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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation	A Employer identification number
Gloyd Family Foundation	36-4140796
Number and street (or P O box number if mail is not delivered to street address) / Room/suite	B Telephone number (see instructions)
809 Detweiller Drive	3096910034
City or town, state or province, country, and ZIP or foreign postal code	C If exemption application is pending, check here ▶ ☐
Peoria, IL 61615	

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1 Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☐ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $

J Accounting method ☐ Cash ☐ Accrual ☐ Other (specify) _____ *(Part I, column (d) must be on cash basis)*

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	63912	63912		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		71257		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	63912	135169		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	71000	71000		
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1900	1900		
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	10361	10361		
	24 **Total operating and administrative expenses.** Add lines 13 through 23	83261	83261		
	25 Contributions, gifts, grants paid	168500			
	26 **Total expenses and disbursements.** Add lines 24 and 25	251761	83261		
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-187849			
	b **Net investment income** (if negative, enter -0-)		51908		
	c **Adjusted net income** (if negative, enter -0-)				

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	3877563	3080805	3080805
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	3877563	3080805	3080805
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities** (add lines 17 through 22)			
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	3877563	3080805	
	31	**Total liabilities and net assets/fund balances** (see instructions)	3877563	3080805	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3877563
2	Enter amount from Part I, line 27a	2	-187849
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	
5	Decreases not included in line 2 (itemize) ▶	5	-608909
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	3080805

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	Common Stock		various	12/22/15
b	Common Stock		Various	12/22/15
c	Capital Gains Dist		Various	12/31/15
d	Common Stock		Various	12/12/15
e	Common Stock		Various	04/03/15

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	295831		278849	16982
b	279536		276687	2848
c	17666		0	17666
d	90144		90712	-567
e	245368		211040	34328

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (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	
a				
b				
c				
d				
e				

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 }	2	71257
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			

2	**Total** of line 1, column (d)	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	
7	Add lines 5 and 6	7	
8	Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	1038
3	Add lines 1 and 2		3	1038
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	1038
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	
11	Enter the amount of line 10 to be **Credited to 2016 estimated tax** ▶ _____ **Refunded** ▶		11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		✓
b	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 "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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		✓
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		✓
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		✓
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		✓
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		✓
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	✓	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____			
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	✓	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		✓
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		✓

Part 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 section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		

Website address ▶

14 The books are in care of ▶ Kuppler and Associates Telephone no. ▶ 3096910034

Located at ▶ 809 W Detweiller Drive Peoria, IL 61614 ZIP+4 ▶ 61615

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☐ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☐ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☐ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☐ 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 section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		✓
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☐ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	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 statement—see instructions)	2b		✓
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☐ No			
b	If "Yes," did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)*	3b		✓
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☐ No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☐ No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☐ No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☐ No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☐ No	
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b ✓
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No	
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☐ No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b ✓
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☐ No	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b ✓

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Sheryl Burdick Cypress, TX				30000
Susan Cromwell Stillwater, MN				21000
Julia Buchannan Belvidere, IL				21000

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
Total number of others receiving over $50,000 for professional services ▶		

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	3080805
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	3080805
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3080805
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see instructions)	4	46212
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3034593
6	**Minimum investment return.** Enter 5% of line 5	6	151730

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	151730
2a	Tax on investment income for 2015 from Part VI, line 5	2a			
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments Subtract line 2c from line 1			3	151730
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	151730
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	151730

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	251761
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	251761
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	251761

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years 20___,20___,20___				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Sheryl Burdick 16710 Destrehan Drive Cypress, TX 77429

b The form in which applications should be submitted and information and materials they should include.

Will accept different Formats

c Any submission deadlines

None

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

None

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
See Attached			Various all made 501 (c)	168500
Total . . . . . ▶ **3a**				168500
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					
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 investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue. a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 **Total.** Add line 12, columns (b), (d), and (e)				13	

(See worksheet in line 13 instructions to verify calculations)

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

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

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		
	(2) Other assets	1a(2)		
b	Other transactions.			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		
	(3) Rental of facilities, equipment, or other assets	1b(3)		
	(4) Reimbursement arrangements	1b(4)		
	(5) Loans or loan guarantees	1b(5)		
	(6) Performance of services or membership or fundraising solicitations	1b(6)		
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

