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Form **990-PF**

EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

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

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

Department of the Treasury Internal Revenue Service

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

For	alen	dar year 2014 or tax year beginning		, and ending		
Naı	ne of	foundation			A Employer identificatio	n number
R	UD:	D FOUNDATION				
	<u>/0</u>	LRICO SERVICES LLC		,	88-605921	6
		nd street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
		<u>6 EAST 37TH STREET NORT</u>			316-831-99	958
_		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
		HITA, KS 67219-3538			_	
G (heck	all that apply: Initial return		rmer public charity	D 1. Foreign organization	ns, check here
		Final return	Amended return		Foreign organizations m check here and attach of	eeting the 85% test,
		Address change	Name change		1	
H (_	type of organization: X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust	empt private foundation Other taxable private founda	tion	E If private foundation st	
-		rket value of all assets at end of year J Accounti		Accrual	under section 507(b)(1	• • • • • • • • • • • • • • • • • • • •
		1 —	ther (specify)	L Accidal	F If the foundation is in a under section 507(b)(1	
(" 		13,068,223. (Part I, colu		pasis.)		I/(D), check here
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	5,422,455.		N/A	
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	40,877.	40,877.		STATEMENT 1
	4	Dividends and interest from securities	70,268.	70,268.		STATEMENT 2
	5a	Gross rents		· · · · · · · · · · · · · · · · · ·		
	b	Net rental income or (loss)				
ě	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	1,236,422.			
Ģ	þ	assets on line 6a 1,705,551.		1 026 400		
Revenue	7.	Capital gain net income (from Part IV, line 2)		1,236,422.		
	8	Net short-term capital gain Income modifications 200				
	9 10a	Gross sales less returns				
	iva h	and allowances Less Cost of goods sold)				
	C					
	11	Other-income &	34,699.	0.		STATEMENT 3
	12	Total: Add lines 1 through 11	6,804,721.	1,347,567.		
	13	Compensation Cofficers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
'n	15	Pension plans, employee benefits				
ıses	16a	Legal fees :				
ē		Accounting fees STMT 4	6,752.	6,752.		0.
ũ		Other professional fees				
Operating and Administrative Expens	17	Interest Taxes STMT 5	9,723.	0.		0.
stre	18 19	Taxes STMT 5 Depreciation and depletion	9,123.	0.		0.
Ë	20	Occupancy		. <u>-</u>		
퉏		Travel, conferences, and meetings	-			
ē	22	Printing and publications				
ā	23	Other expenses STMT 6	28,354.	31,202.		0.
atin		Total operating and administrative				
per		expenses. Add lines 13 through 23	44,829.	37,954.		0.
Ō	25	Contributions, gifts, grants paid	180,869.			180,869.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	225,698.	37,954.		180,869.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	6,579,023.	4 000 515		
		Net investment income (if negative, enter -0-)		1,309,613.		
	C	Adjusted net income (if negative, enter -0-)	į l		N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014) \7

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7	/	\circ	Τ.	Ð.	т	CO	SERVICES LLC	1

Fo	rm 99	00-PF (2014) C/O LRICO SERVICES LLC		88-	6059216 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	·
뜨	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	335,973.	1,275,552.	1,275,552.
	3	Accounts receivable ►			
	Ī	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
Ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			<u> </u>
⋖	10a	Investments - U.S. and state government obligations STMT 8	1,025,825.	1,031,249.	1,031,249.
	b	Investments - corporate stock STMT 9	2,813,530.	5,933,113.	5,933,113.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	1,499,057.	3,010,615.	<u>4,828,309.</u>
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	5,674,385.	11,250,529.	<u>13,068,223.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			•
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ä	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
				_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
<u>aa</u>	25	Temporarily restricted			
Ä	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
ŝ	27	Capital stock, trust principal, or current funds	0.	0.	
Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥	29	Retained earnings, accumulated income, endowment, or other funds	5,674,385.	11,250,529.	
Set	30	Total net assets or fund balances	5,674,385.	11,250,529.	
	l		5 654 205	11 050 500	
_	31	Total liabilities and net assets/fund balances	5,674,385.	11,250,529.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	SU .		E 674 20F
^	•	t agree with end-of-year figure reported on prior year's return)		1	5,674,385.
		amount from Part I, line 27a		2	6,579,023.
		r increases not included in line 2 (itemize)		3	12 253 400
		lines 1, 2, and 3	ODD ODS	MEMENT 7	12,253,408.
		eases not included in line 2 (itemize)	SEE STA		1,002,879.
0	rotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (o), ime 30		11,250,529.
					Form 990-PF (2014)

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Page 3

	ribe the kind(s) of property sold (e. rehouse; or common stock, 200 sl			(b) Hov P - F D - C	w acquired Purchase Donation	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
la							
b SEE ATTACHED	STATEMENT						
С							
1							
<u>e</u>				L.,			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (l (e) plus (f) min	
ı							
1							
							
