

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

2014

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.

Open to Public Inspection

Fo	r cale	ndar	year 2014, or ta	x year beginning		, 2014	and ending		1	
	. D.	TE	RRY SCHOLA	ARSHIP FOUN				A	Employer identification nur 48 – 631 6064	
			ESOTA AVEN LITY, KS 66					В	Telephone number (see inst	
_								С	If exemption application is	pending, check here 🕨 🗌
G	Che	ck all	that apply	Initial return Final return		Initial return of a form Amended return	ner public charity	D	1 Foreign organizations, chec	لــا
H	Che	ck tyr	pe of organization	Address chang		Name change (c)(3) exempt private foundation			2 Foreign organizations meet here and attach computation	
-		Sec	tion 4947(a)(1)	nonexempt charit	able t	rust Other taxable p	private foundation	Ε	If private foundation status under section 507(b)(1)(A)	
ļ	(fron		value of all assets a I, column (c), line 16	5)		ounting method XC Other (specify)		F	If the foundation is in a 60	-month termination
	<u>▶</u> \$				Part I,	column (d) must be or	r cash basis )	<u> </u>	under section 507(b)(1)(B)	), check here.
Pa	art I	Ex coi sai	lumns (b), (c), a	total of amounts in and (d) may not n nounts in column	eces-	(a) Revenue and expenses per books	(b) Net investme income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_		1		, etc, received (attach schedu	e)	35,000.				
		2	Ck ► if the foun	ndn is not required to attach S	Sch B					
		-	Interest on savings and ten Dividends and interest from			3.		3.	N/A	
			Gross rents							
			Net rental income or (loss).							
	R E V	b	Net gain or (loss) from sal Gross sales price for assets on line 6a						REC	EIVED
	Ė N		Capital gain net inco Net short term capita	me (from Part IV, line	2).				3	က္ကို
	N U	9	Income modifications	-						1 5 2015
	E	10 a	Gross sales less returns and						Ψ .	<u>  2</u>
SCANNED		h	allowances. Less Cost of						Language 1-12	
		_	goods sold	L					LOGE	EIV, UI
2		_	Gross profit or (loss) (atta Other income (attach							<u> </u>
		••		,						
		12	Total. Add lines 1	through 11		35,003.		3.		
<u>;                                    </u>			•	icers, directors, trustees	, etc	100.		90.		10.
<i>y</i> 9			Other employee sala	•						
<b>ම</b>			Pension plans, empli Legal fees (attach so	•						<u> </u>
2	A		Accounting fees (atta		t 1	300.	2.	70.		30.
<u> </u>	M	c	Other prof fees (atta	ach sch).					<del>'                                    </del>	
0	N	17	Interest							
P E R A T	S T R A	18 19	Taxes (attach schedule)(se Depreciation (attach			"				
Ĺ	Ť	20	sch) and depletion Occupancy .		•		·			
N G	E		Travel, conferences,	and meetings						
A N D	Ē	22	Printing and publicat	tions .						
Ď	EXPEZ	23	Other expenses (atta	ach schedule)						
	S E S	24	Total operating and expenses. Add lines	13 through 23		400.	3(	60.		40.
	•	25	Contributions, gifts, grants	D+	ΧV	35,688.				35,688.
		26	Total expenses and Add lines 24 and 25			36,088.	3(	60.		35,728.
_		27	Subtract line 26 from							
		а	Excess of revenue of and disbursements			-1,085.				
		b		me (if negative, enter	0-)			0		
				e (if negative, enter 0-						

Page 2

Parl	: II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
		(See instructions )  Cash — non-interest-bearing	(a) Book value	(b) Book Value	(C) Fair Warket Value
		Savings and temporary cash investments	4,826.	3,741.	3,741.
		Accounts receivable	4,020.	3, 141.	3,741.
	٦	Less allowance for doubtful accounts			
	ا ا	Pledges receivable			
	~	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons (attach schedule) (see instructions) .			<del></del>
_	7	Other notes and loans receivable (attach sch)			
A S S E T		Less: allowance for doubtful accounts			
Š	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
S		a Investments – U.S. and state government obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)			<del></del>
	11	Investments – land, buildings, and equipment, basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	· · · · · · · · · · · · · · · · · · ·			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15				
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	4,826.	3,741.	3,741.
Ļ	17	Accounts payable and accrued expenses			
Å	18	Grants payable .			,
B	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
H T	21	Mortgages and other notes payable (attach schedule)			
į	22	Other liabilities (describe			
_ E _ S	23		0.	0.	İ
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	4		,
ΝF	24	Unrestricted			
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	[		İ
EL	27	Capital stock, trust principal, or current funds .	4,826.	3,741.	
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			1
OE	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŚ	30	Total net assets or fund balances (see instructions)	4,826.	3,741.	
	31	Total liabilities and net assets/fund balances (see instructions)	4,826.	3,741.	
Par	t III ]	Analysis of Changes in Net Assets or Fund Balance			
	Tota	I net assets or fund balances at beginning of year - Part II, coli		ree with	
	end-	of-year figure reported on prior year's return)	•	1	4,826.
2		er amount from Part I, line 27a		2	-1,085.
3		increases not included in line 2 (itemize)		<u>3</u>	2 741
4		lines 1, 2, and 3	•	4	3,741.
5		eases not included in line 2 (itemize)	) - Part II column (b) II		3,741.
6_	iota	il liet assets of furid parallees at end of year (line 4 minus line 5	, raitin, column (b), n	54	J, 141.

