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Form **990-PF**

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gcv/form()/30pf.

b Accounting fees c Other professional fees Stmt 5 17 Interest 18 Taxes Stmt 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.		Dep	artmei	nt of the basury					curity numbers o					4	.U IJ
Name of foundation							on about For	m 990-P	F and its separate			s.gcv/fori	m990pf.	Open t	o Public Inspection
Receive for P.O. bec. number of main and activement to severe actives of 26.34 F.C. Severage					I IAX JEAI D	egittimy				, and	enaing	A Emplo	oys identificati	on number	
Reproduction Breighting number C41 - C528 - C539		_													
2634 HBMRI DRIVE City of the position provided provided provided in the provided pr									DATION					7	
Control Cont							ivered to street	address)			Room/suite				
PELLA, TA 50219 G Check all mat apply:		_					\				<u> </u>				
Final return							or foreign p	ostal co				C If exem	ptien application is	s pending, che	ck here
Andrews change		G	Chec	k all that apply:		nitial return			initial return of a	ormer public	charity	D 1. For	eign organizatio	ns, check he	re ► 🗀
Peter Pete					===				Amended return			9 5			0/ 11
Section 4947(4)1 onexempt charaltable trust Other tabels private foundation Fill (1944) Section 4947(4) Sectio												che	ck here and attach	computation	test,
First market value of all assets at end of year Accounting method: Cleah Accounting method: Cleah Cleah Accounting method: Cleah Cle		<i>!</i> !—													
Comparation of Circles Comparation Comparatio		<u>_</u>									ruel	7			
Part Relayist of Reverse and Expenses (a) Revenue and Expenses (b) Net investment (c) Admission of invitoring (d) Expenses (d)						u di yeai		-		L ACC	iuai				
Part I Analyzis of Revenue and Expanses (i) Revenue and Substantial (ii) Net investment (ii) Admistral net increased (iii) revenue and substantial (iii) net investment (iiii) Net investment (iii) Net investment (iiii) Net investment (iii) Net investment (ii				art 11, 00°. (0), 1		.651.				basis.)		under	א(מ) נסט ווסוגנשפ	i)(b), check	. Hele PL
1 Contributions, gifts, grants, etc., received 2 Cheek		P	art l	Analysis of Re	venue and	Expenses	·	(a)	Revenue and	(b) Net ii		(c)		for cha	ritable purposes
2 Check It should fine in server for some server in the server of a human and temporary sash measurements			T .					- cyb	<u> </u>		OTTIC	 -		(cas	h basis only)
1 1 1 1 1 1 1 1 1 1			1			-			101,510.			<u> </u>	N/A		
1 Dividends and interest from securities 1 1 1 1 1 1 1 1 1			3	Interest on savings			ataon Juli D	<u> </u>	·	 	· · · · · · · · · · · · · · · · · · ·	 			
Sa Gross rents Day Not rental income or (tota) Statement 1 Statement 2 Statement 3 State			4		nterest from	securities		<u> </u>	6,288.		6,288.			State	ement 2
Statement 1 127,415.			. 5a	Gross rents											
Control gain and income (mm Part IV, line 2) 60,917.			b	Net rental income of	or (loss)				· · · · · · · · · · · · · · · · · · ·						
Net sincritem capital gain		ē	62	Net gain or (loss) fr	om sale of as				<5,595.	<u> </u>				State	ement 1
Net sincritem capital gain		en.	b				<u>,415.</u>				0.045		<u> </u>		
10		æ	7		-	rt IV, line 2)			···-	6	0,917.	 			
Description	<u>«</u>	2	8								· · · · · · · · · · · · · · · · · · ·	 -		- -	
Description	7	3	102	Grace calco lece re						 		 		 	
C Gross profit or (loss) 11 Other income 3. 3. Statement 3			1 -		ls sold				···						
18 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Stmt 4 1,533. 0. 0. 0. 0. 0. 0. 0.	-	4	ı	-	_										
18 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Stmt 4 1,533. 0. 0. 0. 0. 0. 0. 0.	≽	:	11	Other income										State	ement 3
The state of the s	S		12	Total. Add lines	1 through	11 .				6					
Person plans, employee benefits 16a Legal fees	ß						etc	ļ	0.		0.	ļ	··	 	<u> </u>
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Country Coun	Š	ens	b	-		נט עו	iic I		1,000.	<u></u>					
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Contributions, girts, grants paid 34,700. 59,616. 1,563. 54,700.	U)	X	C			Ştr	nt 5		1,563.		1,563.		55051	, , ,	7 0.
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Contributions, girts, grants paid 34,700. 59,616. 1,563. 54,700.		š	17	•		•							RECEN	/ <u>[]</u> ,	
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25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Contributions, girts, grants paid 34,700. 59,616. 1,563. 54,700.	>	gan	22		nications										
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b Net investment income (if negative, enter -0-) 65, 645.	Ĕ	Ō	25						54,700.						54,700.
b Net investment income (if negative, enter -0-) 65, 645.	튭		26	-		sements.									-
b Net investment income (if negative, enter -0-) 65, 645.	E ·								<u>59,616.</u>		<u>1,563.</u>				<u>54,700.</u>
b Net investment income (if negative, enter -0-) 65, 645.	S (l						40 E0C						
	₽°C		i		-		1		44,530.		5 6/5			 	
			i .								<u> </u>	7	N/A	' 	

LHA For Paperwork Reduction Act Notice, see instructions.