1 505 501		<u> </u>					
1,705,531.		<u> </u>	469,10	9.			1,236,42
Complete only for assets showin	g gain in column (h) and owned by				(1)) Gains (Col. (h) g	jain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		COL	(k), but not less Losses (from c	
		1					
						-	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>					1,236,42
1	C If goin also ant	er in Doet I. lina	7	7			
Capital gain net income or (net ca	oital loss) { If gain, also enti If (loss), enter -	er in Part I, line 0- in Part I, line	7	<u>}</u>	2		1,236,42
Net short-term capital gain or (los	s) as defined in sections 1222(5) a						
If gain, also enter in Part I, line 8,		a (0).		J			
If (loss), enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · ·			J 8	3	N	/A
Yes," the foundation does not quali	ion 4942 tax on the distributable at fy under section 4940(e). Do not c	omplete this pa	ırt.		_		Yes X N
	ach column for each year; see the	instructions be	fore making any en	ntries.			· (B
(a) Base period years Calendar year (or tax year beginnir	g in) Adjusted qualifying di	stributions	Net value of nor	(c) ncharita	ole-use assets	Dıs (col. (b)	(d) stribution ratio divided by col. (c))
2013		03,999.			<u>302,605</u>		.02165
2012		77,632.			270,221		.07824
2011		L6,009.			<u>996,873</u>		.45435
2010		34,377.			<u>332,735</u>		.25683
2009	61	L4,498.		4,6	<u>06,408</u>	•	.13340
Total of line 1, column (d)						2	.94449
Average distribution ratio for the 5	•	on line 2 by 5,	or by the number of	of years			
the foundation has been in exister	ice if less than 5 years					3	.1888
Enter the net value of noncharitab	le-use assets for 2014 from Part X	, line 5				4	8,471,85
Multiply line 4 by line 3						5	1,600,31
Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	13,09
Add lines 5 and 6						7	1,613,41
Enter qualifying distributions from	Part XII, line 4					8	180,869
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part using) a 1% t	ax rate.		

