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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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

	For ca	alendar year 2014 or tax year beginning FEB	6, 2014	, and ending	DEC 31, 201	4
Section 47 P.D. to normal reference of the event and research 101 101 105 105 232 2947 101 101 105 105 232 2947 101	Nam	ne of foundation			A Employer identification	n number
Stephenon number \$1 (a) \$1 (a) \$2 (a) \$2 (a) \$3 (a)	_MS	SJB FAMILY FOUNDATION			46-474393	7
City or two, state or province, country, and 2P or frienging postal code DAKOTA DUNIES SD 57 0.49 0 Check all that apply: Implicate change Indicates Indi	Numb	ber and street (or P O box number if mail is not delivered to street	address)			
DAKOTA DUNNES, SD 57049 6 Check all that apply:		*]101		
Check all that apply:			ostal code		C If exemption application is	pending, check here
Final return			Initial return of a for	rmer public charity	ID 1 Foreign organization	ns, check here
According to granization: According beautiful provide foundation Section 4947(a)(1) increasement phases was terminated under section 507(b)(1)(a), cereminated under section 507(b)(1)(a), check free Tomore Art III. co. (c). (c). (c). (c). (c). (c). (c). (c)	u o	,		Titler public charty		
Section 4947(a)(1) nonexempt charable brust			=		Foreign organizations needs here and attach in	neeting the 85% test, computation
Far maket value of all assets at end of year J Accounting method: Cash Actrual Other (specify) Other (specif	H Ct				E If private foundation st	tatus was terminated
Part					under section 507(b)(1)(A), check here
Part		· —	•	Accrual		
Part		S 286107 (Part I. colu	ner (specily) nn (d) must be on cash b	asis.)	under section 507(b)(r)(B), check here
Chart clast of amounts in colorum of 30 (s. p. and (c) may not explain any or colorum of 30 (s. p. and (c) may not explain any or colorum of 30 (s. p. and (c) may not explain any or colorum of 30 (s. p. and (c) may not only or colorum of 30 (s.		rt 1 Analysis of Revenue and Expenses			(c) Adjusted net	(d) Disbursements
Concest		(The total of amounts in columns (b), (c), and (d) may not	expenses per books		income	
Interest on savings and temporary			300000.		N/A	<u> </u>
Possible	1	Interest on navings and temperary				Gh = h = = = + 1
Sa Gross rents		3 cash investments			<u> </u>	
D Net rental income or (ioss) 3577			1630.	1030.		Statement Z
Saling S	Ì					-
Day Cross sales price for all 8389 8389 3577 3		` '	3577.			
8 Net strotrettm capital gain 9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 305283. 5283. 13 Compensation of others, directors, trustees, etc 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	ğ	Gross sales price for all				
8 Net strotrettm capital gain 9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 305283. 5283. 13 Compensation of others, directors, trustees, etc 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	eve	7 Capital gain net income (from Part IV, line 2)		3577 .		
102 and allowances	"	· · · · · · · · · · · · · · · · · · ·				
D Less Cost of goods sold C Gross profit or (loss)	{	Gross sales less returns		· · · · · · · · · · · · · · · · · · ·		
C Gross profit or (loss) 11 Other income 51. 51. Statement 3						
11 Other income	l	_			<u> </u>	
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Accounting fees 17 Interest 19 Taxes 19 Taxes 19 Taxes 19 Stmt 4 10 Depreciation and depletion 19 Occupancy 10 Travel, conferences, and meetings 17 Interest 18 Total expenses 17 Interest 19 Taxes 19 Total expenses 17 Interest 19 Total expenses 18 Interest 19 Total expenses and disbursements 19 Total expenses a	-	. , ,	51.	51.		Statement 3
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 19 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Travel, conferences, and meetings 23 Printing and publications 24 Total revenue of a printing and administrative TANCE 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 U 3 UID 27 Subtract line 26 from line 12: 28 Excess of revenue of expenses and professions and professions and professions are professional forms. 28 Net investment in come of the plant and contributions b Net investment in come of the plant and contributions. C Adjusted net income of the plant and contributions. 28 Subtract line 26 from line 12: 28 Excess of revenue of the plant and contributions. C Adjusted net income of the plant and contributions. C Adju		12 Total. Add lines 1 through 11				
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25 Contributions, gifts, grants paid 15000.	aţir	24 Total operating and administrative TAMCE				
Total expenses and disbursements. Add lines 24 and 25 U.D.D. 15300. 300. 15000. 27 Subtract line 26 from line 12: a Excess of revenue organ expenses and disbursements b Net investment income integrative representation. c Adjusted net income (inegrative representation).	ğ	expenses bind intest to fundridin (2) 1 1 LE	300.	300.		0.
Add lines 24 and 25 & 3 % 310 15 300 . 300 . 15000 . 27 Subtract line 26 from line 12: a Excess of revenue or expenses and displays arter 0-) b Net investment income in receive arter 0-) c Adjusted net income (inegative, enter 0-)	-	25 Contributions, gifts, grants paid	15000.	· · · · · · · · · · · · · · · · · · ·	 	15000.
27 Subtract line 26 from line 12: a Excess of revenue organ expenses and organizements b Net investment income in require and expenses of the control of the fallow, enter -0-) c Adjusted net income (in each own, enter -0-) N/A	ļ	Zo Total expenses and disbursements.	15300	300		15000
b Net investment income it regardly a processor. C Adjusted net income (r negative, enter -o-)			13300.	300.		12000.
b Net investment incomé di negativo procedo (c. Adjusted net incomé di nebativo enter -0-) 4983. N/A		a Excess of revenue over expenses and disbursements	289983.			
c Adjusted net income (income		b Net investment incomo ပုံကုံမွေးပုံနှံ့ကြေးမှာ ၀-)		4983.		
	42350	C Adjusted net income (i negative, enter -0-)			N/A	