		00-PF (2015) JASON & CAROLYN ANDRING			1975467 Pag	e 2
F	art	Balance Sheets Attached schedules and a mounts in the description column should be for end-of-year amounts only	Beginning of year	End of		
_			(a) Book Value	(b) Book Value	(c) Fair Market Value	_
		Cash - non-interest-bearing	0 016	13 665	14 665	
		Savings and temporary cash investments	9,916.	14,665.	14,665	<u>, .</u>
] 3	Accounts receivable				
	١.	Less; allowance for doubtful accounts	<u> </u>	.1	·	—
	4	Pledges receivable ▶				
	1_	Less: allowance for doubtful accounts ▶	<u> </u>			
	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				
Assets		Inventories for sale or use .		··	· · · · · · · · · · · · · · · · · · ·	
SS		Prepaid expenses and deferred charges			 	
⋖	10a	Investments - U.S. and state government obligations				_
	b	Investments - corporate stock				_
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis		}		
	1	Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other Stmt 7	240,482.	278,329.	338,986	<u>.</u>
	14	Land, buildings, and equipment: basis ▶			• .	
	1	Less accumulated depreciation				
	15	Other assets (describe ►				
	16	Total assets (to be completed by all filers - see the				
	L	instructions. Also, see page 1, item I)	250,398.	292,994.	353,651	. •
	17	Accounts payable and accrued expenses				
	,	Grants payable .				•
Ø	1	Deferred revenue			· ·	
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			à.	
ij	21	i i				_
ت	1	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
_	 	Foundations that follow SFAS 117, check here				
	1	and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted		·		
Š	25	Temporarily restricted				
3ak	1	Permanently restricted				
Net Assets or Fund Balances	26	Foundations that do not follow SFAS 117, check here				
Ē		,			-	
5	07	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0.	4	
e ste	27	The state of the s	0.	0.	•	,
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	250,398.	292,994.	•	
at A	29	Retained earnings, accumulated income, endowment, or other funds				
ž	30	Total net assets or fund balances .	250,398.	292,994.		
	١		250 200	292,994.	•	
	31	Total liabilities and net assets/fund balances	250,398.	494,994.	1	
F	art	Analysis of Changes in Net Assets or Fund B	alances			
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30			
٠		it agree with end-of-year figure reported on prior year's return)	~~	11	250,398	
9	•	r amount from Part I, line 27a		2	42,596	
		r increases not included in line 2 (itemize)		3		· ·
		lines 1, 2, and 3		4	292,994	_
		eases not included in line 2 (Itemize)		5		•
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h), line 30	6	292,994	
<u> </u>	TULA	not assets of futia palatices at end of year (this 4 fillings line 3) - Fait it, oc	Marini (E) into 00		Form 990-PF (20	

	ON & CAROLYN AND and Losses for Tax on I			ON		20	-19/54	67 Page 3
	ibe the kind(s) of property sold (e.		LINCONIE	(b) How	acquired irchase	(c) Date ac	nured	(d) Date sold
2-story brick wa	rehouse; or common stock, 200 sh	is. MLC Co.)		` P - Pu	irchase '	(mo., day	/, yr.)	(mo., day, yr.)
1a								
b See Attached	Statement							
<u>c</u>				ļ				
<u>d</u>				 				
<u>e</u>				! _				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				n or (loss) f) minus (g)	
a	(**************************************	<u> </u>				(-/ ((0)	
<u>b</u>					·- <u></u> .			
c								
d				_				
e 127,415.		<u> </u>	66,49	8.				60,917.
Complete only for assets showing	g gain in column (h) and owned by				(I)	Gains (Col	. (h) gaın mını t less than -0-	IS Vor
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex over	cess of col. (i) col. (j), if any		GOIL		rom col. (h))	
<u>a</u>		 						
<u>b</u>		 -						
<u>c</u>		 						
<u>d</u>								60,917.
	∫ If gain, also ente	r in Dart I line		7				00/32/0
2 Capital gain net income or (net cap				<u>}</u> 2				60,917.
3 Net short-term capital gain or (loss		nd (6):		٦١				
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8	column (c).			} 3	1		N/A	
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Inves	ment Inco	me		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	ncome.)				
If section 4940(d)(2) applies, leave th	ie nart hlank							
							r	n. (===3
Was the foundation liable for the section			•	riod?			L	Yes X No
If "Yes," the foundation does not quali Enter the appropriate amount in e	ach column for each year; see the			ntries.			 	
(a)	(b)	mod dodono bo	ioro making arry o	(c)		T	(d) Distribution	
Base period years Calendar year (or tax year beginnin		stributions	Net value of no		le-use assets	(c	Distributioi ol. (b) divided	n ratio by col. (c))
2014		2,250.		2	89,233	+		.180650
2013		34,150.		2	21,670			.154058
2012		31,125.			<u>54,998</u> .			.200809
2011		25,522.		1	<u>16,702</u>			.218694
2010		24,512.			<u>98,931</u>	\ 		.247769
2 Total of line 1, column (d)	••					2		1.001980
3 Average distribution ratio for the 5		on line 2 by 5,	or by the number	of years				200206
the foundation has been in existen	ice if less than 5 years					3		.200396
4 Enter the net value of noncharitable	le-use assets for 2015 from Part X,	line 5				4		332,696.
5 Multiply line 4 by line 3						5		66,671.
					, .			
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)				•	6		656.
7 Add lines 5 and 6						7		67,327.
8 Enter qualifying distributions from		.,				8		54,700.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1% ta	x rate.			
See the Part VI instructions.							F	000-PE (2015