▶ _____ _____ ▶ _____

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Cheryl Kuppler				

Firm's name ▶ Kuppler and Associates | Firm's EIN ▶ 36-4294627

Firm's address ▶ 809 W Detweiller Drive Peoria, IL 61615 | Phone no

18-404 EYE-EASE®

Y® LEDGER

2015 Donations

				①	②	③	④	
6831	1	11 17	Westminster Presbyterian Church	5000000	Building	Del Gloyd		1
6832	2	11 17	Westminster Presbyterian Church	2000000	Pledge	Del Gloyd		2
6844	3	12 13	Severson Dells	50000				3
6845	4	12 13	Rockford Art Museum	250000				4
6846	5	12 13	Econ Illinois	100000				5
0847	6	12 13	Crusaders	1000000				6
0848	7	12 13	Salvation Army	1000000				7
0849	8	12 13	Habitat for Humanity	150000				8
0940	9	12 13	Rockford Art Council	300000				9
0941	10	12 13	Ramp	50000				10
0942	11	12 13	Lifescapes	400000				11
0943	12	12 13	Rotary Charitable	200000				12
0944	13	12 13	Rockford Symphony Orchestra	250000				13
0945	14	12 13	Literacy Council	250000				14
0946	15	12 13	Big Brother Big Sisters	150000				15
0947	16	12 13	Rosecrance	1000000				16
0948	17	12 13	Klehm	300000		Julie Buchanan		17
0949	18	12 13	Burpee	300000				18
0834	19	12 13	Swedish American Foundation	500000				19
0835	20	12 13	Rockford Day Nursery	500000				20
0836	21	12 13	Midway Village Museum	100000				21
0837	22	12 13	Girl Scouts	200000				22
0838	23	12 13	Boys + Girls Club	260000				23
0839	24	12 13	Casa	50000				24
0840	25	12 13	Northern Illinois Hospice	500000				25
0841	26	12 13	Corrado	500000				26
0842	27	12 13	American Diabetes Association	100000				27
0843	28	12 13	Visiting Nurses	500000				28
	29		Total	11950000 ✓				29

18-404 EYE-EASE®

Y® LEDGER

Board of Directors 2015

				① July	② Dec	③ Expenses	④ Total	
825/6828	623	Julie Buchanan		1100000	1000000		2100000	1
827/6870	623	Sherry Burdick		1500000	1400000	150583	3050583	2
826/6829	706	Susan Crowell		1100000	1000000	48640	2148640	3
								4
		Total		3700000	2500000 ✓	199223 ✓	7299223	5
					[illegible]			6
					[illegible]			7
					[illegible]			8
								9
								10
								11
								12
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								26
								27

18-404 EYE EASE®

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Expenses 2015

				①		②	③	④	
822	1	421	Internal Dept of the Treasury	92900	✓				1
824	2	428	Cheryl Kuppler	190000	✓				2
823	3	430	Il Charitable Org Annual	1500	✓				3
	4								4
	5		Total	284400					5
	6								6
	7								7
	8								8
	9								9
	10								10
	11								11
	12								12
	13								13
	14								14
	15								15
	16								16
	17								17
	18								18
	19								19
	20								20
	21								21
	22								22
	23								23
	24								24
	25								25
	26								26
	27								27

For Office Use Only

PMT # _____

AMT _____

INIT _____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **LISA MADIGAN** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Form AG990-IL
Revised 3/05

CO #

Report for the Fiscal Period:

Beginning ____ / ____ / ____

& Ending 12 (MO) / 31 (DAY) / 15 (YR)

Check all items attached:

Make Checks Payable to the Illinois Charity Bureau Fund

- ☐ Copy of IRS Return
- ☐ Audited Financial Statements
- ☐ Copy of Form IFC
- ☑ ~~$15.00~~ Annual Report Filing Fee
- ☐ $100 00 Late Report Filing Fee

Federal ID # _____

Are contributions to the organization tax deductible? ☐ Yes ☐ No

Date Organization was created ____ (MO) / ____ (DAY) / ____ (YR)

LEGAL NAME: Gloyd Family Foundation C/O Cheryl Kuppler

MAIL ADDRESS: 809 W Detweiller Drive

CITY, STATE ZIP CODE: Peoria, IL 61615

Year-end amounts	
A) ASSETS	A) $ 3080805
B) LIABILITIES	B) $
C) NET ASSETS	C) $ 3080805