Parl	IV Capital Gains and L	osses for Tax on Investmen	t Income			
	(a) List and describe 2-story brick warehous	the kind(s) of property sold (e.g., rie; or common stock, 200 shares ML	eal estate, C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A					
b				:		
C						
d					-	
e					420	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) n	
a						
b						
c						
d						
e				160		
		ing gain in column (h) and owned b			<b>(I)</b> Gains (Col gain minus column (I	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		an -0-) or Losses (f	
а						
b						
c						
d						
е					<del></del>	
2	Capital gain net income or (ne	t capital loss).    If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	- 2		
3	,	(loss) as defined in sections 1222(5)	_			
	in Part I, line 8	e 8, column (c) (see instructions). If		3		
Par	V Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investn	ent Income	!	
(For c	ptional use by domestic private for	oundations subject to the section 4940	(a) tax on net investment inc	come.)	N/A	
If cod	tion 4940(d)(2) applies, leave t	his nart blank				
		ction 4942 tax on the distributable a		pase period?	∐Yes	∐No
If 'Ye		lify under section 4940(e). Do not c		<del> </del>		
_1	Enter the appropriate amount in	each column for each year; see the ins	structions before making any	entries.		<del></del>
ı	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets (col	(d) Distribution umn (b) divided	
	2013					
	2012					
	2011					·-·
	2010					
	2009					
2	Total of line 1, column (d)			. 2		
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the t in has been in existence if less than	otal on line 2 by 5, or by t 5 years	the 3		
4	Enter the net value of nonchar	itable-use assets for 2014 from Par	t X line 5	4		
		nasio ase assert for Estimation as			-	
5 Multiply line 4 by line 3						
6	Enter 1% of net investment inc	come (1% of Part I, line 27b) .		. 6		<del> </del>
7	Add lines 5 and 6		•	7		<u> </u>
8	Enter qualifying distributions fr	rom Part XII, line 4		8_	<u> </u>	
	If line 8 is equal to or greater that Part VI instructions	in line 7, check the box in Part VI, line	1b, and complete that part	using a 1% tax	rate See the	

		221000			aye 4				
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructi	ons)						
1 a	Exempt operating foundations described in section 4940(d)(2), check here								
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)								
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0.				
	check here.  and enter 1% of Part I, line 27b								
•	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part 1, line 12, column (b)								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				_				
_	foundations only. Others enter -0-)	2			<u>0.</u>				
3	Add lines 1 and 2	3			<u>0.</u> 0.				
4	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4 Trust and taxable foundations only Others enter -0-)								
2	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments	5			<u>     0 .</u>				
6	2014 estimated tax pmts and 2013 overpayment credited to 2014	ſ							
	Exempt foreign organizations — tax withheld at source . 6b								
	: Tax paid with application for extension of time to file (Form 8868)  6 c								
	Backup withholding erroneously withheld  6d								
7	Total credits and payments Add lines 6a through 6d	7-			0.				
8	Enter any <b>penalty</b> 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			0.				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	· ·		<del></del> -				
11	Enter the amount of line 10 to be. Credited to 2015 estimated tax	11	<del></del>						
	t VII-A   Statements Regarding Activities								
				Yes	No				
1 8	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?		1 a	<del></del>	X				
			+	<del>                                     </del>	<del>                                     </del>				
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 1 1		Х				
	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		- 1	1					
	Did the foundation file Form 1120-POL for this year?		10	_	Х				
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			i					
	(1) On the foundation •\$ 0. (2) On foundation managers •\$		<u>.</u>						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers   \$\bigsir \\$\$ 0.								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X				
-	If 'Yes,' attach a detailed description of the activities.		<del></del> -		<del>  ^</del>				
_	•								
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		X				
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X				
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	A				
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х				
	If 'Yes,' attach the statement required by General Instruction T								
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	Х					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV .		7	Х					
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions)								
	KS			1					
t	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	- X	-				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete	4942(j)(9 Part XI	5) V <b>9</b>		х				
10									
	and addresses		. 10	0.05 "	X				
BAA			Form 99	U-PF (2	2014)				

Form 990-PF (2014)