	n 990-PF (2015) JASON & CAROLYN ANDRINGA FOUNDATION 20-197	5467	iotio	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	JCTIO	<u>ns)</u>
12	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		- 4	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		1 2	112
Đ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		<u> 1,3</u>	<u>313.</u>
_	of Part I, line 27b			· · · · · · · · · · · · · · · · · · ·
_	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			٨
2 3	Add lines 1 and 2		1 2	13.
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<u> </u>	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1 3	313.
6	Credits/Payments:		- / , ,	1
-	2015 estimated tax payments and 2014 overpayment credited to 2015		- '	٠.
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)		-	N
	I Backup withholding erroneously withheld			
			1,4	100.
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			87.
	Enter the amount of line 10 to be; Credited to 2016 estimated tax			0.
Pa	art VII-A Statements Regarding Activities		1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u></u>	Yes	
	any political campaign?	1a	<u> </u>	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	1	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	İ	1	7 .
	distributed by the foundation in connection with the activities.		1	
	Did the foundation file Form 1120-POL for this year?	1c	├	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ĺ		1
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .	ļ		1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers. > \$ 0.	2		x
Z	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	1	 ^
	If "Yes," attach a detailed description of the activities.	· ['		
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.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	 	X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		†
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	If "Yes," attach the statement required by General Instruction T.	- -	-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ļ		1
•	By language in the governing instrument, or	-	1	
	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	<u> </u>	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pert XV	7	X	
]		ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	,	ľ	1
	IA	, }		ŀ
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	8b	X	
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	1.	-	1 -
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10		10 orm 99 0	L	
	Г	ULIN GO	~ 1 1	(4010)

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P	art VII+A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
40	section 512(b)(13)? If "Yes," attach schedule (see instructions)		<u> </u>	<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg if "Yes," attach statement (see instructions)	1		.
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1 <u>12</u>		X
,,,	Website address ► N/A		- 41	
14	The books are in care of ► CAROLYN ANDRINGA Telephone no. ► 6	41-628-	6893	3
		4 ▶5021		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	· 	Þ	
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	N/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	}	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	j		
D.	foreign country			
78	art VII-B. Statements Regarding Activities for Which Form 4720 May Be Required		V	NI-
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	Yes	No
18	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No .		1 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	X No	1:	1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-	1 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			1 1
	for the benefit or use of a disqualified person)?	₹ No		1 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	}		1
	if the foundation agreed to make a grant to or to employ the official for a period after	_		
	termination of government service, if terminating within 90 days.)	S No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	NT / T		1
		N/A 1b		1
_	organization rolying on a barron fraction rogarating abability about the control of the control			1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	10		x
9	before the first day of the tax year beginning in 2015? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10	+	
۲	defined in section 4942(j)(3) or 4942(j)(5)):			1
8	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
Ĭ	before 2015?	K No		
	Ifi"Yes," list the years			<u>}</u>
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	:		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		;	,
		N/A <u>2b</u>	-	++
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	
#	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	j		
38		Z No		
	during the year? If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	- 140	ì	
10	May 26, 1969 (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	e		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		[
		N/A 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1, 1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
		Form 9 9	90-PF	(2015)
	,			
	· · · · · · · · · · · · · · · · · · ·			

orm 990-PF (2015) JASON & CAROLYN ANDRINGA	FOUNDATION		20-197546	57 Page	<u>6</u>
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)		_
5a During the year did the foundation pay or incur any amount to:					1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Yo	es X No		
(2) Influence the outcome of any specific public election (see section 4955); c	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		بر ۲ ر	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<u></u>		1 1	
4945(d)(4)(A)? (see instructions)			es 🗓 No	, , , -	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?			es 🗓 No	1:4-1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations		, -1	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A 5	b	_
Organizations relying on a current notice regarding disaster assistance check h				-	·
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?		I/A	es L No		
If "Yes," attach the statement required by Regulations section 53.494				1 3 7.	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		F==1	· ; `	
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	b X	
!f "Yes" to 6b, file Form 8870.	l- elten åven en etien O		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribution.		L 10	N/A. 7	- - '	-
Part VIII Information About Officers, Directors, Trust		nagers, Highly		<u> </u>	-
Paid Employees, and Contractors	, , , , , , , , , , , , , , , , , , , ,		•		
List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	_
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-;	and deferred compensation	allowances	
CAROLYN ANDRINGA	PRESIDENT/TRE	ASURER		- 	_
2634 HEMEL DRIVE					
PELLA, IA 50219	0.00	0.	0.	0.	<u>.</u>
VASON ANDRINGA	VICE PRESIDEN	T/SECRETA	RY		
2634 HEMEL DRIVE		_	_		
PELLA, IA 50219	0.00	0.	0.	0.	<u>•</u>
			}		
		ł			
<u></u>					_
		1	}		
					