	PERCENTAGE	AMOUNT
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV **(GROSS AMTS.)**	%	D) $
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) $
F) OTHER REVENUES	%	F) $ 135169
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) $ 135169
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) $ 83261
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) $
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) $ 83261
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) $		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) $ 168500
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) $
M) MANAGEMENT AND GENERAL EXPENSE	%	M) $
N) FUNDRAISING EXPENSE	%	N) $
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) $ 251761
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC One for each PFR)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) $
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) $
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) $
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) $
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE Sheryl Burdick		T) $ 29000
U) NAME, TITLE Julia Buchanan		U) $ 21000
V) NAME, TITLE Susan Crowell		V) $ 21000
V. CHARITABLE PROGRAM DESCRIPTION: *CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES*		List on back side of instructions CODE
W) DESCRIPTION		W) #
X) DESCRIPTION		X) #
Y) DESCRIPTION		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1 WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? ------- 1		✔
2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? ---------- 2		✔
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST, OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? ----- 3		✔
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? ---------- 4		✔
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ---------- 5.		✔
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) ... 6.		✔
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ---------- 7		✔
7b IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $ _____ ,(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $ _____ , (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $_____ ;AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING $_____		
8 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? ---------- 8.		✔
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ---------- 9		✔
10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? ---------- 10.		✔

11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS

12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON Cheryl Kuppler 309-691-0034

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS

BE SURE TO INCLUDE ALL FEES DUE:
1)REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END
2.)FOR FEES DUE SEE INSTRUCTIONS
3)REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100 00 PENALTY

Delma Gloyd	Delma Gloyd	5/13/16
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
Sheryl Burdick	Sheryl Burdick	5/14/16
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
KUPPLER & ASSOCIATES 809 West Detweiller Dr. Peoria, IL 61615		
PREPARER (PRINT NAME)	SIGNATURE	DATE

Account Number: 4155-1077

GLOYD FAMILY FOUNDATION
FUNDSOURCE

Details of Year-End Account Summary

**This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes.
Please consult with your Financial Advisor or tax advisor regarding specific questions.**

Dividend and Distribution Details

Dividend Distributions

Description	CUSIP	Payment Date	# of Payments	Total Ordinary Dividends (Box 1a, includes 1b)	Nonqualified Dividends (Included in Box 1a)	Short-Term Capital Gains (Included in Box 1a)	Qualified Dividends (Box 1b)	Notes
ADVISORS EDGEWOOD GROWTH	0075W0759	12/31/2015	1	10 81	0 00	0 00	10 81	
DEUTSCHE SEC TR INSTL CL	25159L406	12/18/2015	1	693 91	693 91	0 00	0 00	
DREYFUS APPRECIATION INV	261970107	03/31/2015	1	175 13	0 00	0 00	175 13	
EV INCOME FD OF BOSTON I	277907200	Multiple	5	837 39	837 39	0 00	0 00	
AMER FDS EUROPACIFIC F2	29875E100	12/24/2015	1	416 47	68 38	0 00	348 09	
GOLDMAN FINL SQ TREAS MM	38142B500	12/31/2015	1	0 40	0 40	0 00	0 00	
HARBOR INTERNATIONAL I	411511306	12/17/2015	1	602 74	8 49	0 00	594 25	
HOTCHKIS WILEY DIV VAL I	44134R768	12/11/2015	1	575 47	0 00	0 00	575 47	
JANUS FLEXIBLE BOND I	47103C746	Multiple	12	1,136 12	1,105 52	0 00	30 60	
JPMORGAN CORE BOND SEL	4812C0381	Multiple	7	365 86	365 86	0 00	0 00	
LAZARD EMRG MKTS EQ I	52106N889	12/22/2015	1	968 79	0 00	0 00	968 79	
MFS VALUE I	552983694	Multiple	4	1,437 46	0 00	0 00	1,437 46	
OPPENHMR INTL GROWTH Y	68380L407	12/16/2015	1	251 61	0 00	0 00	251 61	
PIMCO COMM REAL RETURN I	722005667	Multiple	2	710 29	709 58	0 00	0 71	
RS SMALL CAP GROWTH FD Y	74972H689	12/18/2015	1	64 07	0 00	0 00	64 07	
RDGEWRTH M/C VALUE EQ I	76628R615	12/17/2015	1	1,082 65	159.21	260 53	662 91	
T ROWE PRICE REAL ESTATE	779919109	Multiple	4	336 33	329 53	0 00	6 80	
TOUCHSTONE SDS CAP I GRW	89155J104	12/11/2015	1	46 53	0 00	0 00	46 53	
VICTORY SYCAMORE SMALL I	92646A815	12/30/2015	1	933 54	79 86	335 14	518 54	
VIRTUS EMRG MKT OPPTY I	92828T889	12/22/2015	1	339 82	0 00	0 00	339 82	
AMER FDS WASH MUTUAL F2	939330825	Multiple	3	960 73	0 00	0 00	960 73	
Totals				**$11,946.12**	**$4,358.13**	**$595.67**	**$6,992.32**	