Pai	τ VII-A	Statemen	ts Rega	arding	ACTIVIT	iles (co	riunued	<u> </u>							
11	At any t within th	ime during the ne meaning of	year, die section 5	d the fou 512(b)(1	undation 3)? If 'Ye	, directly es', attac	or indire	ctly, own a lle (see ins	controlled en tructions)	tity			11		Х
	advisory	foundation make y privileges? If	'Yes,' at	tach sta	tement (	see inst	ructions).				•		12		Х
13		foundation cor	nply with	the pub	olic inspe			ts for its ai	nnual returns a	and exempti	on applic	ation?	13	Х	
		address				► <u>N</u>				<b>-</b>			-,-,-		
14		oks are in care							3	_ Telepho		<u>(913)</u>		<u>-424</u>	2
15	Located	4947(a)(1) noi	MINNE				NSAS C		f Form 10/1	ZIP + 4		101-270	4 N/Ā		
15		er the amount								- Check her	⊏ ►	15	417 41		N/A
10				•				•	•	thar authorit				Yes	No
16	bank, se	me during caler ecurities, or oth	her finan	cial acco	ount in a	foreign	country?						16		Х
		instructions for name of the fo			i filing re ►	equireme	ents for Fi	nCEN For	n 114, (former	ly 1D F 90-2	22 1). If '	Yes,			
Pai	t VII-B								20 May Be	Required					
		m 4720 if any						s an exce	ption applies.					Yes	No
1 8	•	the year did the				-	• .				_	Π.			
	<b>(1)</b> Eng	gage in the sale	e or exch	ange, o	r leasing	of prop	erty with a	a disqualifi	ed person?	•	Yes	X No			
	(2) Borr	row money froi Jualified persor	m, lend n n?	noney to	o, or othe	erwise e	xtend cre	dit to (or a	ccept it from)	а	Yes	X No			
	(3) Furi	nish goods, sei	rvices, or	facilitie	s to (or	accept t	hem from	) a disqual	ified person?		Yes	<b></b>			
	<b>(4)</b> Pay	compensation	to, or pa	ay or rei	mburse	the expe	enses of,	a disqualif	ed person?		Yes	XNo			
	<b>(5)</b> Train for the	nsfer any incor the benefit or t	me or ass use of a c	sets to a disqualif	disquali led pers	ıfıed per on)?	son (or m	ake any of	f either availab	ole	Yes	XNo			
	(6) Agree four of g	ee to pay mondation agreed to overnment ser	ey or pro to make a vice, if te	perty to grant to erminati	a gover or to em ng within	nment o ploy the 1 90 days	fficial? ( <b>E</b> official for s )	xception. a period af	Check 'No' if the ter termination	he	Yes	X No			
ı	If any a	nswer is 'Yes' ions section 53	to 1a(1)-	( <u>6</u> ), dıd	any of th	ne acts f	ail to qua	lify under	the exceptions	described i	n				
	_									e instruction	s) <sup>/</sup>	· ' □	1 b	N)	/A
	_	ations relying													
•	Did the that we	foundation end re not correcte	gage in a d before	prior ye the first	ear in an day of t	y of the he tax y	acts desc ear begin	ribed in 1a ning in 20	a, other than e 14?	xcepted act	s,		1 c		X
2	Taxes of private	n failure to dis operating foun	stribute in dation de	come (sefined in	section 4 section	1942) (da 4942(j)(	oes not ap (3) or 4942	ply for yea 2(j)(5)) <sup>.</sup>	ars the founda	tion was a					
	At the e	end of tax year	2014, de	d the foo	undațion	have ar	ny undistri	buted inco	me (lines 6d						
		Part XIII) for t									Yes	X No			,
		list the years	_		0'										
•	Are the	re any years lis g to incorrect v	sted in 2a	for whi	ich the fo	oundatio	n is <b>not</b> a	pplying th	e provisions of	f section 494	42(a)(2)				
	all vear	s listed, answe	raiuation er 'No' an	d attach	s) to the	ent – se	e instructi	ons )	er (ii appiyilig	Section 434	2(a)(2) ((	,	2 b	N	/A Ĩ
(	•	rovisions of sec							s listed in 2a, I	list the years	s here.				
	▶ 20	, 20 ,	20	, 20											
3 :		foundation holese at any time				or indire	ect interes	t in any bi	ısıness		Yes	X No			
ı	or disqu	did it have ex valified persons Commissioner	s after Ma under se	ay 26, 19 Stion 49	969, <b>(2)</b> ( 43(c)(7))	the lapso to dispo	e of the 5 ose of hol	year perio	d (or longer parted by gift or	eriod approv bequest, or	on ved				
	(3) the I	apse of the 10 ne if the found	15 or	20-year	r first ph	ase hold	ling period	ሳ <i>? (Use Sc</i>	chedule C, For	m 4720, to ·			3 b	N	/ A
4 :		foundation invole purposes?	est durin	g the ye	ar any a	imount ii	n a mann	er that wou	ıld jeopardize 	ıts			4 a		х
ı		foundation ma ze its charitable													
		year beginning			000					··			4 b		Х
RΔΔ												Fo	rm 99	O.PE (	2014)

Part VII-B   Statements Regarding Activit		1 4720 May Be Req	uired (contin	iued)			
5 a During the year did the foundation pay or incu	•						
(1) Carry on propaganda, or otherwise attemp	-	• • •	. <b>\_Y</b>	es X	No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?	_	— ⊢		No	ļ	
(3) Provide a grant to an individual for travel,	3.	•		es X	No		
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions)	nan a charitable, etc, or s)	rganization described	_ Y	es X	No		
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Y	es X	No		
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions e		5 t	N	/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here .		▶ □			
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response if 'Yes,' attach the statement required by Region 1.	sibility for the grant?		N/A Y	es 🗌	No		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	sY	es X	No		ļ
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?.		61	<u> </u>	X
If 'Yes' to 6b, file Form 8870						Ĭ	
7 a At any time during the tax year, was the found	· ·		LJ		No		
b If 'Yes,' did the foundation receive any procee					I/A 7t		
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	roundation Manag	gers, nignly	raiu E	mpioyee	:5,	
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).				
i distrationistis directors, transcess, roundaries	(b) Title, and average	(c) Compensation	(d) Contribution	ns to	(e) Expen	se acc	ount.
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee b plans and de compensa	enefit eferred		allowa	
JAMES G. BUTLER JR.	ADVISOR	0.		0.		_	0
10111 SANTA FE DRIVE	2.00						
OVERLAND PARK, KS 66212							
ROBERT J. REINTJES, SR.	ADVISOR	0.		0.			0
PO_BOX_410856	2.00						
KANSAS CITY, MO 64141							
PAUL A. HUSTAD 12513 FAIRWAY	ADVISOR 2.00	0.		0.			0
LEAWOOD, KS 66209							
BANK OF LABOR DBA BROTHERHOOD	Trustee 2.00	100.		0.			0
KANSAS CITY, KS 66101							
2 Compensation of five highest-paid employees (or							
(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)Contribution employee begins and decompensate	enefit eferred	(e) Expen	se acc allowa	ount, nces
None				_			-
			-				
			}		1		
Total number of other employees paid over \$50,000	)		= <del></del>		<u> </u>		
BAA	TEEA0306L 06	6/17/14			Form 99	0-PF (2	2014)

Form 990-PF (2014) C. D. TERRY SCHOLARSHIP FOUNDATION

48-6316064

Page 6

48-6316064

Page 7

Form 990-PF (2014) C. D. TERRY SCHOLARSHIP FOUNDATION

BAA

Par	see instructions.)	reigii ii	
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	
	Average of monthly cash balances .	1 b	4,735.
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	4,735.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d .	3	4,735.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	71.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,664.
6	Minimum investment return. Enter 5% of line 5.	6	233.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	ting for	undations
1	Minimum investment return from Part X, line 6.	1	233.
2 a	Tax on investment income for 2014 from Part VI, line 5		_
b	Income tax for 2014 (This does not include the tax from Part VI.) . 2b		
C	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	233.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	233.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	233.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		25 500
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1 a	35,728.
	Program-related investments — total from Part IX-B	1 b	<del></del>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	-	
3	Amounts set aside for specific charitable projects that satisfy the:  Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule).	3 b	<del> </del>
_	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	35,728.
4		$\vdash$	
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,728.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou qualifies for the section 4940(e) reduction of tax in those years	ndation	

### Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	<b>(d)</b> 2014
Distributable amount for 2014 from Part XI, line 7				233.
2 Undistributed income, if any, as of the end of 2014				l
a Enter amount for 2013 only			0.	
b Total for prior years: 20 , 20 , 20 , 20   3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009 .   36, 439.				
<b>b</b> From 2010 . 30, 675.				
c From 2011 32,569.				
d From 2012 31,069. e From 2013 38.688				
e From 2013 38, 688.  f Total of lines 3a through e.	169,440.			
4 Qualifying distributions for 2014 from Part	103,110.			
XII, line 4 ► \$ 35,728.				t
a Applied to 2013, but not more than line 2a			_0.	
<b>b</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	<u> </u>			233.
e Remaining amount distributed out of corpus	35,495.			
5 Excess distributions carryover applied to 2014 .	0.			0.
(If an amount appears ın column (d), the same amount must be shown ın column (a) )				
				1
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	204,935.			
<b>b</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.		
		0.		
<ul> <li>Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions.</li> </ul>			0.	'
f Hadintohistad manna for 2014. Subtract lines				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be				•
distributed in 2015  7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				ļ
section 170(b)(1)(F) or 4942(g)(3) (Electión may be required – see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	36,439.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	168,496.			1
10 Analysis of line 9:				1
<b>a</b> Excess from 2010 30,675.	]			
<b>b</b> Excess from 2011 32, 569.				
c Excess from 2012 31,069. d Excess from 2013 38,688.				
e Excess from 2014 . 35, 495 .	1	1		
ВАА				Form <b>990-PF</b> (2014)

Form 990-PF (2014) C. D. TERRY SCHO				48-6316064	Page <b>10</b>
PartXIV第 Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2014, enter the date of the	ruling	•	•	_ ` •(	1040()(5)
b Check box to indicate whether the foundate		erating foundation of		4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2012	Prior 3 years	(d) 2011	(e) Total
investment return from Part X for each year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV. Supplementary Information assets at any time during th	(Complete this e year — see in	part only if the structions.)	foundation had	\$5,000 or more	ın
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have None		han 2% of the total co than \$5,000) (See	ontributions received t section 507(d)(2))	by the foundation befo	ore the
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporation 0% or greater inter	on (or an equally large est.	portion of the owner	ship of
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only ma requests for funds If the foundation make complete items 2a, b, c, and d.	kes contributions to s gifts, grants, etc	preselected charitab (see instructions) to	le organizations and do individuals or organ	nizations under othe	
a The name, address, and telephone number o	r e-mail address of t	he person to whom a	ipplications should be	addressed <sup>.</sup>	
See Statement 2					
b The form in which applications should be	submitted and info	rmation and materia	als they should include	de.	
See Statement for Line 2a					
c Any submission deadlines:					
See Statement for Line 2a		<u>-</u>			
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ible fields, kinds of i	nstitutions, or other	factors:
See Statement for Line 2a					

3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
SEE ATTACHED SCHEDULE	NONE	N/A	TUITION & BOOKS	35,688.
,				
•				
				İ
Total .	•		. ► 3a	35,688
<b>b</b> Approved for future payment				
		ļ		
			1	
				1
<u> </u>				
Total			▶ 31	

Part XVI-A	A			A -A''A'
Dapp YIVI_A	) /\mai\/ci4	COLINCOR	NA BYNAIICH	18 ACTIVITIDO
Fall Att-A	- Aliaivoi:	3 01 1116011	IC-FIVUUCII	IU ACUVIUCS

iter gross amounts unless otherwise indicated	Unrelated t	ousiness income	Excluded by s	section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
	<del> </del>		1 0000		
ab	<del></del>		+		
c	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
d	<del> </del>				-
e	+		<del>                                     </del>		
f	<del>   </del>	<del></del>	1 1		
g Fees and contracts from government agencies	1			-	
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	3.	
4 Dividends and interest from securities			<del> </del>		<del></del>
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		_			_
1 Other revenue:					
a					
b					<del>-</del>
c					
d					
e		<del> </del>			
2 Subtotal Add columns (b), (d), and (e)				3.	
3 Total. Add line 12, columns (b), (d), and (e)				13	3
ee worksheet in line 13 instructions to verify calculate	ions.)				
art XVI-B Relationship of Activities to the	e Accomplisi	nment of Exem	pt Purpose	s	
Explain below how each activity for which accomplishment of the foundation's exemp	ncome is reporte	ed in column (e) of r than by providing	Part XVI-A co	ontributed importantly h purposes). (See in	y to the estructions.)
N/A					
**( * * * * * * * * * * * * * * * * * *		· -			
					<del></del>

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
N/A	
<del></del>	
<del></del>	

Page 13 48-6316064 Form 990-PF (2014) C. D. TERRY SCHOLARSHIP FOUNDATION Information Regarding Transfers To and Transactions and Relationships With Noncharitable **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 1 a (1) Х 1 a (2) X (2) Other assets **b** Other transactions: 1 b (1) (1) Sales of assets to a noncharitable exempt organization X 1 b (2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1 b (3) Х 1 b (4) Х (4) Reimbursement arrangements Х (5) Loans or loan quarantees 1 b (5) 1 b (6) Х (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees Х 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 (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2 a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? X No b If 'Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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. Sign EROTHERHOOD BANK & TRUS May the IRS discuss this return with the preparer shown below (see instructions)? Here A DIVISION BANK OF LABOR Vice Pres/Trust Ofcr Signature of officer or trustee Date Yes Print/Type preparer's name

self employed P00079749 MERIDITH BIHUNIAK Paid Firm's EIN 48-0986156 O'Flynn & Bihuniak Chartered Preparer Firm's name 4200 Somerset Drive Ste 137 **Use Only** Firm's address Prairie Village, KS 66208 Phone no. (913) 648-6828 BAA