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NON죠."	[-
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	-
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances	í
NONE					-
		· ·			_
					_
		"			
					_
Table number of other employees said over 050,000					ī
otal number of other employees paid over \$50,000		\\	Form 9	90-PF (2015	-
			1 01111 0	(2010	,

Part VI	Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	nuation managers, Fighly		
Five hi	ghest-paid independent contractors for professional services. If none, e	enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comper	ısati
	NONE			
				Ш
				H
				_
				4
				4
tai num	ber of others receiving over \$50,000 for professional services	<u> </u>	<u> </u>	- [[
art IX	-A Summary of Direct Charitable Activities			1
st the fo	undation's four largest direct charitable activities during the tax year. Include relevant s	statistical information such as the	Expenses	-] [
ımber of	organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	LAPONSOS	#
	N/A			
				Ш
				-
		4		
				li.
				1
				1
art IX	-B Summary of Program-Related Investments			
escribe t	he two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2.	Amount	
	N/A			
		,		11
	•			
l other p	rogram-related investments. See instructions.			
				
				
tal Ada	I lines 1 through 3	b	 	По
toi. Auc	7 m 103 1 t m 104 g 1 0		Form 990-PF	
			101111 000 1 1	1
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				1

Р	art X Minimum Investment Return (All domestic foundations r	must c	omplete this	part. Foreign fc·1	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	ole, etc.,	, purposes:			
a	Average monthly fair market value of securities				1a	325,472.
b	Average of monthly cash balances				1b	12,290.
C	Fair market value of all other assets				1c	
ď	Total (add lines 1a, b, and c)			4	1d	337,762.
е	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)	1e		۰.0		
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	337,762.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	t, see in	structions)		4	5,066.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	n Part \	V, line 4		5	332,696.
6_	Minimum investment return. Enter 5% of line 5				6	<u>16,635.</u>
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here ▶ ☐ and do not complete this part.		5) private oper	ating foundations an	d certain	
1	Minimum investment return from Part X, line 6				1	16,635.
2a	Tax on investment income for 2015 from Part VI, line 5	2a_	<u> </u>	1,313.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b_				
9	Add lines 2a and 2b				20	1,313.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	15,322.
4	Recoveries of amounts treated as qualifying distributions .				4	0.
5	Add lines 3 and 4			•	5	15,322.
6	Deduction from distributable amount (see instructions)			(_r	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	t XIII, lii	ne 1		7	15,322.
Р	Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	rposes:				F 4 700
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	54,700.
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 charital	idie, etc	., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:					
a	Suitability test (prior IRS approval required)				3a	
b	Cash distribution test (attach the required schedule)	and David	s VIII lima 4		3b	54,700.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a				4	54,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inverse, report 197, of Part I. Inc. 97b.	esunen	ι		_	0.
۰	Income. Enter 1% of Part I, line 27b				6	54,700.
٥.	Adjusted qualifying distributions. Subtract line 5 from line 4				L I	

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				15 322.
line 7				13,322.
2 Undistributed income, if any, as of the end of 2015			0.	, ,
a Enter amount for 2014 only				1 3 7
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010			, '	
b From 2011 20, 183.			!	in the second
c From 2012 24,020.				- , -
d From 2013 24,073.	'			
e From 2014 39,164.	,			
f Total of lines 3a through e	127,351.		,	700
4 Qualifying distributions for 2015 from				1 1
Part XII, line 4: ►\$ 54,700.	٨			· · · · · ·
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				۲ ,
years (Election required - see instructions)		0.	,	TÇ ay j
c Treated as distributions out of corpus				E 3. 10
(Election required - see instructions)	0.		4	<u> </u>
d Applied to 2015 distributable amount	, , , , , , , , , , , , , , , , , , , ,			15,322.
e Remaining amount distributed out of corpus	39,378.			20 1 A
_	0.		4	0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount		`		7 7 1
must be shown in column (e)) 6 Enter the net total of each column as indicated below:				* **
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	166,729.			
b Prior years' undistributed income. Subtract	#00//250			
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.	_ (3
d Subtract line 6c from line 6b. Taxable			,	
amount - see instructions		0.		\$
e Undistributed income for 2014. Subtract line		•		2 , 3 2 ,
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of		-	Î	, , , , ,
corpus to satisfy requirements imposed by			,	
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.		`	
8 Excess distributions carryover from 2010				6.50
not applied on line 5 or line 7	19,911.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	146,818.		<u> </u>	10 10 201
19 Analysis of line 9:			· · ·	
a Excess from 2011 20, 183.		•		
b Excess from 2012 24 , 020 .	in the second of the second	77 12	Ţ .	41.
c Excess from 2013 24,073.	. v . #21		- '	# # # # # # # # # # # # # # # # # # #
d Excess from 2014 39,164.			i	
e Excess from 2015 39,378.		<u> </u>	<u> </u>	Form 990-PF (2015)