Dividend and Distribution Details, continued

Investment Expenses, Foreign Taxes Paid and Other Fees

Description	CUSIP	Payment Date	# of Payments	Investment Expenses (Box 5)	Foreign Tax Paid (Box 6)	ADR Fees	Country (Box 7)	Notes
AMER FDS EUROPACIFIC F2	29875E100	12/24/2015	1	0 00	22 96	0 00		
HARBOR INTERNATIONAL I	411511306	12/17/2015	1	0 00	43 60	0 00		
LAZARD EMRG MKTS EQ I	52106N889	12/22/2015	1	0 00	230 33	0 00		
OPPENHMR INTL GROWTH Y	68380L407	12/16/2015	1	0 00	28.18	0 00		
VIRTUS EMRG MKT OPPTY I	92828T889	12/22/2015	1	0 00	27 37	0 00		
Totals				**$0.00**	**$352.44**	**$0.00**		

Certain distributions made in January, 2016 are reported as 2015 income according to IRS regulations Distributions made in January, 2016 did NOT appear on your 2015 monthly statements

2015 Supplemental Tax Statement

As of Date: 02/18/16

Account Number: 4155-1077

GLOYD FAMILY FOUNDATION
FUNDSOURCE

Other Miscellaneous Information, continued

Margin / Loan Interest and Account Fees

Description	CUSIP	Payment Date	# of Payments	Margin Interest	Advisory Fees	Other Account Fees	Notes

* This information reflects certain partnership distributions credited to your account during the year A separate schedule K-1 showing the taxpayer's share of the net income or loss will be provided directly to you from each of the partnerships indicated above We do not report this information to the IRS Please be sure to compare this information with the schedule K-1 provided by the partnership and to consult with your tax advisor about whether to report income or adjust your basis
** This section contains your payment activity, as well as determinations of Excess and Shortfall which were done in comparison to the "Projected Payment Schedule" as outlined in the Final Prospectus This information should be used in conjunction with that supplied on Form(s) 1099-OID on a previous page(s) Please consult your tax advisor and the "Tax Consequences" section of the Final Prospectus on how this impacts your net reportable income for this tax year and potentially the following tax year

YT143049 000096 049233614143 NNNNN NNNNN NNNNNN 000010

Annual Statement Information

WELLS FARGO ADVISORS

Account Number: 4155-1077
GLOYD FAMILY FOUNDATION
FUNDSOURCE
C/O SHERYL J BURDICK
16710 DESTREHAN DRIVE
CYPRESS TX 77429-6985

The information on the following pages is from your monthly client statements and is as of the end of the year. This information is not reported to the IRS.

Portfolio summary

Asset type	Value on Dec. 31
Cash and sweep balances	0.00
Stocks, options & ETFs	0.00
Fixed income securities	0.00
Mutual funds	680,386.89
Asset Value	**$680,386.89**

Statement activity detail summary

	Total as of Dec 31
Other subtractions and fees	-7,030.98

In order to avoid duplication of activity in this document, select transactions (such as Principal payments) have been suppressed from this section Impacted category totals are recalculated and therefore may not match the December statement

GKAAS158 455745 05810394111 NNNNN NNNNN NNNNNN 000002

Annual Statement Information

WELLS FARGO ADVISORS

Account Number: 4155-1077
GLOYD FAMILY FOUNDATION
FUNDSOURCE

Activity detail by type *Continued*

Other subtractions and fees *Continued*

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	AMOUNT
11/04	Cash	EXCHANGE	-2,395.73900	DEUTSCHE SECS TR GLOBAL REAL ESTATE SECS FD CL S AS OF 11/03/15 SHR CLASS EX @ $9 029 TO CUSIP 25159L406	0.00
				Total Other subtractions and fees:	**-$7,030.98**

GKAAS158 455745 058103941111 NNNNN NNNNN NNNNNN 000003

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2015 ANNUAL SUMMARY

WELLS FARGO ADVISORS

Your Financial Advisor :
JULIA BUCHANAN
6801 SPRING CREEK ROAD
SUITE 1A
ROCKFORD IL 61114
815-921-0575 / 800-782-6137

This document is your account's 2015 Annual Summary and includes non-reportable information, such as deposits and withdrawals, checks, debit card activity, etc. It is provided as a courtesy to you and is for informational purposes only. This information is NOT provided to the IRS. Tax packages, if applicable are mailed in a separate envelope from this Annual Summary.