1/10/00// 12/2/2 10025

RUDD FOUNDATION

Exempt operating foundations exerted in section 4940(a)(c), check here 1 and natural Yak on line 1. Date of ruling of determination littler:		1990-PF (2014) C/O LRICO SERVICES LLC 88-	6059216	-4:-	Page 4
Date of ruling or determination letter			see instru	CTIO	ns)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here □ and enter 1% of Part I, line 27 b. c All other domestic foundations anter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, ook (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 26, 192. 4 Subtlitle A (microne) bax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Condist/Payments: 6 Description organizations— has withheld at source 1 tax paid with application for extension of time to life (Form 8868) 6 Exempt foreign organizations— has withheld at source 1 tax paid with application for extension of time to life (Form 8868) 6 Exempt foreign organizations— has withheld at source 1 tax paid with application for extension of time to life (Form 8868) 7 Total credits and payments and 2013 overpayment or estimated tax. Check here □ if Form 2220 is attached 9 Tax die. If the total of lines 5 and 8 is more than line 7, enter amount owder 10 Overpayment. If line 7 is more than line 17, enter amount owder 10 Overpayment. If line 7 is more than line 17, enter amount owder 11 Enter the amount of line 10 to be; Credited to 2015 estimated tax. Provided to 11 to 12 to 12 to 12 to 12 to 13 to 14 to 1	12				
of Part I, line 27b c. All other domestic Coundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (formestic section 4947(a)(1) irusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 3 C. 5, 192 . 4 O 5 Abthate N. (mome) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Credish? Ayments: a 2014 estimated tax payments and 2013 overpayment credited to 2014 b Exempt foreign organizations - tax withheld at source a 10x paid with application for extension of time to the (Form 886) 6 Bec 6 Bec 7 344, 128 . 8 Enter any peasity for underpayment of estimated tax. Check here			_	<i>c</i> 1	0.2
c All other domestic foundations enter 2% of time 27b. Exempt foreign organizations enter 4% of Part I, line 12, ook (b). 2	0			0,1	94.
2 Tax under section 511 (domestic section 4947(a)(1) brusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtitib A (income) tax (domestic section 4947(a)(1) brusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 8.1 tzer or liess, enter -0- 5 Todds-Ryments; 2 014 estimated tax payments and 2013 overpayment credited to 2014 6 Beam for foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Beauty withholding erroreously withheld 7 Total credits and payments. Add lines 8a brough 6 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line?, retire amount owed 9 Tax due. If the total of lines 5 and 8 is more than line?, retire amount owed 9 Tax due. If the total of lines 5 and 8 is more than line?, retire amount owed 9 Tax due. If the total of lines 5 is credited to 2015 is estimated tax. 10 Overpayment. If line 7 is more than the total of lines 5 set fines that the total of lines 5 is estimated tax. 11 Enter the amount of line 10 bit of credited to 2015 is estimated tax. 12 Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any rational, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation in connection with the eactivities. 1b Using the participation of the foundation in connection with the eactivities. 1c During the tax year, did the foundation in connection with the eactivities. 1c During the tax should be foundation in Form 1190-01, first heyes of the production the		,			
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5 Tab based on Investment Income. Subtract line 4 from line 3. If zero or less, enter-0-6 6 Credits/Payments a 2014 estimated tax payments and 2013 overpayment credited to 2014	-	 		0,1	
6 Credits/Payments: a 2014 estimated tax payments and 2013 overpayment credited to 2014 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 8a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Tay 15 in the total of lines 5 in a 68, enter the amount overpaid 11 Total credits and payments. Add here so and 8, enter the amount overpaid 12 Form the 18 in the total of lines 5 and 8, enter the amount overpaid 13 Form 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? 13 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 14 If the answer is "Ves" to 1a or 1b, attach a detailed description of the activities. 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the enanwer is "Ves" to 1a or 1b, attach a detailed description of the activities. 17 Colon the foundation in commection with the activities. 18 Enter the reimbursement (if any) baid by the foundation during the year? 19 Colon foundation managers. Solon solon payment and the state of the state of the securities and the foundation managers and the state of the activities. 19 Extent the reimbursement (if any) baid by the foundation during the year? 10 The foundation have unrelated business gross income of \$1,000 or more during the year? 11 Press, "taxtach the statement required by General Instruction T 12 Are the requirements of section \$08(e) (releaning to sections \$491 through \$4			2	6.1	
a 2014 estimated tax payments and 2013 overpayment credited to 2014 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add hines Sa through 6d 8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment I film 67 is more than the total of lines 5 and 8, enter the amount ower in 0 Overpayment I film 67 is more than the total of lines 5 and 8, enter the amount ower in 0 Overpayment I film 67 is more than the total of lines 5 and 8, enter the amount owerpaid 11 Filter the amount of line 10 to be; Credited to 2015 estimated tax Form 7, 936. Refunded 11 Overpayment I film 67 is more than 150 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1 But 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 Econnection with the activities. 1 But 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. Possibly of the year? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation effection 1120-PLIC in the year? 4 But the foundation and any activities that have not previously been reported to the IRS? 1 If "Yes," has the did a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 1 If "Yes," has the did a tax return or Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or s		The state of the s		<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for undergayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Tax due. If the control to the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 7, 936 . Refunded ▶ 10 Tax, 936. 12 During the tax year, did the foundation on tempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation on tempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation intermpt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14 If the answer is "Ves" to 1 ar or 10, attach a detailed description of the activities. 15 During the tax is a state of the foundation file Form 1120-POL for this year? 16 Example of the foundation file Form 1120-POL for this year? 17 On the foundation file Form 1120-POL for this year? 18 Has the foundation file Form 1120-POL for this year? 19 If the answer is "tatch a detailed description of the activities. 19 Sy state legislation that effectively amends th	-				
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Chert the amount of line 10 to be: Credited to 2016 settiated tax ▶ 7, 936 . Refunded ▶ 10 7, 936. 11 Enter the amount of line 10 to be: Credited to 2016 settiated tax ▶ 7, 936 . Refunded ▶ 11 0 0. Part VII-A Statements Regarding Activities 12 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? 12 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? 13 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? 14 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? 15 Did it spend more than 5100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 19 Did it spend more than 5100 during the year (either directly or indirectly) for political purposes (see instructions for intervene in any political campaign? 19 Line the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 20 Line the the foundation angaged in any activities that have not previously been reported to the IRS? 19 Line the foundat					
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any pearly for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If the 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2015 estimated tax ▶ 7, 936 . Refunded ▶ 10 7, 936. 11 Enter the amount of line 10 to be; Credited to 2015 estimated tax ▶ 7, 936 . Refunded ▶ 11 0 0. Part VIII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Ves" to 1a or 1b, attach a detailed description of the activities. 1c Unit the foundation in connection with the activities. 1c Unit the foundation in Endire 1120-PDI. for this year? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 1c) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 2 Has the foundation made any activities that have not previously been reported to the IRS? 1f "Yes," attach a detailed description of the activities. 2					
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here					
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2015 estimated tax ▶ 7, 936 . Refunded ▶ 11 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation on connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ► S			3	4,1	28.
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8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► NONE b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X	7		-		<u> </u>
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X	•	on the restriction have at least \$6,000 in account at any time starting the year. If 100, 00 inplote 7 art in, 00 in 10,, and 7 art in	- ' -		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X	8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE :			İ
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X	va	ATOMINE			
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X	h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X	•		86	x	
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	·			
	-		9		x
	10	• • • • • • • • • • • • • • • • • • • •			X