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	CAROLYN AN				975467 Page 10
Part XIV Private Operating Fo			· · · · · · · · · · · · · · · · · · ·	N/Ā	
1 a If the foundation, has received a ruling or				4	
foundation, and the ruling is effective for		-	▶ ∟	<u></u>	
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0014	Prior 3 years	(4) 0040	- (a) Tabal
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed .			<u> </u>		
b 85% of line 2a			ļ		
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			<u> </u>		
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				<u> </u>	
2/3 of minimum investment return				2.	
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 Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t				·	
1 Information Regarding Foundatio	n Managers:				
# List any managers of the foundation who	o have contributed more	than 2% of the total cor	ntributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			
None					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation	ı (or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation has	s a 10% or greater intere	st.			
None					
2 Information Regarding Contributi					
Check here 🕨 🗓 if the foundation of	nly makes contributions	to preselected charitable	e organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc. (10 0.
a The name, address, and telephone numb	ber or e-mail address of	the person to whom app	olications should be addre	essed:	
					
b The form in which applications should b	e submitted and informa	tion and materials they	should include:		
		· · · · · · · · · · · · · · · · · · ·			
c Any submission deadlines:					
	auch on his annuachta	ol orogo oberitable field	kinds of institutions or	other factore	
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable ileio:	s, ratus of institutions, of	onial inc. no.	
523601 11-24-15				· ·	Form 990-PF (2015)

Free Carrier Street to 19

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Part XVI-A	Analysis of	Income-Producing	Activities
Tallation	Aliaivaia Ui	IIICOING FIOUUCIIIG	MOUNTINGS

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclud	ded by section 512, 513, or 514	(e)	1
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amouat	Related or exempt function income	
1 Program service revenue:	code		code	711102.11	Tanotion income	<u> </u>
n ————————————————————————————————————	-		 			ļ.
b	-		_			ii i
d			11			İ
e			1			i
f			1		- 	
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						li
investments						<u> </u>
4 Dividends and interest from securities			14	6,288.		ļ.
5 Net rental income or (loss) from real estate:	, ,	····			, ,	1
a Debt-financed property						1
b Not debt-financed property			ļ			<u> </u>
6 Net rental income or (loss) from personal						li .
property						Ľ.
7 Other investment income .			14	3.		
8 Gain or (loss) from sales of assets other	i l					li .
than inventory			18	<5,595 .	>	ļi.
9 Net income or (loss) from special events			ļ		······································	1
Gross profit or (loss) from sales of inventory						<u> -</u>
1 Other revenue:						
å	-		1 1			
						1
b						li.
c						1
c						
c		0.		696.		0
c d e Subtotal. Add columns (b), (d), and (e)		0.		696.	69	0
c d e 2 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		696.	69	0
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	to the Accord			. 13	69	
c	to the Accor			. 13	69	
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported in	nplishment of Excolumn (e) of Part XVI-A	kempt	13 t Purposes		
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	ome is reported in	nplishment of Excolumn (e) of Part XVI-A	kempt	13 t Purposes		
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c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported in	nplishment of Excolumn (e) of Part XVI-A	kempt	13 t Purposes		

	XVII Information			and Transactions			haritable	<u> </u>	ige 13
1 Di	d the organization directly or		y of the following	ng with any other organizati	on described in secti	on 56%(c) of	₩s,	Yes	No
	Code (other than section 5					o 00 1(0) 01	[†	1	11
	ansfers from the reporting fo] {	ال محر	
) Cash		•				1a(1)		X
(2	Other assets						1a(2)		X
	her transactions:							,	4.
(1)	Sales of assets to a nonch	aritable exempt organiz	zation				1b(1)		X
	Purchases of assets from						1b(2)		X
(3)	Rental of facilities, equipm	ent, or other assets					1b(3)		X
(4)	Reimbursement arrangem	ents	•				1b(4)		X
(5)	Loans or loan guarantees						1b(5)		X
(6)	Performance of services of	r membership or fundr	aising solicitatio	ons			15(6)		X
	aring of facilities, equipment				·		1c		X
	he answer to any of the abo				ways show the fair m	arket value of the good	ls, other ass	sets,	
	services given by the report								
CO	lumn (d) the value of the go	ods, other assets, or ser	rvices received.				- 1		
(a) Line r	no. (b) Amount involved	(c) Name	of noncharitable	e exempt organization	(d) Description	of transfers, transactions, a	and sharing ar	rangeme	nts
			N/A						
						, 3			
						<u> </u>			
						<u> </u>			
									•
			···-						
				······					
					-				
	the foundation directly or inc	•	•	· -	zations described			च्छि	No
	section 501(c) of the Code (c)(3)) or in seci	tion 52/7			Yes	ــــــــــــــــــــــــــــــــــــــ	טאן ר
<u> </u>	Yes," complete the following	screquie. If organization		(b) Type of organization		c) Description of relation	nehin		
	<u></u>			(b) Type of organization	· · · · · · · · · · · · · · · · · · ·	bescription of relation	лопр		
	N/	<u>A</u>							
	· · · · · · · · · · · · · · · · · · ·						1		
		 							