455745 CGKAS152
GLOYD FAMILY FOUNDATION
FUNDSOURCE
C/O SHERYL J BURDICK
16710 DESTREHAN DRIVE
CYPRESS TX 77429-6985

Enclosed within this package

The information below is for courtesy purposes only, and is not reported to the IRS.

Annual Statement Information

GKAAS158 455745 058103941111 NNNNN NNNNN NNNNNN 000001

WELLS FARGO ADVISORS

2015 Supplemental Tax Statement

As of Date: 02/18/16

Account Number: 3211-8040

GLOYD FAMILY FOUNDATION C O
SHERYL J BURDICK

Details of Year-End Account Summary

This information is NOT provided to the Internal Revenue Service. but is being provided to you for courtesy purposes.
Please consult with your Financial Advisor or tax advisor regarding specific questions.

Dividend and Distribution Details

Dividend Distributions

Description	CUSIP	Payment Date	# of Payments	Total Ordinary Dividends (Box 1a, includes 1b)	Nonqualified Dividends (Included in Box 1a)	Short-Term Capital Gains (Included in Box 1a)	Qualified Dividends (Box 1b)	Notes
AETNA INC	00817Y108	01/30/2015	1	125 00	0 00	0 00	125 00	
CHICAGO BRIDGE & IRON NY	167250109	Multiple	2	6 99	0 00	0 00	6 99	
CHICAGO BRIDGE & IRON NY	167250109	Multiple	4	285 51	0 00	0.00	285 51	
CISCO SYS INC	17275R102	Multiple	4	1,640 00	0 00	0 00	1,640 00	
CLARCOR INC	179895107	Multiple	4	25,905 44	0 00	0 00	25,905 44	
CONOCOPHILLIPS	20825C104	Multiple	4	4,410 00	0 00	0 00	4,410 00	
GLAXOSMITHKLINE PLC-ADR	37733W105	Multiple	4	2,476 28	0 00	0.00	2,476 28	
HEWLETT-PACKARD COMPANY	428236103	10/07/2015	1	176 00	0 00	0 00	176 00	
HUNTINGTON BANCSHARES IN	446150104	10/01/2015	1	120 00	0 00	0 00	120 00	
INVESCO DYN CR OPPTYS FD	46132R104	Multiple	8	2,460 00	1,033 20	0 00	1,426 80	
LANDSTAR SYSTEMS INC	515098101	Multiple	3	230 00	0 00	0 00	230 00	
NUVEEN GLBL EQTY INCM FD	6706EH103	Multiple	4	3,960 00	3,960 00	0 00	0 00	
NUVEEN BUY-RIGHT INC	6706ER101	04/01/2015	1	996 00	996 00	0 00	0 00	
PHILIP MORRIS INTL INC	718172109	Multiple	4	4,020 00	0 00	0 00	4,020 00	
PHILLIPS 66	718546104	Multiple	4	545 00	0 00	0 00	545 00	
QUALCOMM INC	747525103	Multiple	2	1,440 00	0 00	0 00	1,440 00	
NOBLE CORP PLC	G65431101	Multiple	4	1,800 00	0 00	0 00	1,800 00	
TRANSOCEAN LTD	H8817H100	Multiple	3	1,050 00	0 00	0 00	1,050 00	
Totals				**$51,646.22**	**$5,989.20**	**$0.00**	**$45,657.02**	

YT131049 002080 049233613131 NNNNN NNNNN NNNNNN 000004

WELLS FARGO ADVISORS

2015 Supplemental Tax Statement

As of Date: 02/18/16

Account Number: 3211-8040

GLOYD FAMILY FOUNDATION C O
SHERYL J BURDICK

Interest Income Details

Interest Income

Description	CUSIP	Payment Date	# of Payments	Interest Income (Box 1)	Treasury Interest (Box 3)	Notes
CSMC 06-13A8 5 75%022536	225470UY7	Multiple	12	277 94	0 00	
BANK DEPOSIT SWEEP		Multiple	12	42 29	0 00	
Totals				**$320.23**	**$0.00**	