For	m 99	0-PF (2014) MSJB FAMILY FOUNDATION		46-	4743937 Page 2
	art	Polongo Shoots Attached schedules and amounts in the description	Beginning of year		of year
뜨	art_	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		289983.	286107.
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ►	1		
		Less; allowance for doubtful accounts			<u> </u>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			İ
		disqualified persons			<u> </u>
	7	Other notes and loans receivable	1		ĺ
	ļ	Less: allowance for doubtful accounts			<u></u>
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis]		1
		Less accumulated depreciation		····	
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
	ļ	Less accumulated depreciation			<u></u>
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item 1)	0.	<u>289983.</u>	286107.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	<u>, </u>
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
č	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			1
Ä	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
논		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.		
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	[2]
Ä	29	Retained earnings, accumulated income, endowment, or other funds	0.	289983.	
Š	30	Total net assets or fund balances	0.	289983	
	31	Total liabilities and net assets/fund balances	0.	289983	
F		III Analysis of Changes in Net Assets or Fund B			
_			- 20		
•		ll net assets or fund balances at beginning of year - Part II, column (a), lini st agree with end-of-year figure reported on prior year's return)	: OU		
9		or amount from Part I, line 27a		1	
3		er increases not included in line 2 (itemize)		2	
_		lines 1, 2, and 3		3	
		reases not included in line 2 (itemize)		4	
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (h) line 30		
			(D), into oo		Form 990-PF (2014)
423 11-	3511 24-14				

Part IV Capital Gains and Losses for Tax on Investment Income

b Capital Gains Dividends c d	05/14
b Capital Gains Dividends c d	
c d	
d	
i i l	
<u>e</u>	
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (or allowable) plus expense of sale (e) plus (f) minus (g)	
a 4802. 4812.	-10.
ь 3587.	3587.
C	
d	
<u>e</u>	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Adjusted basis (k) Every of col. (i) (ii) Adjusted basis (k) Every of col. (ii) (iii) Adjusted basis	
(i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) Col. (k), but not less than -0-) or col. (j), if any Losses (from col. (h))	
a	-10.
<u>b</u>	3587.
<u>c</u>	
<u>d</u>	
<u>e</u>	
2 Capital gain net income or (net capital loss) If (gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	3577.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	
If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A	
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.)	'A
If continue 4040(d)(2) applies leave this part blank	
If section 4940(d)(2) applies, leave this part blank.	
,,,	es 🔲 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 the instructions before making any entries.	
(a) Base period years Calendar year (or tax year beginning in) (b) (c) Distribution rat (col. (b) divided by (col	tio
2013	LUI. (L))
2012	
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 the number of years	
the foundation has been in existence if less than 5 years	
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	
5. Marked Annual Co.	
5 Multiply line 4 by line 3	
6 Enter 1% of net investment income (1% of Part I, line 27b)	
7 Add lines 5 and 6	
8 Enter qualifying distributions from Part XII, line 4	
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	
See the Part VI instructions.	