Pa	rt VII-A	Statements Regarding Activities (continued)			
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512	2(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the fou	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," atta	ach statement (see instructions)	12		<u>X</u>
13	Did the fou	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website ad	dress ► <u>WWW.RUDDFOUNDATION.ORG</u>			
14	The books	are in care of ▶ <u>LESLIE G. RUDD</u> Telephone no.▶ <u>316-83</u>			
		▶ 2416 EAST 37TH STREET NORTH, WICHITA, KS ZIP+4 ▶67	<u> 219</u>	<u>-35</u>	<u>38</u>
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· []
		ne amount of tax-exempt interest received or accrued during the year	N	/A	
16	-	during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
		or other financial account in a foreign country?	16	<u> </u>	X
		tructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
Da	foreign cou	ntry ► Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
Pa			Ι	Vaa	NIO
4-		4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	_	year did the foundation (either directly or indirectly): e in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
		or money from, lend money to, or otherwise extend credit to (or accept it from)			
		rainfied person?			
	•	n goods, services, or facilities to (or accept them from) a disqualified person?			
		mpensation to, or pay or reimburse the expenses of, a disqualified person?			
	• •	er any income or assets to a disqualified person (or make any of either available			
		benefit or use of a disqualified person)?			
		to pay money or property to a government official? (Exception. Check "No"			
	• •	bundation agreed to make a grant to or to employ the official for a period after			
		ation of government service, if terminating within 90 days.)			
b	If any answ	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.	4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizatio	ns relying on a current notice regarding disaster assistance check here		:	
C	Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
		irst day of the tax year beginning in 2014?	1c		<u>X</u>
2		ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
		ection 4942(j)(3) or 4942(j)(5)): of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
a	before 201				
		the years \blacktriangleright ,, ,, ,			
b		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	Ì		
		assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		see instructions.)	2b_		
C	If the provis	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶				
3a	Did the fou	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the				
Þ		it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	-	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
		acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
_		0, to determine if the foundation had excess business holdings in 2014)	3b		X
		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
b		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	
	nad not bee	en removed from jeopardy before the first day of the tax year beginning in 2014?	4b) DE	(2014)

Total number of other employees paid over \$50,000

Total, Add lines 1 through 3

All other program-related investments. See instructions.

C/O LRICO SERVICES LLC

	art X · Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	see instructions \
_		Toations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		2 640 454
a	Average monthly fair market value of securities	1a	3,649,454. 123,101.
Þ	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	4,828,309.
d	Total (add lines 1a, b, and c)	1d	8,600,864.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	_	^
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,600,864.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	129,013.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,471,851.
6_	Minimum investment return. Enter 5% of line 5	6	423,593.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	423,593.
	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 4,094.		
C	Add lines 2a and 2b	2c	30,286.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	393,307.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	393,307.
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	393,307.
_	art XII Qualifying Distributions (see instructions)		
<u> </u>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
·	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	180,869.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	180,869.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	180,869.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.	····	

RUDD FOUNDATION C/O LRICO SERVICES LLC

Page 9

Part XIII Undistril	outed Income (see	· · · · · · · · · · · · · · · · · · ·			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 3 line 7	2014 from Part XI,				393,307
2 Undistributed income, if any,	as of the end of 2014				
a Enter amount for 2013 or				0.	
b Total for prior years:					
			0.		
3 Excess distributions carry	-				
a From 2009	392,934.				
b From 2010	803,501.				
	1,632,395.				
d From 2012	76,750.				
e From 2013					
f Total of lines 3a through	<u></u>	2,905,580.			
4 Qualifying distributions for					
Part XII, line 4: ► \$					
a Applied to 2013, but not r	more than line 2a	·		0.	
b Applied to undistributed in	· · · · · · · · · · · · · · · · · · ·				
years (Election required -	see instructions)		0.		
c Treated as distributions o	ut of corpus	_			
(Election required - see in	structions)	0.			
d Applied to 2014 distributa	able amount				180,869.
e Remaining amount distrib	outed out of corpus	0.			
5 Excess distributions carryover (If an amount appears in columnust be shown in column (a))	nn (d), the same amount	212,438.			212,438.
6 Enter the net total of eac					
indicated below:		2,693,142.			
2 Corpus Add lines 3f, 4c, and		2,033,142.			
b Prior years' undistributed	income. Subtract		0.		
line 4b from line 2b c Enter the amount of prior	.vaara'		<u> </u>		
undistributed income for					
deficiency has been issue	d, or on which				
the section 4942(a) tax ha	as been previously		•		
assessed	Ch T		0.		
d Subtract line 6c from line			•		
amount - see instructions	 		0.		
e Undistributed income for					
4a from line 2a. Taxable a				0.	
f Undistributed income for					
lines 4d and 5 from line 1	. This amount must				0
be distributed in 2015	hutuana aut af				0.
7 Amounts treated as distril					
corpus to satisfy requiren					
section 170(b)(1)(F) or 49					
may be required - see inst		0.	······································		
8 Excess distributions carry	i	100 406			
not applied on line 5 or lin	_	180,496.			
9 Excess distributions carr		2 512 646			
Subtract lines 7 and 8 from	m line ba	2,512,646.			
10 Analysis of line 9:	002 501				
a Excess from 2010	803,501.				
	1,632,395.				
c Excess from 2012	76,750.				
d Excess from 2013					
e Excess from 2014 423581					Form 990-PF (2014)

NONE

c Any submission deadlines:

1/10/00// 12/2/2 10025

COMPLETE A DONATION REQUEST FORM OR LETTER AND PROOF OF 501(C)3 STATUS.