					 				
	Under penalties of periury I de	clare that I have examined t	his return, includin	l ng accompanying schedules and	statements, and to the t	est of my knowledge			
Sign				n taxpayer) is based on all inform		has any knowledge	May the IRS or return with the	e prepare	ar I
Here	1 00-	Anda:		\$ 5.8.16	771 70 B	resident	shown below X Yes		
	Signature of officer or tru	ictee			Title	resadent	Yes لما		No
	Print/Type preparer		Preparer's s	Date		Check if PTI	N		
		<i>(</i>		igriaturo -]	self- employed	.,		
Paid	Paul 1	t Carey	1 (Yan	U(anin.	5-6-16		00004	216	
Prep	· · · · · · · · · · · · · · · · · · ·	7.72	mlr 0		l	Firm's EIN ► 42-	00084		
Use ([1 11 11 0 11 WING P ==	rown, Wini	ск, Gra	ves, etal.		FIRM'S EIN ► 42-	0/045	34	
- JO '		666 Grand	Avenue	Suite 2000					

523622 11-24-15

Des Moines, IA 50309-2510

Phone no. 515-242-2400

Form **990-PF** (2015)

Continuation for 990-PF, Part IV. JASON CAROLYN ANDRINGA FOUNDATION 20-1975467 Page Capital Gains and Losses for Tax-on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation SCHWAB 1a 40 SH TREASURY 12/26/1208/03/15 b 31 SHSCHWAB ST US TREASURY P 12/26/1207/30/15 19 **SCHWAB** STTREASURY 12/15/1407/30/15 SHUS P d 60 SH SCHWAB ST US TREASURY P 12/15/1401/16/15 SH CHARLES SCHWAB US REIT P 05/15/1507/30/15 f 306.905 SH SH DFA GLOBAL EOUITY PORT P 12/16/1405/15/15 g 212.879 SH SH DFA GLOBAL EOUITY PORT P 12/16/1407/30/15 h 640.3420 SH SH DFA GLOBAL EQUITY PORT P 12/16/1408/03/15 P 03/10/1012/14/15 37.21 SH SCHWAB MARKETTRACK ALL EQUITY 114.531 SH SCHWAB MARKETTRACK ALL EQUITY P 10/27/1402/19/15 2,675 SH DFA TAX-MNG US SMLCAP D 12/02/1512/14/15 1 m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 7. 2,028 2,021 1,571. 1,565. 6. b 1<u>.</u> 963 962. 8. 3,037. d 3,045 900. 878 <22.> 5,476. 504. 5,980 181. 3,980. 3,799 g 554. 11,980. 11,426. h 653 402. 251. 906. 104. 2,010. 94,327 35,004. 59,323. k m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 7. a 6<u>.</u> b 1. C 8. d <22.> е 504. 181. g 554. h 251. 104. 59,323. m

2 Capital gain net income or (net capital loss)

{ If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 }

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

N/A

60,917.

0

Part XV Supplementary Information 3 Grants and Contributions Paid During the				1
, Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Hame and accress (nome of business)	or substantial contributor	recipient		
			,	
NAVIGATORS	NONE	PUBLIC	CHARITABLE	
PO BOX 6000				
COLORADO SPRINGS CO 80934-6000				2,000
PELLA CHRISTIAN GRADE SCHOOL	NONE	PUBLIC	EDUCATIONAL	
216 Liberty Street PELLA, IA 50219		}		7,500
FBUIN, IN JUZIS				7,500
DUD WATER GOVERNMEN	L.O.V.D.	PUBLIC	0WADIMADI	
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE, STE 100	NONE	POBLIC	CHARITABLE	
ARLINGTON, VA 22203-1606		1 _		15,000
THIRD REFORMED CHURCH	NONE	PUBLIC	RELIGIOUS	
708 EAST 13TH STREET	HOME	02210	KILLIOTO O	
PELLA, IA 50219				15,000
			,	
USC	NONE	PUBLIC	EDUCATIONAL	
3601 WATT WAY GFS-315	NOME	COBBIC	BOCATIONAL	
LOS ANGELES, CA 90089-1695				1,000
HOPE MINISTRIES	NONE	PUBLIC	RELIGIOUS	
1310 6TH AVENUE	10112	102210		
DES MOINES, IA 50314		ļ		100
TAYLOR WORLD OUTREACH	NONE	PUBLIC	RELIGIOUS	
236 W. READE AVENUE				
UPLAND, IN 46989				100
PELLA OPERA HOUSE	NONE	PUBLIC	CHARITABLE	
611 FRANKLIN ST				
PELLA, IA 50219		 		1,100
BETHANY CHRISTIAN SERVICES	NONE	PUBLIC	RELIGIOUS	
316 E 6TH ST DES_MOINES, IA 50309				300
200 MATERIA TEL 20102			,	300
		DUDI TO	OHAD TIMA DE S	
HEARTS FOR HOSPICE 404 JEFFERSON STREET	NONE	PUBLIC	CHARITABLE	
PELLA, IA 50219				100
Total from continuation sheets				42,200

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

JASON & CAROLYN ANDRINGA FOUNDATION Organization type (check one):	20-1975467
- · · · · · · · · · · · · · · · · · · ·	
Filers of: Section:	
Form 990 or 990-EZ	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	
527 political organization	
Form 990-PF	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule	
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules	
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support for sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 163, or any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount or (ii) Form 990-EZ, line 1. Complete Parts I and II.	or 16b, and that received from
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educathe prevention of cruelty to children or animals. Complete Parts 1, 11, and 111.	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, contributions.exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo is checked, enter here the total contributions that were received during the year for an exclusively religious, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it religious, charitable, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box charitable, etc., received <i>nonexclusively</i>
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo certify that it does not meet 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	rm 990-PF, Part I, line 2, to

Name of organization

Employer identification number

JASON &	CAROLYN	ANDRINGA	FOUND	MOITA
3,1-0,0-1	01210-121		- 00-11-	

<u>ŲASON</u>	& CAROLYN ANDRINGA FOUNDATION		1975467
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JASON & CAROLYN ANDRINGA 2634 HEMEL DRIVE PELLA, IA 50219	\$101,516.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributક્રાs	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) . Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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.)