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

Department of the Treastry 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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization		Employer identification number
C. D. TERRY SCHOLARSHII	P FOUNDATION	48-6316064
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organiz	eation
	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	
1 01111 930-1 1	4947(a)(1) nonexempt charitable trust	treated as a private foundation
	= = = = = = = = = = = = = = = = = = = =	treated as a private roundation
	501(c)(3) taxable private foundation	
Check if your organization is covered	d 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 Gene	eral Rule and a Special Rule. See instructions
General Rule		
X For an organization filing Form 9 property) from any one contribut	990, 990-EZ, or 990-PF that received, during the year, or Complete Parts I and II. See instructions for deterr	contributions totaling \$5,000 or more (in money or mining a contributor's total contributions
Special Rules		
Under sections 509(a)(1) and 170(h	section 501(c)(3) filing Form 990 or 990-EZ that met to)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ or, during the year, total contributions of the greater of ii) Form 990-EZ, line 1 Complete Parts I and II	) Part II line 13 16a or 16b and that
For an organization described in during the year, total contribution purposes, or for the prevention of	section 501(c)(7), (8), or (10) filing Form 990 or 990-Ens of more than \$1,000 <i>exclusively</i> for religious, charit of cruelty to children or animals. Complete Parts I, II, a	EZ that received from any one contributor, able, scientific, literary, or educational and III.
during the year, contributions ex \$1,000. If this box is checked, et charitable, etc., purpose Do not	section 501(c)(7), (8), or (10) filing Form 990 or 990-Eclusively for religious, charitable, etc., purposes, but noter here the total contributions that were received dur complete any of the parts unless the <b>General Rule</b> appus, charitable, etc., contributions totaling \$5,000 or moter.	io such contributions totaled more than ring the year for an <i>exclusively</i> religious, oplies to this organization bec <u>a</u> use
Caution: An organization that is not	covered by the General Rule and/or the Special Rules	does not file Schedule B (Form 990, 990-F7, or
990-PF) but it must answer 'No' on	Part IV, line 2, of its Form 990, or check the box on line time the filing requirements of Schedule B (Form 9	ine H of its Form 990-EZ or on its Form 990-PF.
<b>BAA</b> For Paperwork Reduction Act or 990-PF.	Notice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part
Name of org	TERRY SCHOLARSHIP FOUNDATION	' -	r identification number 316064
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERKEL & COMPANY CONTRACTORS INC 2649 SOUTH 142ND STREET	\$ 35,000.	Person X Payroli X Noncash
	BONNER SPRINGS, KS 66012		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		  \$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Noncash

(Complete Part II for noncash contributions)

1 of Part II

Name of organization

Employer identification number

C. D. TERRY SCHOLARSHIP FOUNDATION

48-6316064

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		]  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - -  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	
		- - - - - - -	
BAA	Caha	dule <b>B</b> (Form 990, 990-EZ,	or 990. PE) (2014)
DAA	Scile	auto b ti onni 330, 330°EL,	U 22011 (2014)

of Part III

Name of organization

Employer identification number

48-6316064 C. D. TERRY SCHOLARSHIP FOUNDATION

Partilli 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.)

	Ose duplicate copies of rart III if additional s				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
		(6)			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(2)	(b)	(6)	(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(a)			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		

20	14
	. –

### **Federal Statements**

Page 1

C. D. TERRY SCHOLARSHIP FOUNDATION

48-6316064

Statement 1 Form 990-PF, Part I, Line 16b **Accounting Fees** 

	(a)	(b) Net	(c)	(d)
	Expenses	Investment	Adjusted	Charitable
	per Books	<u>Income</u>	<u>Net Income</u>	Purposes
O'FLYNN & BIHUNIAKD CHARTERD	\$ 300.	\$ 270.		\$ 30.
Tota	1 \$ 300.	\$ 270.		\$ 30.

### Statement 2 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name:

Care Of:

Street Address:

City, State, Zip Code:

Telephone:

E-Mail Address:

Form and Content:

Submission Deadlines:

C. D. TERRY SCHOLARSHIP FOUNDATION BERKEL & COMPANY CONTRACTORS, INC.

SUSAN MARTLEY

PO BOX 335, 2649 SOUTH 142ND STREET

BONNER SPRINGS, KS 66012

(913) 667-8022

SEE "APPLICATION FOR C. D. TERRY, JR. SCHOLARSHIP FOUNDATION" ATTACHED.

APPLICATIONS ARE ACCEPTED TWICE A YEAR.

APPLICATIONS FOR SCHOLARSHIPS ARE SUBMITTED TO BERKEL & Restrictions on Awards:

COMPANY CONTRACTORS, INC. SCHOLARSHIPS ARE GRANTED EXCLUSIVELY TO QUALIFYING EMPLOYEES AND DIRECTORS OF THE

COMPANY AND THEIR IMMEDIATE FAMILY MEMBERS.