Certain distributions made in January, 2016 are reported as 2015 income according to IRS regulations Distributions made in January, 2016 did NOT appear on your 2015 monthly statements

YT131049 002080 049233613131 NNNNN NNNNN NNNNNN 000005

2015 ANNUAL SUMMARY

WELLS FARGO ADVISORS

Your Financial Advisor :
JULIA BUCHANAN
6801 SPRING CREEK ROAD
SUITE 1A
ROCKFORD IL 61114
815-921-0575 / 800-782-6137

This document is your account's 2015 Annual Summary and includes non-reportable information, such as deposits and withdrawals, checks, debit card activity, etc. It is provided as a courtesy to you and is for informational purposes only. This information is NOT provided to the IRS. Tax packages, if applicable are mailed in a separate envelope from this Annual Summary.

Enclosed within this package

The information below is for courtesy purposes only, and is not reported to the IRS.

Annual Statement Information

455669 CGKAS152
GLOYD FAMILY FOUNDATION C/O
SHERYL J BURDICK
16710 DESTREHAN DR
CYPRESS TX 77429

CKAAS152 455669 05810304111 NNNNN NNNNN NNNNNN 000001

Annual Statement Information

WELLS FARGO ADVISORS

Account Number: 3211-8040
Command Account Number: 9076270543
GLOYD FAMILY FOUNDATION C/O
SHERYL J BURDICK
16710 DESTREHAN DR
CYPRESS TX 77429
For Client Service call: 1-800-266-6263

The information on the following pages is from your monthly client statements and is as of the end of the year. This information is not reported to the IRS.

Portfolio summary

Asset type	Value on Dec 31
Cash and sweep balances	450,905.93
Stocks, options & ETFs	1,902,128.06
Fixed income securities	3,704.90
Mutual funds	43,680.00
Asset Value	**$2,400,418.89**

Statement activity detail summary

	Total as of Dec. 31
Withdrawals by check	-202,836.23

In order to avoid duplication of activity in this document, select transactions (such as Principal payments) have been suppressed from this section Impacted category totals are recalculated and therefore may not match the December statement

GKAAS158 455669 058103941111 NNNNN NNNNN NNNNNN 000002

Annual Statement Information

WELLS FARGO ADVISORS

Account Number: 3211-8040
Command Account Number: 9076270543
GLOYD FAMILY FOUNDATION C/O
SHERYL J BURDICK
For Client Service call: 1-800-266-6263

Activity detail by type *Continued*

Withdrawals by check *Continued*

DATE	CHECK NUMBER	DESCRIPTION	EXPENSE CODE	AMOUNT
11/13	0006829	SUSAN CROWELL	Unspecified	-10,486.40
11/17	0006831	WESTMINSTER PRESBY	Unspecified	-50,000.00
11/17	0006832	WESTMINSTER PRESBY CH	Unspecified	-20,000.00
12/22	0006940	ROCKFORD AREA ARTS COUNCIL	Unspecified	-3,000.00
12/22	0006942	LIFESCAPES	Unspecified	-4,000.00
12/22	0006944	ROCKFORD SYMPHONY ORCEST	Unspecified	-2,500.00
12/23	0006840	NORTHERN ILLINOIS HOSPICE	Unspecified	-5,000.00
12/23	0006841	CORONADO	Unspecified	-5,000.00
12/24	0006837	GIRL SCOUTS	Unspecified	-2,000.00
12/24	0006838	BOYS & GIRLS CLUB OF ROCKFORD	Unspecified	-2,500.00
12/24	0006844	SWERSON DELLS	Unspecified	-500.00
12/24	0006941	RAMP	Unspecified	-500.00
12/24	0006945	LITERACY COUNCIL	Unspecified	-2,500.00
12/28	0006947	ROSECRANCE	Unspecified	-10,000.00
12/30	0006946	BIG BROTHERS BIG SISTERS	Unspecified	-1,500.00
12/30	0006949	BURPEE	Unspecified	-3,000 00
12/30	0006950	ROCAFORD ROTARY CHARITABLE	Unspecified	-2,000.00
12/31	0006848	SALVATION ARMY	Unspecified	-10,000.00
12/31	0006948	KLEHM	Unspecified	-3,000.00
			Total Withdrawals by check	**-$202,836.23**

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