Employer identification number

JASON & CAROLYN ANDRINGA FOUNDATION

20-1975467

art II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	2,675 SH DFA TAX-MNG US SMLCAPSTOCK		
		\$ 101,316.	12/02/15
(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 estima :e) (see instructio ¹ is)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima?e) (see instructio এ)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	

-	anization		Employer identification	number
ASON .	& CAROLYN ANDRINGA FOU	NDATTON	20-197546	7
art III	Exclusively religious charitable etc. contr	ibutions to organizations described in s	ection 501(c)(7) (8) s (10) that total more than	\$1,000 f
~	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	Olumns (a) through (e) and the following charitable etc. contributions of \$1,000 or less	for the year (Enterthis into price)	
	Use duplicate copies of Part III if additiona	al space is needed.	to the year (Line) and the orce)	
n) No. from	(b) Purpose of gift	(a) I ha of gift	(d) Description of how wift is k	
Part I	(b) Furpose of gift	(c) Use of gift	(d) Description of how gift is h	1 e Ia
.				
			m·	
-				
		(e) Transfer of gift		
	Transferee's name, address, an	A 71D . A	Relationship of transferor to transferee	
} -	mansieree s name, address, ar	UZIF + 4	nelationship of wansieror to hansieree	
•				
) No. rom	(b) Duman of sift	(a) lies of sift	(d) Description of how gift is h	ald.
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	ieiu
.			_	
∤ .			-	
-		(e) Transfer of gift		
		(e) transier or gift	0	
ļ	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
1	·			
) No				
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
art I				
.				
		(e) Transfer of gift		
i				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
No.				
No.	Transferee's name, address, an (b) Purpose of gift	d ZIP + 4 (c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is h	neld
No. om art I				neld
No.				eld
No. om art i				neld
No. om art i		(c) Use of gift		neld
) No. om art I				neld
) No. rom art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is h	neld
) No. om art i		(c) Use of gift (e) Transfer of gift		aeld
No. om art i	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is h	neld
No. om art i	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is h	neld

Form 99	00-PF G	ain or (Loss) f	rom Sale	of A	ssets	Sta	atement 1
Descrip	(a) otion of Property				danner equired	Date Acquired	Date Sold
40 SH S	CHWAB ST US TREA	SURY		Pur	chased	12/26/12	08/03/15
	(b) Gross	(c) Cost or	(d) Expense	of	(e)	•-	(f)
	Sales Price		Sale		Depre	c. Gair	or Loss
	2,028.	2,021.		0.		0.	7.
Descrip	(a) otion of Property				lanner quired	Date Acquired	Date Sold
31 SH S	CHWAB ST US TREA	SURY.		Pur	chased	12/26/12	07/30/15
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	 ሮ₌ Gair	(f)
	1,571.	1,565.		0.		0.	6.
Descrip	(a) otion of Property				lanner quired	Date Acquired	Date Sold
19 SH S	SCHWAB ST US TREA	— SURY		Pur	chased	12/15/14	07/30/15
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		(f)
	Sales Price		Sale		Depre	c. Gair	or Loss
	963.	962.		0.		0.	1.

Descrip	(a) tion of Property				lanner quired	Date Acquired	Date Sold
60 SH S	CHWAB ST US TREA	SURY		Pur	chased	12/15/14	01/16/15
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c. Gair	(f) n or Loss
	3,045.	3,037.		0.		0.	8.
Descrip	(a) tion of Property				anner quired	Date Acquired	Date Sold
23 SH C	HARLES SCHWAB US	REIT		Pur	chased	05/15/15	07/30/15
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c, Gair	(f) n or Loss
•	878.	900.		0.		0.	<22.>
Descrip	(a) tion of Property				anner quired	Date Acquired	Date Sold
		_		Ac		Acquired	
	tion of Property	_	(d) Expense Sale	Ac Pur	quired	Acquired 12/16/14	
	SH SH DFA GLOBA (b) Gross	L EQUITY PORT (c) Cost or	Expense	Ac Pur	quired chased (e)	Acquired 12/16/14	05/15/15 (f)
306.905	tion of Property SH SH DFA GLOBA (b) Gross Sales Price	(c) Cost or Other Basis	Expense	Ac Pur of	quired chased (e) Depre	Acquired 12/16/14 c. Gain 0.	05/15/15 (f) or Loss
306.905	tion of Property SH SH DFA GLOBA (b) Gross Sales Price 5,980.	(c) Cost or Other Basis 5,476.	Expense	Ac Pur of 0. MAC	quired chased (e) Depre	Acquired 12/16/14 c. Gain 0. Date Acquired	05/15/15 (f) n or Loss 504.
306.905	tion of Property SH SH DFA GLOBA (b) Gross Sales Price 5,980. (a) tion of Property	(c) Cost or Other Basis 5,476.	Expense	Ac Pur of MAC Pur	quired chased (e) Depre-	Acquired 12/16/14 c. Gain 0. Date Acquired 12/16/14	05/15/15 (f) n or Loss 504. Date Sold