510 EAST HYMAN AVENUE, SUITE 26, ASPEN, CO 81611-1955 b The form in which applications should be submitted and information and materials they should include:

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

Part XV Supplementary Information (continued) 3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AHAVATH ACHIM-HEBREW CONGREGATION NONE PUBLIC CHARITY FINANCIAL SUPPORT 1850 NORTH WOODLAWN WICHITA, KS 67208 200. AMERICAN HEBREW ACADEMY NONE PUBLIC CHARITY FINANCIAL SUPPORT 4334 HOBBS ROAD GREENSBORO, NC 27410 83,333, CLINICA VERDE NONE PUBLIC CHARITY FINANCIAL SUPPORT 512 PINE HILL RD ANGWIN, CA 94508 10,000. CONGREGATION EMANU-EL NONE PUBLIC CHARITY FINANCIAL SUPPORT 7011 E CENTRAL WICHITA, KS 67206 500. ECOLOGY CENTER NONE PUBLIC CHARITY FINANCIAL SUPPORT 2530 SAN PABLO AVENUE BERKELEY CA 94702 5.000. SEE CONTINUATION SHEET(S) ▶ 3a Total 180,869. b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	ousiness income	Excluded	d by section 512, 513, or 514	
enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Alliount	code	Amount	function income
a	_				·· ·
b			+		
C	-		 		
d	_		 		
e			╄──┼		
· f			 -	 -	
g Fees and contracts from government agencies			 		
2 Membership dues and assessments	 		 		
3 Interest on savings and temporary cash	}		14	40,877.	
investments 4 Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	70,268.	
5 Net rental income or (loss) from real estate:			111	70,200.	
a Debt-financed property			 		
b Not debt-financed property			 -		
6 Net rental income or (loss) from personal					
property 7 Other investment income			 		
8 Gain or (loss) from sales of assets other			 		
than inventory			18	1,236,422.	
9 Net income or (loss) from special events	-			1/250/1224	
10 Gross profit or (loss) from sales of inventory	-		1		
11 Other revenue:	· -				
a SEE STATEMENT 11		34,699.			
b					
С					
d					
e	-				
12 Subtotal. Add columns (b), (d), and (e)		34,699.		1,347,567.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,382,266.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of E	kempt	Purposes	
		<u> </u>			-lish-read of
Line No. Explain below how each activity for which in the foundation's exempt purposes (other than the foundation).			Contribut	ed importantly to the accom	plishment of
NOT APPLICABLE	ar by providing lands	, to Gadii parpodooj.			
NOI APPLICABLE					
					
					
					<u> </u>
·		· · · · · · · · · · · · · · · · · · ·			
		 			
					
					
					
					
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	-	·			
		- <u>-</u> -			
423821 11-24-14	 				Form 990-PF (2014

Part XVII	Information Re Exempt Organ		sfers To	and Transactions	and Relation	ships With Noncha	ritable	
1 Did the o			of the follows	ng with any other organizati	on described in se	ction 501(c) of	Yes	No
				27, relating to political orga		011011 00 1(0) 01		1
	from the reporting found			-				
(1) Cash				ga			1a(1)	X
(2) Othe		•	•	•		•	1a(2)	X
	nsactions:			•		·	•	1
(1) Sales	s of assets to a noncharita	ble exempt organiza	tion				1b(1)	X
(2) Purc	hases of assets from a no	ncharitable exempt	organization	•			1b(2)	X
(3) Rent	tal of facilities, equipment,	or other assets	_				1b(3)	X
(4) Reim	nbursement arrangements	j					1b(4)	X
(5) Loan	ns or loan guarantees						1b(5)	X
(6) Perfo	ormance of services or me	embership or fundrai	ısıng solicitatio	ons			1b(6)	X
c Sharing o	of facilities, equipment, ma	uling lists, other asse	ets, or paid em	ployees			1c	X
d If the ans	wer to any of the above is	"Yes," complete the	following sch	edule. Column (b) should a	lways show the fair	market value of the goods, o	other assets,	
or service	es given by the reporting f	oundation. If the fou	ndation receiv	ed less than fair market val	ue in any transacti	on or sharing arrangement, s	how in	
column (d) the value of the goods,	other assets, or serv	ices received.	ı				
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Descripti	on of transfers, transactions, and	sharing arrangem	ents
			N/A					
	 							
