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OMB No 1545-0052

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

For	caler	ndar year 2015, or tax year be	eginning 01-0	1-2015	, a	nd ending 1	2-31-2015	
	e of four					A Employer ide	entification numbe	er
IH	E SUKUP	P FAMILY FOUNDATION				42-1488675		
		street (or P O box number if mail is not deliver	ed to street address)	Room/suite		<b>B</b> Telephone nun	nber (see instruction:	5)
10	1 N 6TH	ST				(641) 892-4222		
		state or province, country, and ZIP or foreign p A 50475	ostal code	1		<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> Ch	neck all	Final return A	nitial return of a f Amended return Name change	former public charity		2. Foreign or	ganizations, check he ganizations meeting k here and attach co	the 85%
<b>H</b> Ch	neck typ	pe of organization  Section 501(c)	(3) exempt privat	te foundation			ndation status was t i 507(b)(1)(A), chec	
S	ection	4947(a)(1) nonexempt charitable trust					. , , , , ,	- 1
of y	year <i>(fr</i>	om Part II, col (c),	ther (specify) _	V Cash Accrube on cash basis )	ıal		tion is in a 60-montl i 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Ext (The total of amounts in columns (b), (c), at necessarily equal the amounts in column (a) instructions))	nd (d) may not	Revenue and expenses per	(b)	Net investment income	Adjusted net	Disbursements for chantable purposes ( <b>d)</b> (cash basis only
	1	Contributions, gifts, grants, etc , rece	ıved (attach					
		schedule)		1,200,000				
	2	Check ► ☐ If the foundation is <b>not</b> reattach Sch B	equired to					
	3	Interest on savings and temporary ca	ish investments	1,418		1,418		
	4	Dividends and interest from securities	s					
	5a	Gross rents						
a)	b	Net rental income or (loss)						
eme	6a b	Net gain or (loss) from sale of assets						
Revenue	"	Gross sales price for all assets on lin	еба					
_	7	Capital gain net income (from Part IV	, line 2)			0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b c	Less Cost of goods sold	۵۱					
	11	Other income (attach schedule) .	*					
	12	Total.Add lines 1 through 11		1,201,418		1,418	0	
	13	Compensation of officers, directors, ti		0		0	0	(
	14	Other employee salaries and wages	· ·					
S	15	Pension plans, employee benefits .						
Expenses	16a	Legal fees (attach schedule)						
<u>a</u>	b	Accounting fees (attach schedule).		<b>%</b> 685		685	0	(
	С	Other professional fees (attach sched	dule)					
tive	17	Interest						
tra	18	Taxes (attach schedule) (see instruct	tions)	<b>9</b> 17		17	0	C
<u>=</u>	19	Depreciation (attach schedule) and de	,					
틸	20	Occupancy						
and Administrative	21	Travel, conferences, and meetings.						
anc	22	Printing and publications						
Đị.	23	Other expenses (attach schedule).		36		36	0	C
rati	24	Total operating and administrative ex	rpenses.					
Operating		Add lines 13 through 23		738		738	0	C
ن	25	Contributions, gifts, grants paid .		1,633,212				1,633,212
	26	<b>Total expenses and disbursements.</b> Add 25	ld lines 24 and	1,633,950		738	0	1,633,212
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and		-432,532				
	b	Net investment income (if negative, e	·			680		
	l c	Adjusted net income(if negative, ente	er-U-)	l	I		0	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		f year
	1	Cash—non-interest-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
	2	Savings and temporary cash investments	834,086	401,554	401,554
	3	Accounts receivable ▶	031,000	101,331	101,331
	3	Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts ▶			
	_				
	5	<u>-</u>			
	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 ▶			
<b>t</b> s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments—U S and state government obligations (attach schedule)			
	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	<b>Total assets</b> (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	834,086	401,554	401,554
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
bili	20	Loans from officers, directors, trustees, and other disqualified persons			
_ıa	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe 🕨)			
	23	Total liabilities(add lines 17 through 22)	0	0	
5		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
lan	24	Unrestricted			
Balance	25	Temporarily restricted			
pq	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
or		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	834,086	401,554	
Net	30	Total net assets or fund balances(see instructions)	834,086	401,554	
	31	Total liabilities and net assets/fund balances(see instructions)	834,086	401,554	
Pa	rt 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 agi	ree	
		with end-of-year figure reported on prior year's return) $\dots \dots$		1	834,086
2		Enter amount from Part I, line 27a		2	-432,532
3		Other increases not included in line 2 (itemize) ▶		3	0
4		Add lines 1, 2, and 3		4	401,554
5		Decreases not included in line 2 (itemize) ▶		_ 5	0
_		Total not access or fund halances at end of year (line 4 minus line 5).	art II. column (b) lin	0.30	401 554

