|---|
| <b>Name of organization</b><br>O'BRATE FOUNDATION | <b>Employer identification number</b><br>46-1631934 |
|---|---|

Part III

**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. 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 **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I  | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|-----------------|-------------------------------------|
| —  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
| <div>(e) Transfer of gift</div> <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                     |                 |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |
| —  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
| <div>(e) Transfer of gift</div> <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                     |                 |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |
| —  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
| <div>(e) Transfer of gift</div> <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                     |                 |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |
| —  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
|  | _____               | _____           | _____                               |
| <div>(e) Transfer of gift</div> <div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div> |                     |                 |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |
| _____  |                     | _____           |                                     |

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

► **Attach to your tax return.**

► **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

OMB No 1545-0172

**2014**

Attachment  
Sequence No **179**

Name(s) shown on return  
O'BRATE FOUNDATION

Business or activity to which this form relates  
FORM 990-PF PAGE 1

Identifying 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.

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

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

**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 )

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

**Part III MACRS Depreciation (Do not include listed property.)**

(See instructions.)

**Section A**

|   |           |                          |
|---|-----------|--------------------------|
| <b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2014  | <b>17</b> |                          |
| <b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |           | <input type="checkbox"/> |

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

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

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

**Part IV Summary**

(see instructions.)

|  |           |        |
|--|-----------|--------|
| <b>21</b> Listed property Enter amount from line 28  | <b>21</b> | 5,100  |
| <b>22 Total.</b> 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 | <b>22</b> | 10,112 |
| <b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | <b>23</b> |        |

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               |                               |  |                            |  |                        | 24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                 |  |
| (a)<br>Type of property (list vehicles first)  | (b)<br>Date placed in service | (c)<br>Business/ investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/ Convention  | (h)<br>Depreciation/ deduction | (i)<br>Elected section 179 cost |  |
| 25Special 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)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>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           | 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?  | Yes | 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 )  |     |    |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  |     |    |

Part VI Amortization

|   |                                 |                           |                     |  |                                   |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| (a)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>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 5-year property              |                                      | 2,464  | 5 0                 | HY             | 200 DB     | 493                        |
| 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<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|--------------------------------|--------|--------------------------|------------------------|---|
| LEGAL AND PROFESSIONAL<br>FEES | 7,491  | 0                        | 0                      | 7,491                                       |

**TY 2014 Other Expenses Schedule****Name:** O'BRATE FOUNDATION**EIN:** 46-1631934

| Description           | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>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<br>GARDEN CITY,KS 67846 |
| AMERICAN WARRIOR        | PO BOX 399<br>GARDEN CITY,KS 67846 |
| CECIL O'BRATE           | PO BOX 399<br>GARDEN CITY,KS 67846 |