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Par	t VI Excise Tax Based on Investment Income (Section 494)	0(a),	49	40(b), 4940(e), or	4948	- see i	nstru	ction	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ei	nter "N/	/A" (on line 1.	1	ļ			
	Date of ruling or determination letter: (attach copy of letter if nec	essary	y-se	e instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🌗	•] an	d enter 1%	1	<u> </u>		1	00.
	of Part I, line 27b								
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I,	line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers e	nter	-0-)	2				0.
3	Add lines 1 and 2				3	<u> </u>		1	00.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers e	ente	r -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	<u> </u>		1	00.
6	Credits/Payments:				-				
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	4	·	_	1			
b	Exempt foreign organizations - tax withheld at source	6 <u>b</u>	1		_]			
C	Tax paid with application for extension of time to file (Form 8868)	6c			4	1			
	Backup withholding erroneously withheld	<u>6d</u>	丄		_				_
	Total credits and payments. Add lines 6a through 6d				7	ļ			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched			8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			•	9	 		1	00.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10	 			
	Enter the amount of line 10 to be; Credited to 2015 estimated tax			Refunded	11	<u> </u>			
	t VII-A Statements Regarding Activities			 			-	Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation	or d	lid it participate or interve	ne in			162	
	any political campaign?	/		otanista a for the defeat	\0		1a		<u>X</u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo				•		_1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	а сор	nes	or any materials publis	nea or				
	distributed by the foundation in connection with the activities.						1		х
	Did the foundation file Form 1120-POL for this year?						1c		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1). On the foundation. > \$ 0 • (2) On foundation managers			0	•				
	(1) On the foundation. ► \$ 0. (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for political expend		_		•		Ì	i l	
	managers. > \$ 0 •	itui e ta	1X III	nposeu on toundation			1		
	Has the foundation engaged in any activities that have not previously been reported to the l	229					2	[х
	If "Yes," attach a detailed description of the activities.	110:							
	Has the foundation made any changes, not previously reported to the IRS, in its governing	ınstrun	nen	t articles of incornoration	or		1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		.,	i, artiolog of interpolation	, 01		3		x
	Did the foundation have unrelated business gross income of \$1,000 or more during the year						4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	. ,			N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	•			_	.,	5		X
	If "Yes," attach the statement required by General Instruction T.								
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:					1		
	By language in the governing instrument, or						1		
	 By state legislation that effectively amends the governing instrument so that no mandator 	y direc	ction	ns that conflict with the st	ate law		1		
	remain in the governing instrument?						_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	mplete	e Pa	art II, col. (c), and Part	ΧV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction SD	ns) 🕨	_						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorne	v G	eneral (or designate)			1		
	of each state as required by General Instruction G? If "No," attach explanation		y ut	moral (or designate)			86	x	
	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4	494	2(1)(3) or 4942(1)(5) for a	alendar		100	<u>^</u>	
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," o				arondai		9	١.	x
	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu				Stmt	: 6	10	X	<u> </u>
	attacir a scredi	- O majuri					- 000		

Form **990-PF** (2014)

423541

Form 990-PF (2014)

423551

. Form 990-PF (2014) MSJB FAMILY FOUNDATION	46-47	13937 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
	_	Í
	_	
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 stat number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the	Expenses
1 N/A	04400,044	
1 41/44		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

	art X Minimum Investment Return (All domestic foundations m	ust complete this part. Foreign four	ndations, see	instructions)
- 1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purposes:		
a	Average monthly fair market value of securities	, ,, ,	1a	286107.
b	Average of monthly cash balances	İ	1b	3600.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	289707.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	-	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	289707.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)	4	4346.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on	•	5	285361.
6	Minimum investment return. Enter 5% of line 5 Adjusted for Sho	•	6	12861.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) an foreign organizations check here and do not complete this part.)		d certain	
1	Minimum investment return from Part X, line 6		1	12861.
2a	Tax on investment income for 2014 from Part VI, line 5	2a 100.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	100.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	12761.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	l	5	12761.
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	12761.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	15000.
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 charitab	le, 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, an	d Part XIII, line 4	4	15000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	•		
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	15000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years w 4940(e) reduction of tax in those years.	hen calculating whether the foundation of	qualifies for the	

Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	-			10761
line 7				12761.
2 Undistributed income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only			- 0.	
b Total for prior years:		0.	,	
3 Excess distributions carryover, if any, to 2014:				···
			}	
a From 2009				
b From 2010			Ì	
c From 2011				
d From 2012				
e From 2013	0.		İ	
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from		1		
Part XII, line 4: ►\$ 15000.			0.	
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				12761.
d Applied to 2014 distributable amount	2239.			14/01.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	- 0.			
6 Enter the net total of each column as indicated below:			}	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2239.			
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	İ	0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			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	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	2239.			
10 Analysis of line 9:				
a Excess from 2010			}	
b Excess from 2011		-	ļ	
c Excess from 2012				
d Excess from 2013			}	
e Excess from 2014 2239.				
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Part XIV Private Operating F	MILY FOUNDA		A guestion 9)	46-47	43937 Page 10
			A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			┈┈┡└┌╌		
b Check box to indicate whether the found		ig foundation described in		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
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				ì	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
•					
e Qualifying distributions made directly					
for active conduct of exempt activities.]	
Subtract line 2d from line 2c Complete 3a, b, or c for the	ļ			 	
alternative test relied upon:					
a "Assets" alternative test - enter:				į į	
(1) Value of all assets					
(2) Value of assets qualifying	<u> </u>				
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	1			'	
investment income (interest,					
dividends, rents, payments on	ľ				
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public				· · · · · · · · · · · · · · · · · · ·	
and 5 or more exempt					
organizations as provided in		İ			
section 4942(j)(3)(B)(iii)				 	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part orby	if the foundation	had \$5 000 ar ma	
at any time during			ir the foundation	nad \$5,000 or mo	ore in assets
		i uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh	no have contributed more	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed i	nore man 45,000). (See s	section 507(a)(2).)			
None					
b List any managers of the foundation wh	to own 10% or more of th	ne stock of a corporation ((or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater intere	St.			
None	·				
2 Information Regarding Contribut					
Check here 🕨 🗓 if the foundation of	only makes contributions	to preselected charitable	organizations and does r	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi-	viduals or organizations u	nder other conditions, co	omplete items 2a, b, c, and	d d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom apple	cations should be addres	ssed:	
·					
b The form in which applications should	be submitted and informa	ition and materials they st	rould include.		
.,			· · - · · · · · · · · · · · · · · ·		
c Any submission deadlines:					
,					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	kinds of institutions or	other factors:	
,	, sacii ao ay googiapiilo	ar ar out, onar nubic ficius,	amos or montulions, Of	omer raciolo.	
423601 11-24-14					Form 990-PF (2014)

3 Grants and Contributions Paid During	the Year or Approved for Future P	ayment		
Recipient Name and address (home or business)	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
a Paid during the year				
WESTSIDE FAMILY CHURCH			GENERAL PROGRAMMING	
8500 WOODSONIA DRIVE			DEMENDED PROGRAMMING	
LENEXA, KS 66227				7500
BIBLE STUDY FELLOWSHIP			GENERAL PROGRAMMING	
19001 HUEBNER ROAD				
SAN ANTONIO, TX 78258				7500
	}			
Total			<u>▶ 3a</u>	15000
b Approved for future payment				
None				
		<u> </u>		
			 	
Total				
423611			<u>▶ 3b</u>	orm 990-PF (2014

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	Unrelated b	usiness income		d by section 512, 513, or 514	(e)
ter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue:	Couc		-		
a	- -				
b					
cd	1 1				
			 		