# APPLICATION FOR

C.D. TERRY, JR. SCHOLARSHIP FOUNDATION

THE FOLLOWING THREE-(3) ITEMS MUST ACCOMPANY THIS APPLICATION:  Output to the state of the state of the employee:  YOUR NAME:	
OUR RELATIONSHIP TO THE EMPLOYEE:	
OUR RELATIONSHIP TO THE EMPLOYEE:	
YOUR RELATIONSHIP TO THE EMPLOYEE:	
YOUR RELATIONSHIP TO THE EMPLOYEE:	
<u> </u>	
YOUR NAME:	
- CONTINUE	
ADDRESS:	
CITY/STATE/ZIP:	
LITT/STATE/LIF:	
PHONE NO.: BIRTHDATE:	
NAME AND ADDRESS OF COLLEGE /UNIVERSITY VOLUMEL ATTEND.	
NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU WILL ATTEND:	
WHAT WILL YOU BE MAJORING IN:	
NUMBER OF CREDIT HOURS YOU ARE ENROLLED IN:	
DATE THIS SEMESTER STARTS:	
TUDENT SIGNATURE:	
DATE OF THIS APPLICATION:	
JATE OF THIS AFFEIGATION:	

# APPLICATION FOR

## C.D. TERRY, JR. SCHOLARSHIP FOUNDATION

YOUR RELATIONSHIP TO THE EMPLOYEE: YOUR NAME: ADDRESS: CITY/STATE/ZIP: PHONE NO.: BIRTHDATE: NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN: DATE THIS SEMESTER STARTS: GRADE LEVEL FOR THIS SEMESTER: GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	THE FOLLOWING	THREE-(3) ITEMS MU	IST ACCOMPAN	Y THIS APPLICATION:	
YOUR RELATIONSHIP TO THE EMPLOYEE: YOUR NAME: ADDRESS: CITY/STATE/ZIP: PHONE NO.: BIRTHDATE: NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN: DATE THIS SEMESTER STARTS: GRADE LEVEL FOR THIS SEMESTER: GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	E Just Charles			There was the specific to the	
YOUR RELATIONSHIP TO THE EMPLOYEE: YOUR NAME: ADDRESS: CITY/STATE/ZIP: PHONE NO.: BIRTHDATE: NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN: DATE THIS SEMESTER STARTS: GRADE LEVEL FOR THIS SEMESTER: GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:			and an authorize		
YOUR NAME: ADDRESS: CITY/STATE/ZIP: PHONE NO.: BIRTHDATE: NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN: DATE THIS SEMESTER STARTS: GRADE LEVEL FOR THIS SEMESTER: GPA last semester (not cumulative): Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:				Part and the second	
YOUR RELATIONSHIP TO THE EMPLOYEE: YOUR NAME: ADDRESS: CITY/STATE/ZIP: PHONE NO.: BIRTHDATE: NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN: DATE THIS SEMESTER STARTS: GRADE LEVEL FOR THIS SEMESTER: GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:				Mary and the second second second second second second second second second second second second second second	The second second
NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore GPA last semester (not cumulative): Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	NAME OF BERKEL &	COMPANY EMPLOYE	E:		
ADDRESS:  CITY/STATE/ZIP:  PHONE NO.:  BIRTHDATE:  NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore Junior Sophomore Junior Number of credit hours last semester:  Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	YOUR RELATIONSHI	P TO THE EMPLOYEE	:		
PHONE NO.:  BIRTHDATE:  NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore  GPA last semester (not cumulative):  Number of credit hours last semester:  Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	YOUR NAME:		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
PHONE NO.:  BIRTHDATE:  NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore  GPA last semester (not cumulative):  Number of credit hours last semester:  Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	ADDRESS:		<del></del>		
PHONE NO.:  BIRTHDATE:  NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman  Sophomore  Junior  Number of credit hours last semester:  Post-Graduate			<del></del>		
NAME AND ADDRESS OF COLLEGE/UNIVERSITY YOU ARE ATTENDING:  WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore GPA last semester (not cumulative): Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	CITT/STATE/ZIF:				
WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore  GPA last semester (not cumulative): Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	PHONE NO.:			BIRTHDATE:	
WHAT WILL YOU BE MAJORING IN:  DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER: (check one) Freshman Sophomore Junior Semior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:				<del></del>	
DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER:  Sophomore  Junior  Senior  Post-Graduate  Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:	NAME AND ADDRES	S OF COLLEGE/UNIVE	ERSITY YOU AR	E ATTENDING:	
DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER:  GPA last semester (not cumulative):  Number of credit hours last semester:  Post-Graduate  Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:					
DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER:  Sophomore  Junior  Senior  Post-Graduate  Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:					
DATE THIS SEMESTER STARTS:  GRADE LEVEL FOR THIS SEMESTER:  Sophomore  Junior  Senior  Post-Graduate  Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:					
GRADE LEVEL FOR THIS SEMESTER: (check one] Freshman Sophomore  GPA last semester (not cumulative): Junior Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes  STUDENT SIGNATURE: DATE OF THIS APPLICATION:	WHAT WILL YOU BE	MAJORING IN:			. <u> </u>
Sophomore  GPA last semester (not cumulative): Junior  Number of credit hours last semester: Senior  Post-Graduate  Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:	DATE THIS SEMESTI	ER STARTS:			
Sophomore  GPA last semester (not cumulative): Junior  Number of credit hours last semester: Senior  Post-Graduate  Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:	GRADE LEVEL FOR TH	IS SEMESTER:	(check one)	Freshman	
Number of credit hours last semester: Senior Post-Graduate Weekend/Evening Classes STUDENT SIGNATURE: DATE OF THIS APPLICATION:			(**************************************	<del></del>	<del></del>
Post-Graduate  Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:	GPA last semester (no	ot cumulative):		Junior	
Weekend/Evening Classes  STUDENT SIGNATURE:  DATE OF THIS APPLICATION:	Number of credit hou	ırs last semester:		Senior	<u>-</u>
STUDENT SIGNATURE:  DATE OF THIS APPLICATION:				Post-Graduate	_
DATE OF THIS APPLICATION:			Weel	cend/Evening Classes	
DATE OF THIS APPLICATION:	STUDENT SIGNATUR	} <b>F</b> ∙			
Return this application form to Susan Martley @ Berkel & Company Contractors, Inc.	DATE OF THIS APPL	ICATION:	L		
remains and Antonian control to account and an account and account of the second of th	Return this application	on form to Susan Mart	ley @ Berkel &	Company Contractors, Inc.	