						 		
		<u> </u>						
				or more tax-exempt organ	izations described			_
	1 501(c) of the Code (other)(3)) or in sec	tion 527?		<u>L</u>	!Yes L2	No 🖸
b If "Yes," c	complete the following sch			T (65)	T	(15)	L .	
	(a) Name of org	janization		(b) Type of organization	ļ	(c) Description of relations	nip	
	N/A				ļ		-	
					ļ			
	·							
Lundo	r panelting of parting I dealers	that I have exemined th	io return unaludu		d atalamanta and taki	a bast of my translades		
and b	r penalties of perjury, I declare belief, it is the, correct, and cor	mplete Declaration of	reparer (other tha	ng accompanying schedules and an taxpayer) is based on all infor	o statements, and to the mation of which prepa	rer has any knowledge	y the IRS discuss irn with the prepa	
Sign Here	Leury	Juda		• . ^	-	Silo	wn below (see in	
<u> </u>	\mathcal{A}	The 2	POF	7 1 1 7 9	TRUST	EE L	X Yes L	J No
Sig	nature of officer or trustee		I Dranazaria a	Date	Title	T Check if I PTIN		
	Print/Type preparer's na	ame	Preparer's s	signature	Date			
Doid	0000 0000	ID.		M	9-10-15	self- employed	0 2 0 4 2 2 2	_
Paid Proparer	GREG SEVIE			EVIER			0301386	<u> </u>
Preparer	Firm's name ► PET	EKSON, PE	TERSON	& GOSS, L.O		Firm's EIN ► 48-0	542098	
Use Only								
	Firm's address ▶ P.			4050			co co	
	ı WI	CHITA, KS	o 6/201	1259		Phone no. 316-20	o2-837]	_

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

Department of the Treasury Internal Revenue Service

Name of the organization

RUDD FOUNDATION

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.lrs.gov/form990 .

OMB No 1545-0047

Employer identification number

2014

C	/O LRICO SERVICES LLC	88-6059216							
Organization type (check									
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								
	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions							
General Rule									
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.									
Special Rules									
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount II. Complete Parts I and II.	or 16b, and that received from							
year, total contril	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ for cruelty to children or animals. Complete Parts I, II, and III.								
year, contribution is checked, ente purpose. Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because in the parts unless the General Rule applies to this organization because in the parts unless the General Rule applies to this organization because in the parts unless that the parts unless the General Rule applies to this organization because in the parts unless that the parts unl	ore than \$1,000 If this box s, charitable, etc ,							
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule for Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

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

RUDD FOUNDATION

C/O LRICO SERVICES LLC

Employer identification number

88-6059216

Part I Contributors (see instructions). Use duplicate copies of I	art I if additional space is needed
---	-------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LESLIE G RUDD LIVING TRUST 3/31/99 2416 E. 37TH ST. NORTH WICHITA, KS 67219	\$ <u>4,422,455.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LESLIE G RUDD LIVING TRUST 3/31/99 2416 E. 37TH ST. NORTH WICHITA, KS 67219	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

RUDD FOUNDATION

C/O LRICO SERVICES LLC

Employer identification number

88-6059216

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

		· · · · · · · · · · · · · · · · · · ·	_
(a) No. from	(b)	(c) FMV (or estimate)	(d) Date received
rom Part I	Description of noncash property given	(see instructions)	Date received
1	SHARES OF AMERICAN EXPRESS, BERKSHIRE HATHAWAY INC, CARNIVAL CORP, JOHNSON & JOHNSON AND WELLS FARGO	\$ <u>4,422,455</u> .	12/24/14
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Employer identification number Name of organization RUDD FOUNDATION 88-6059216 C/O LRICO SERVICES LLC 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) List	and describe the kind(s) of property so y brick warehouse; or common stock, 2	ld, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BT PRIVATE EQ			P	(,, ,,	(,,
	ROCTER & GAMBLE C	<u>'0</u>		VARIOUS	VARTOUS
c FIDELITY INVE		HOME LN BKS CON			11/14/14
		PHILLIPS SR GLBL			11/25/14
	STMENTS - CALIFOR		P		04/08/14
f FIDELITY INVE	STMENTS - CALIFOR	NIA ST GO BDS	P	04/22/09	08/11/14
<u>g</u>					
h	··				
<u> </u>					
				· · · · · · · · · · · · · · · · · · ·	
<u>k</u>					
m					
n			<u> </u>		
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
a 108,079					108,079.
b 1,452,858		328,701.		1,	124,157.
c 40,000	·	40,000.			0.
d 50,290	· · · · · · · · · · · · · · · · · · ·	50,022.			268.
e 27,312		25,211.			2,101.
<u>f</u> 26,992	-	25,175.			1,817.
<u>g</u> h					
_ ''					
1					
k					
1					
<u>m</u>					
<u>n</u>					
Complete only for assets sho		the foundation on 12/31/69	(1) 00	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain ove of less than "-0-")	
	as 01 12/3 1/09	over col. (j), ii arry			108,079.
<u>a</u> b				1	$\frac{108,079.}{124,157.}$
C					0.
d					268.
е					2,101.
f					1,817.
9					
<u>h</u>					
!					
1					
<u>k</u> 					
m		-			
n					
0					
2 Capital gain net income or (net	t capital loss) { If gain, also enter	r in Part I, line 7	2	1,	236,422.
3 Net short-term capital gain or ((loss) as defined in sections 1222(5) ar	, I			
If gain, also enter in Part I, line If (loss), enter "-0-" in Part I, lir	8, column (c). ne 8)	3	N/A	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
GUILD OF SOMMELIERS EDUCATION	NONE	PUBLIC CHARTTY	FINANCIAL SUPPORT	
FOUNDATION	HONE	TOBBIC CHARTII	INANCINE BOITORI	
PO BOX 348				
RUTHERFORD, CA 94573				30,000.
WARDING TO DECEMBE	NONE	DIDITO CUADITO	FINANCIAL SUPPORT	
HAPEVILLE RECREATION CENTER 3444 NORTH FULTON AVE	NONE	PUBLIC CHARITI	FINANCIAL SUPPORT	
HAPEVILLE GA 30354				500.
			:	
INTERNATIONAL CANCER ADVOCACY NETWORK	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
PO BOX 43 RUTHERFORD CA 94573				1,500.
ROTHERFORD, CA 94373				1,300.
LYMELIGHT FOUNDATION INC.	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
1229 BULINGAME AVENUE STE 205				200
BURLINGAME, CA 94010				200.
MARTHA'S TABLE	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
2114 14TH STREET NW				
WASHINGTON, DC 20009				3,000.
NORTH CAROLINA FOUNDATION FOR PUBLIC	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
SCHOOL CHILDREN				
PO BOX 27347				
RALEIGH, NC 27611				7,000.
PIONEER WORKS ART FOUNDATION	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
10960 WILSHIRE BLVD FLOOR 5				
LOS ANGELES, CA 90024				7,500.
CDECTAL OLYMPICS VANCAS INC	NONE	DIIDI TO CUADITY	FINANCIAL SUPPORT	
SPECIAL OLYMPICS KANSAS INC. 5820 FOXRIDGE DRIVE	NONE	PUBLIC CHARITI	FINANCIAL SUFFORI	
MISSION, KS 66202		_		200.
ST. HELENA CATHOLIC SCHOOL	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
1255 OAK AVENUE SAINT HELENA CA 94574				5,000.
THE ASPEN INSTITUTE INC.	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
1000 N THIRD ST				2,500.
ASPEN, CO 81611 Total from continuation sheets	1	<u> </u>	l	81 836.
		"		