e f	_		 		
g Fees and contracts from government agencies	_				
Membership dues and assessments			 		
Interest on savings and temporary cash					
investments			14	5.	
Dividends and interest from securities			14	1650.	
Net rental income or (loss) from real estate:			 -	20001	
a Debt-financed property					
b Not debt-financed property	 			-	
Net rental income or (loss) from personal			1		
property					
Other investment income			14	51.	
Gain or (loss) from sales of assets other			 		
than inventory	-		18	3577.	
Net income or (loss) from special events			 <u>-</u> -		
Gross profit or (loss) from sales of inventory			1		
Other revenue:					
a					
b					
c			1		
<u> </u>	l l				
d				= 0.00	
de		0.	,	5283.	
d e Subtotal. Add columns (b), (d), and (e)		0.			52
d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e)		0.			
d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.	.)			13	
d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accon	nplishment of Excolumn (e) of Part XVI-A	xempt	Purposes ited importantly to the accom	52
d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. Relationship of Activities	s to the Accon	nplishment of Excolumn (e) of Part XVI-A	xempt	Purposes ited importantly to the accom	52
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MSJB FAMILY FOUNDATION Form 990-PF (2014) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) Х (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 16(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 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 May the IRS discuss this return with the preparer shown below (see instr.)? and belief, it se true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here PRESIDENT X Yes Signature of officer or trustee Print/Type preparer's name Preparer's signature Check X If PTIN self-employed Paid Larry Countryman P00966725 Preparer Firm's name ► LARRY COUNTRYMAN CPA Firm's EIN **Use Only** Firm's address ► 320 DAKOTA DUNES BLVD #303

Form 990-PF (2014)

Phone no. 605-232-9747

DAKOTA DUNES, SD 57049

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organizati	Employer identification numbe		
	46-4743937		
Organization type (chec	:k one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions	
General Rule			
General Nule			
	ation filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribut	_	
Special Rules			
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amon- D-EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from	
year, total conf	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ec of cruelty to children or animals Complete Parts I, II, and III.		
year, contribut is checked, en purpose. Do n	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the General Rule applies to this organization becaus table, etc., contributions totaling \$5,000 or more during the year	I more than \$1,000. If this box ous, charitable, etc.,	
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its	le B (Form 990, 990-EZ, or 990-PF), s Form 990-PF, Part I, line 2, to	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

MSJB FAMILY_	FOUNDATION
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<u>MSJB</u>	FAMILY FOUNDATION	4.0	5-4/4393/
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUISE E. PERSINGER 4420 HAMILTON BLVD SIOUX CITY, IA 51104	\$ 300000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
423452 11-0	, 05-14	Schedule B (Form	990 990-F7 or 990-PE) (2014)

Employer identification number

MSJB FAMILY FOUNDATION

46-4743937

	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

	FAMILY FOUNDATION		46-4743937				
Part III	the year from any one contributor. Complete	: columns (a) through (e) and the following line ous, charitable, etc., contributions of \$1,000 or less for t	on 501(c)(7), (8), or (10) that total more than \$1,000 for e entry. For organizations \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1	CHARITABLE	BENEFIT CHARITABLE PURPOSES	CASH AND INVESTMENTS				
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4 F	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address,		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4 F	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	L						

Form 990-PF Intere	st on Savin	gs and Te	mporar	y Cash	Investme	nts S	tatement	_1
Source	Rev	(a) Revenue Ne Per Books		(b) Net Investment Income		(c) Adjusted Net Income		
WELLS FARGO			5.		5.			
Total to Part I, li		5.		5.				
Form 990-PF	Dividends	and Inte	rest f	rom Sec	urities	s	tatement	2
Source	Gross Amount	Capita Gains Dividen	ns Reven		(b) Net Invest ment Incom			
WELLS FARGO	5237	35	87.	165	.650. 165			
To Part I, line 4	5237	35	87.	165	1650. 16			
Form 990-PF		Other	Income			S	tatement	3
Description			(a Reve Per B	enue	(b) Net Inv ment In	est-	(c) Adjuste Net Inco	
ABBOT DOWNING				51.		51.		
Total to Form 990-P	F, Part I,	line 11 =		51.	-	51.		
Form 990-PF		Ta	xes			S	tatement	4
Description		(a) Expenses Per Books		(b) Invest- : Income		:) isted income	(d) Charita Purpos	
FOREIGN TAX EXPENSE		47	•	47	•			0.
To Form 990-PF, Pg	1, ln 18	47		47	•		· 	0.

Form 990-PF	Other E	xpenses	Statement 5		
Description	Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charital Purpose	
INVESTMENT FEES					
To Form 990-PF, Pg 1, 1n 23					0.
	f Substantia Part VII-A,	l Contributors Line 10	s S	tatement	6
Name of Contributor	Addr	ess			
LOUISE E. PERSINGER		 HAMILTON BLVI X CITY , IA 51			