### Scholarship Tax Summary-2014 C.D. Terry, Jr. Scholarship Foundation

_		i Erry, jr. schola	RSHIP FOUND	ATLON:				
	SCHOLARSHIPS PAID DURING THE CALENDAR YEAR 2014							
_	(January 1, 2014 through December 31, 2014)							
	RECIPIENT							
	RECOMENS	METALIONSHIP	STATUS	C PHARMOST	AMOUNT			
	Checks were issued January 17, 20	14 (Spring Term) and	checks were issu	ed September 8. 201	4 (Fall Term).			
	Misseari Western State University &	N/A	Individual	Tuition & Books	\$1,000.00			
	Rachel H. Stauffer							
	3402 S. 40th Terrace, Apt. C							
	St. Joseph, Missouri 64503							
	Kansas City Art Institute &	N/A	Individual	Tuition & Books	\$500.00			
	Terrell L. Hood							
_	P. O. Box 148							
	Waldron, Missouri 64092							
	Lonestar College System &	N/A	Individual	Tuition & Books	\$1,500.00			
	Kaitlyn C. Fortenberry							
	13310 Dorchester Forest Drive							
	Houston, Texas 77070							
_	Lycoming College &	N/A	Individual	Tuition & Books	\$500.00			
	Samuel H. Rhodes							
	23 2nd Street							
	Highspire, Pennsylvania 17034							
	University of Central Florida &	N/A	Individual	Tuition & Books	\$750.00			
	Samuel H. Rhodes				,			
	1018 Pearson Drive							
	Oviedo, Florida 32765							
	Mansfield University &	N/A	Individual	Tuition & Books	\$1,000.00			
	Madison R. Rhodes							
	23 2nd Street							
	Highspire, Pennsylvania 17034							
_	Pittsburg State University &	N/A	Individual	Tuition & Books	\$1,500.00			
	Andrew S. Prosser							
	9648 Pickering Street			ļ l				
	Shawee, Kansas 66227							
,	Johnson & Wales University &	N/A	Individual	Tuition & Books	\$1,000.00			
	Shanequa T. Thomas							
	843 Alderman Road, Apt. 713							
	Jacksonville, Florida 32211		l					

## Scholarship Tax Summary-2014 C.D. Terry, Jr. Scholarship Foundation

	:सङ्गात्रस्तर्भाः	MASHERAN MERBANDIAN ME	SILVALITÀS	Frunteroxit	TOTAL AMOUNT
9 Sa	vannah State University &	N/A	Individual	Tuition & Books	\$500.00
Sh	necoria W. Smith				
1	O. Box 143				
W	rightsville, Georgia 31096				
	emson University &	N/A	Individual	Tuition & Books	\$1,500.00
	aylor L. Schaeffer		<u></u>		
	08 Calvin Lane				
Ro	ockville, Maryland 20851			-	
11 Ur	niversity of Maryland-College Park &	N/A	Individual	Tuition & Books	\$1,000.00
	ndrew Schaeffer		***************************************	1	7-)
	08 Calvin Lane				
	ockville, Maryland 20851				
12 00	conee Fall Line Technical College &	N/A	Individual	Tuition & Books	\$500.00
Ca	amilla L. Norris				
	2 Lynn Street				
W	rightsville, Georgia 31096				
		21/2	Individual	Tuition & Books	\$1,500.00
	niversity of Maryland &	N/A	individual	Tutton & Books	\$1,500.00
	25 Claiborne Fields Drive				
				<del> </del>	
Ce	entreville, Maryland 21617			<del>                                     </del>	
14 Ge	eorgia Southwestern State Univ. &	N/A	Individual	Tuition & Books	\$1,000.00
	shley L. Athon				
	00 S. Sandy Mount Road				<del> </del>
	tts., Georgia 31072				
15 Hc	ouston Community College &	N/A	Individual	Tuition & Books	\$500.00
Re	ebecca Beaman				
	30 Walnut Drive				
Be	ellville, Texas 77418				
16 Ka	ansas State University &	N/A	Individual	Tuition & Books	\$500.00
	exandria L. Bangert	1,4,1			<del></del>
$\longrightarrow$	3 E. Colleen Drive				
	ardner, Kansas 66030				
	niversity of Saint Mary &	N/A	Individual	Tuition & Books	\$1,000.00
	ika L. Busch				
	3724 Leigh Drive				
Вс	onner Springs, Kansas 66012				
10 6	and Cautham University 0	N/A	Individual	Tuition & Books	\$500.00
	eorgia Southern University & odi M. Day	IN/A	muividual	Tuttion & Books	7300.00
	197 Oakrill Road		<del></del>	<del> </del>	
	larietta, Georgia 30062				
1101	ianetta, Georgia 30002	+			