3 Grants and Contributions Paid During the				
, Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
WE CARE ANIMAL RESCUE INC.	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
345 CHARTER OAK AVENUE				
SAINT HELENA, CA 94574	-			50
WICHITA STATE UNIVERSITY FOUNDATION	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	•
845 FAIRMOUNT WICHITA, KS 67260				21,58
VICHITA SYMPHONY SOCIETY INC.	NONE	PUBLIC CHARITY	FINANCIAL SUPPORT	
225 W DOUGLAS STE 207 WICHITA, KS 67202				75
ATODON TO ACTION	hrover.	DUDY TO CHARTMA	ETNANGIAL GUDDODE	
WISDOM IN ACTION 1225 SOLANO AVENUE	NONE	FORLIC CHARITY	FINANCIAL SUPPORT	
NAPA CA 94558				1,60
	- 			
				· · · · · ·

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPORA	ARY C	ASH	INVESTMENTS	ST	'ATEMENT	1
SOURCE			(A) VENUE BOOKS			(B) INVESTMENT INCOME		(C) ADJUSTED IET INCOMI	3
FIDELITY INVESTMENT BRECKINRIDGE FROM K-1 - LEXIN CE			40,86			40,866.			
COMMERCIAL LLC MORGAN STANLEY				8. 3.		8. 3.			
TOTAL TO PART I, LI	NE 3		40,87	77.		40,877.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SEC	URITIES	SI	'ATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S		A) ENUE BOOK	(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
JP MORGAN	70,268.		0.	7	0,26	8. 70,26	58.		
TO PART I, LINE 4	70,268.		0.	7	0,26	70,26	58.		
FORM 990-PF		OTHER	INCOM	Œ			SI	'ATEMENT	3
DESCRIPTION	o		REV	A) ENUE BOOK	S	(B) NET INVEST- MENT INCOME		(C) ADJUSTEI NET INCOM	
RENTAL INCOME, LEXIS COMMERCIAL LLC ORDINARY INCOME, LE		ON	· · · · · · · ·	80,	908.	(— -).		
INVESTORS LP ORDINARY INCOME, WOODY CREEK INVESTMENTS I LLC RENTAL INCOME, WOODY CREEK				-3,	452.	().		
				-10,	678.	(0.		
INVESTMENTS I LLC	i Creer			-32,	079.	(). 		
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		34,	699.	(<u> </u>		

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
TAX PREPARATION FEES	6,752.	6,752.		0.		
TO FORM 990-PF, PG 1, LN 16B	6,752.	6,752.		0.		
FORM 990-PF	TAX	ES	S	TATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
FEDERAL INCOME TAX	9,723.	0.		0.		
TO FORM 990-PF, PG 1, LN 18	9,723.	0.		0.		
FORM 990-PF	OTHER E	XPENSES	S'	ratement 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
BANK SERVICE CHARGES & MANAGEMENT FEES	2,077.	2,077.		0.		
BOOK-TAX DIFFERENCES FROM PASSTHROUGH ENTITIES	-2,870.	0.		0.		
BT PRIVATE EQUITY FUND EXPENSES OTHER EXPENSES	29,125. 22.	29,125. 0.		0.		
TO FORM 990-PF, PG 1, LN 23	28,354.	31,202.		0.		