		•		
JASON	£	CAROLYN	ANDRINGA	FOUNDATION

20-1975467

DADON & CANODIN	MUDKI	NGA FOUNDATION							3407
(a) Description of Pro	perty				anner quired	Dat Acqui	e red I	ate :	sold
640.3420 SH SH DFA	GLOB	- AL EQUITY PORT		Pur	chased	12/16	/14	08/0	3/15
(b) Gross Sales Pri	ce	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	(f Gain c		8 8
11,	980.	11,426.		0.		0.			554.
(a) Description of Pro	perty	_			anner quired		_	ate :	s ø ld
37.21 SH SCHWAB MA	RKETT	RACK ALL EQUITY		Pur	chased	03/10	/10	12/1	4/15
(b) Gross Sales Pri	ce	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	(f Gain c		38
	653.	402.		0.		0.			251.
(a) Description of Pro 114.531 SH SCHWAB (b) Gross	MARKE	- TTRACK ALL EQUI (c)	TY (d) Expense Sale	Ac Pur	anner quired chased (e)	10/27	red I 	02/1	9/15
	010.	1,906.		0.		0.			104.
(a) Description of Pro	perty	_			anner quired	Dat Acqui		ate :	Sold
2,675 SH DFA TAX-M	NG US	SMLCAP		Do	nated	12/02	/15	12/1	1/15
(b) Gross Sales Pri	ce	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre		(f Gain c		3 S
94,	327.	101,516.		0.		0.		<7,:	189.
Capital Gains Divi								< 5,!	0.

Form 990-PF D	ividends	and Inte	est	from Secur	rities	Statement	2
	Gross Amount	Capita Gains Dividend		(a) Revenue Per Books		(c) :- Adjust ne Net Inc	
CHARLES SCHWAB INSTITUTIONAL	6,288.	·	0.	6,288.	6,288	3.	
To Part I, line 4	6,288.		0.	6,288.	6,288	3.	
Form 990-PF	.7-	Other :	ncom	e		Statement	3
Description			Rev		(b) Met Invest- Ment Imcome	_	
CHARLES SCHWAB NON-DIV	7			_			
DISTRIBUTIONS				3.	3.		
	Part I,	 line 11		3.	3.		
DISTRIBUTIONS	Part I,	line 11	. Fee	3.			4
DISTRIBUTIONS Total to Form 990-PF, Form 990-PF	1	Lega (a) Expenses	Net	3. s	(c) Adjusted	Statement (d) Charita	ble
DISTRIBUTIONS Total to Form 990-PF,	1	Lega (a) Expenses	Net men	3. s (b) Invest~	(c) Adjusted	Statement (d) Charita	ble
DISTRIBUTIONS Total to Form 990-PF, Form 990-PF Description]	Lega: (a) Expenses Per Books	Net men	3. (b) Invest- t Income	(c) Adjusted	Statement (d) Charita	ble es
DISTRIBUTIONS Total to Form 990-PF, Form 990-PF Description BROWN, WINICK, GRAVES To Fm 990-PF, Pg 1, ln	1 16a	Lega: (a) Expenses Per Books 1,533	Net men	s (b) Invest- t Income 0.	(c) Adjusted	Statement (d) Charita	ble es 0.
Total to Form 990-PF, Form 990-PF Description BROWN, WINICK, GRAVES To Fm 990-PF, Pg 1, ln Form 990-PF	1 16aOtl	Lega: (a) Expenses Per Books 1,533	Net men ssion	s (b) Invest- t Income 0.	(c) Adjusted	Statement (d) Charita Purpos Statement (d) Charita	ble es 0. 0.
DISTRIBUTIONS Total to Form 990-PF, Form 990-PF Description BROWN, WINICK, GRAVES To Fm 990-PF, Pg 1, ln	1 16aOtl	Legal (a) Expenses Per Books 1,533 1,533 ner Profes (a) Expenses	Net men ssion	s (b) Invest- t Income 0. 0. al Fees (b) Invest-	(c) Adjusted Net Income	Statement (d) Charita Purpos Statement (d) Charita	ble es 0. 0.

Form 990-PF	Taxes			Statement 6		
Description	(a) Expenses Per Books	(b) Net Inves ment Inco	_		i) table	
INTERNAL REVENUE SERVICE FOREIGN TAX PAID	1,736. 84.		0.		0.	
To Form 990-PF, Pg 1, ln 18	1,820.		0.		0.	
Form 990-PF	Other Inv	restments		Statemen	nt 7	
Description		luation ethod	Book Value	Fair Mar Value		
INVESTMENTS		COST	278,329	338	3,986.	
Total to Form 990-PF, Part I	I, line 13	_	278,329	338	3,986.	