# Scholarship Tax Summary-2014 C.D. Terry, Jr. Scholarship Foundation

<u> </u>	RECURIENT	CHECKENIES (	STRATEUS	PARTERORI	TANTANA TANTANA
19	Clovis Community College &	N/A	Individual	Tuition & Books	\$938.55
	Miranda L. Stauffer				
	19148 Highway 11				
	Saint Catharine, Missouri 64628				
20	Southeast Comm. College &	N/A	Individual	Tuition & Books	\$1,000.00
	Corey L. Brown				
	20830 Woodruff Road		<u> </u>		
	Weston, Missouri 64098				
21	University of West Georgia &	N/A	Individual	Tuition & Books	\$1,000.00
21	Ashleigh R. Craver	14/74	maividaai	Taltion & Books	\$1,000.00
<u> </u>	2798 E. Whisper Drive			<del>                                     </del>	<del></del>
	Douglasville, Georgia 30135				
22		21/4	ا د داد اد uisian C Danis	Ć1 000 00	
22	Georgia Southern University &	N/A	Individual	Tuition & Books	\$1,000.00
	Robert A. Craver			<del>                                     </del>	
	2798 E. Whisper Drive			-	<del></del>
	Douglasville, Georgia 30135		<del></del>		
23	Towson University &	N/A	Individual	Tuition & Books	\$1,000.00
23	Abigail F. Ford			, and a solid	<u> </u>
	125 Claiborne Fields Drive				
	Centreville, Maryland 21617				
24	Towson University &	N/A	Individual	Tuition & Books	\$500.00
27	Jacob C. Ford	i i i i i i i i i i i i i i i i i i i	- Transfer	Tattion a books	<del></del>
	125 Claiborn Flelds Drive				
	Centreville, Maryland 21617				
25	University of Wisconsin &	N/A	Individual	Tuition & Books	\$1,500.00
	Peter J. Weatherer				
	7827 Overhill Road				
-	Bethesda, Maryland 20814				
26	Washburn University &	N/A	Individual	Tuition & Books	\$1,000.00
	Cheyanne E. Weishaar				
	19818 Nemaha Road				
	Nortonville, Kansas 66060				
27	Albany State University &	N/A	Individual	Tuition & Books	\$1,000.00
	Jasmine A. Deloach				
	504 College Drive				
	Albany, Georgia 31705				
28	East Georgia State College &	N/A	Individual	Tuition & Books	\$500.00
20	Klerra A. Horne	19/5		Taltion & books	7,505.00
	234 S. Myrtle Avenue			<del> </del>	
	Wrightsville, Georgia 31096			<del> </del>	
	TTT-B-11041110, CCG1B-10 G2000				<del></del>

### Scholarship Tax Summary-2014 C.D. Terry, Jr. Scholarship Foundation

	MERKIBERI	THENOMOLEN	SHATIUS	PURROST	MAIONAL
29	East Georgia State College &	N/A	Individual	Tuition & Books	\$500.00
	Zasha Z. Graddy				
	41 South Myrtle Street				4
	Wrightsville, Georgia 31096				
30	Southeastern Technical College &	N/A	Individual	Tuition & Books	\$500.00
<u> </u>	Zasha Z. Graddy				
L	41 South Myrtle Street				
	Wrightsville, Georgia 31096				
31	Auburn University &	N/A	Individual	Tuition & Books	\$1,500.00
	Alfreda L. Jeffords				
	28122 CR 64 Extn.				
	Robertsdale, Alabama 36567				
32	Houston School of Massage &	N/A	Individual	Tuition & Books	\$1,000.00
	Melonee Johnson				
	11715 S. Glen Drive #421				
	Houston, Texas 77099				
33	Southeastern Technical College &	N/A	Individual	Tuition & Books	\$1,000.00
	lyoka A. Walker				
	P. O. Box 443				
	Wrightsville, Georgia 31096				
34	Missouri Western State Univ. &	N/A	Individual	Tuition & Books	\$500.00
	Sarah J. Brown				
	20830 Woodruff Road				
	Weston, Missouri 64098				
35	Mercer University &	N/A	Individual	Tuition & Books	\$500.00
	Ke'Kenyette Carter				
	3535 Williamson Road, Apt. 311				·
	Macon, Georgia 31206				
36	Kansas City Kansas Community College &	N/A	Individual	Tuition & Books	\$500.00
	Joycelene R. Cofield				
	10955 Cleveland Avenue				
	Kansas City, Kansas 66109				
37	Butler Community College &	N/A	Individual	Tuition & Books	\$500.00
	Keaton C. Cofield				
	10955 Cleveland Avenue				
	Kansas City, Kansas 66109				
38	Pennsylvania College of Art & Design &	N/A	Individual	Tuition & Books	\$500.00
	Chelsea J. Crossett				W. J. W. J. W. W. W. W. W. W. W. W. W. W. W. W. W.
	2807 Southbrook Road				
	Baltimore, Maryland 21222				

### Scholarship Tax Summary-2014 C.D. Terry, Jr. Scholarship Foundation

,	Redrant	STAPLANTON STATE	STATILIS	HANKLONE	MONAYL.
39	Kennesaw State University &	N/A	Individual	Tuition & Books	\$500.00
	Darla D. Day				
	2497 Oakrill Road				
	Marletta, Georgia 30062				
40	Grand River Technical School &	N/A	Individual	Tuition & Books	\$500.00
	Fredrick G. Imgarten				
	1521 Tindale Avenue				
	Trenton, Missouri 64683				
41	Anne Arundel Community College &	N/A	Individual	Tuition & Books	\$500.00
	Nikki T. Ringrose	.,,,,	marriage.	Tutton a books	<b>4000.00</b>
	605 Blossom Lane		<u>-</u>		
	Glen Burnie, Maryland 21061				
42	Amanda C. Riordan	N/A	Individual	Tuition & Books	\$500.00
42	1024 Norvelle Road	IN/A	illulviddat	Tultion & Books	\$300.00
	Pendleton, Kentucky 40055			1	
	(Note: Jefferson Community & Technical C	l College - this check was	not a joint checl	k)	
					<del> </del>
43	Longview Community College &	N/A	Individual	Tuition & Books	\$500.00
	Brandi Rowlan				
	506 W. Sunrise				
	Belton, Missouri 64012				
44	Kennesaw State University &	N/A	Individual	Tuition & Books	\$500.00
	Robert W. Thomas				
	4864 Brownsville Road				
	Powder Springs, Georgia 30127				
	Total Value of Scholarships Paid During the Calendar Year 2014				Ć2E 600 EE
	lotal value of Scholarships Paid D	uring the Calenda	r year 2014	-	<u>\$35,688.55</u>