FORM 990-PF OTHER DECREASES IN NE	T ASSETS	OR F	JND BALANCES	STATEMENT	7
DESCRIPTION				AMOUNT	
UNREALIZED GAIN/LOSS - LONG TERM HOL	DINGS			1,002,87	79.
TOTAL TO FORM 990-PF, PART III, LINE	5			1,002,87	79.
FORM 990-PF U.S. AND STATE/CI	TY GOVER	MENT	OBLIGATIONS	STATEMENT	8
DESCRIPTION		THER OV'T	BOOK VALUE	FAIR MARKET	<u> </u>
FIDELITY INVESTMENTS		x	1,031,249.	1,031,24	19.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-			
TOTAL STATE AND MUNICIPAL GOVERNMENT	OBLIGATI	ONS	1,031,249.	1,031,24	19.
TOTAL TO FORM 990-PF, PART II, LINE	10A	=	1,031,249.	1,031,24	19.
FORM 990-PF CORP	ORATE STO	OCK		STATEMENT	9
DESCRIPTION			BOOK VALUE	FAIR MARKET	r
JP MORGAN SECURITIES MORGAN STANLEY		_	0. 5,933,113.	5,933,11	0. L3.
TOTAL TO FORM 990-PF, PART II, LINE	10B	=	5,933,113.	5,933,11	L3.
FORM 990-PF OTHER	N INVESTME	ENTS		STATEMENT	10
					r r
DESCRIPTION	VALUAT: METHOI		BOOK VALUE	FAIR MARKET	•
DESCRIPTION LEXIN CELEBRATION LLC LEXIN CELEBRATION COMMERCIAL LLC BT PRIVATE EQUITY FUND LEXIN NY 815 INVESTORS LP WOODY CREEK INVESTMENTS LLC			48308,577. 40,980. 2,090,921. 1,187,243.		0. 97. 32.

				STATEMENT	11
BUS CODE	V		EXCLUDED AMOUNT	EXEMPT FU	NC-
	80,908.				
	-3.452.				
	•				
	-10,678.				
	-32,079.				
LN 11	34,699.	_			
		80,9083,45210,67832,079.	80,9083,45210,67832,079.	80,9083,45210,67832,079.	80,9083,45210,67832,079.

Form	8868 (Rev. 1-2014)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check thi	s box		▶ X
Note.	Only complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form	8868.	
	ou are filing for an Automatic 3-Month Extension, comple					
Par	t II Additional (Not Automatic) 3-Month E	xtensio				
			Enter filer's		ng number, see	
Туре		uctions		Employe	ımber (EIN) or	
print	RUDD FOUNDATION				216	
File by t			tono	Social as	88-6059	
filing yo			tions	Social Se	ecunty number (S	(SIN)
return S			fress, see instructions			
	WICHITA, KS 67219-3538	oroign dae				
Enter	the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 4
Applic	eation	Return	Application			Return
<u>Is For</u>		Code	Is For			Code
Form 9	990 or Form 990-EZ	01				
	990-BL	02	Form 1041-A	_		08
	1720 (individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227 Form 6069			10
	990-T (sec. 401(a) or 408(a) trust) 990-T (trust other than above)	06	Form 8870			11 12
	Do not complete Part II if you were not already grante			iously file	ed Form 8868	1
<u>0.0.</u>	LESLIE G. RUDD		mano o mommo extension en a pro-	TOUGHT INC	<u> </u>	
• The	books are in the care of > 2416 EAST 37TH		ET NORTH - WICHITA	, KS	67219-35	38
	ephone No ► 316-831-9958		Fax No. ▶ 316-832-12			
• If th	ne organization does not have an office or place of busines	s in the Ur	nited States, check this box		J	▶ □
• If the	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group	o, check this
box 🕨			ch a list with the names and EINs of	all memb	ers the extension	n is for
	· ·	NOVEM.	BER 15, 2015			
	For calendar year 2014 , or other tax year beginning		, and endin		<u> </u>	
6	If the tax year entered in line 5 is for less than 12 months, o	cneck reas	on: Initial return	Fınalı	return	
7	L Change in accounting period State in detail why you need the extension					
	THE FOUNDATION IS WAITING ON	RECET	PT OF A K-1 FROM A	N TNV	ESTMENT.	
	THE TOURDITE ON TO MILETERS OF	112021				
·						
				 -		
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions.			8a	\$	<u> 26,000.</u>
	If this application is for Forms 990-PF, 990-T, 4720, or 6069					
	tax payments made Include any prior year overpayment a	llowed as a	a credit and any amount paid	01-		34,128.
	previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your page.	avmont wit	h this form if required by using	8b		34,120.
	EFTPS (Electronic Federal Tax Payment System). See instr	•	ir this form, ir required, by daing	8c	\$	0.
			st be completed for Part II o		Ψ	
Under it is tru	penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this f	ding accomp	•	•	of my knowledge an	id belief,
Signati				Date	•	
g. ratt	, mo	<u></u>				(Rev. 1-2014)