		the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	·	How acquired P—Purchase (b) D—Donation	Date acquired	Date sold (d) (mo , day, yr )
1a						
b						
С						
d						
е е						
	Gross sales price	Depreciation allowed  (f) (or allowable)		or other basis expense of sale		n or (loss) (f) minus (g)
а		(c) (c) anomazio,	(3) p.u.s		(ii) (c) piac	(1)
ь						
С						
d						
е е						
	anlata anly for accets	showing gain in column (h) and owne	d by the foundation	on 12/21/60	6	(1-1)
		Adjusted basis	· ·	ess of col (1)		l (h) gain minus ot less than -0-) <b>or</b>
(i) F	FM V as of 12/31/69	(j) as of 12/31/69		col (j), if any		(from col (h))
а						
b						
С						
d						
e						
		1	If gain, also enter	ın Part I. line 7		
2	Capital gain net inco	me or (net capital loss)	If (loss), enter -0-		2	
3	Net short-term canit	al gain or (loss) as defined in section	ns 1222(5) and (6)	,		
3	•	- , ,				
	ın Part I, line 8 .	Part I, line 8, column (c) (see instru · · · · · · · · · · ·		}	3	
Part \	Qualification U	Jnder Section 4940(e) for R	educed Tax on	Net Investme	nt Income	
	onal use by domestic ¡ n 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ection 4940(a) tax	on net investment	income )	
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod?	┌ Yes 🔽 No
<b>1</b> Ente	er the appropriate amo	unt in each column for each year, se	ee instructions befo	re making any ent	ries	
	(a)	, .			(d)	1
	period years Calendar	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchar	itable-use assets	Distribution	n ratio
уеат (от	tax year beginning in) 2014	1,489,425		757,679	(col (b) dıvıde	1 965773
	2013	1,803,167		1,120,766		1 608870
	2012	2,579,541		1,626,464		1 585981
	2011	1,946,390		2,152,861		0 904095
	2010	2,621,250		1,649,437		1 589179
2	Totalof line 1, colum	n (d)			2	7 653898
3		ratio for the 5-year base period—div the foundation has been in existence:			3	1 530780
4	•	f noncharitable-use assets for 2015	•		4	397,969
5	Multiply line 4 by line	23			5	609,203
6		stment income (1% of Part I, line 2)			6	7
7			•	<u> </u>	7	609,210
8		ibutions from Part XII, line 4		_	8	1,633,212
3		greater than line 7, check the box $i$				
	the Part VI instruction		in a are vi, iiile iD, e	ana complete tilat	part using a 1 70 td	A rate Sec

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e),	or <b>4948</b> —see	pag	e 18 of	the inst	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	<b>-</b> _		)					
	Date of ruling or determination letter			J					
	(attach copy of letter if necessary-see instructions)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			J	1				7
	here ► ¬and enter 1% of Part I, line 27b · · · · · · · · · ·			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizate Part I, line 12, col (b)								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndations	only Other	S	2				0
3	Add lines 1 and 2				3				7
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable four enter -0-)	ndations	only Other	s	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter -0-			5				7
6	Credits/Payments								
а	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)	<b>6</b> c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form :	2220 is	attached		8				
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ .$				9				7
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amoun</b>	nt overp	aid		10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	<b>•</b>	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loca	al legislation	or d	ıd			Yes	No
	, , ,						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			ee In	structi	ons			
	for definition)?			•		1	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and cop	ores of any ma	ateria	ls				
_	published or distributed by the foundation in connection with the activities								N.
	Did the foundation file <b>Form 1120-POL</b> for this year?					•	1c		No
a	Enter the amount (if any) of tax on political expenditures (section 4955) impos			0					
	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers  Enter the reimbursement (if any) paid by the foundation during the year for poli				ocod				
е	on foundation managers $\triangleright$ \$0	ilicai ex	penditure ta	x IIIII	oseu				
2	Has the foundation engaged in any activities that have not previously been rep	norted to	o the IRS?				2		No
_	If "Yes," attach a detailed description of the activities	ported to	o the IKS.	• •	•				140
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts anver	mina instrum	ent	articles	s.			
-	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a confe</i>	_	-				3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d			_			4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_					4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction du		year?				5		No
	If "Yes," attach the statement required by General Instruction T		•						
6	Are the requirements of section 508(e) (relating to sections 4941 through 49  • By language in the governing instrument, or	945) sat	ısfıed eıther						1
	<ul> <li>By state legislation that effectively amends the governing instrument so th</li> </ul>	nat no m	andatory dire	ectio	ns				
	that conflict with the state law remain in the governing instrument?				113		6	Yes	J
7	Did the foundation have at least \$5,000 in assets at any time during the year?			ert II	col (c		۳	163	
•	and Part XV		· · · ·				7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	(see inst	cructions)						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF to	o the Attorne						
	General (or designate) of each state as required by General Instruction G? If	"No," att	ach explanatı	on .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r	meaning	of section 4	942	()(3)				
	or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see instr	uctions for P	art X	(IV)?				
	If "Yes," complete Part XIV						9		No
10	$\operatorname{Did}$ any persons become substantial contributors during the tax year? If "Yes,	," attach	a s chedule lis	sting	their n	ames			
	and addresses						10		No

Par	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	t l		
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►MARY SUKUP  Telephone no ►(51)	5)892	-4222	
	Located at ►1379 BEEDS LAKE DRIVE HAMPTON IA ZIP+4 ►50441			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶	_
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	i	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Dar	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
-6.1	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	$\top$	Yes	No
1a	During the year did the foundation (either directly or indirectly)		163	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ĺ	İ	İ
	a disqualified person?	ا ه		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ا	Ì	ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<b>,</b>	Ì	ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ĺ	Ì	ĺ
	for the benefit or use of a disqualified person)?	,		
	(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	د ا		ļ
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	46		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1b		
	organizations relying on a current notice regarding disaster assistance cheek here	ı	l	ı
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?	<b>1</b> c		No
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))			
а	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?			
	If "Yes," list the years ▶ 20, 20, 20	<b>'</b>	i	İ
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
<b>3</b> -	▶ 20, 20, 20			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	any time during the year?	<b>,</b>		! 
	or disqualified persons after May 26, 1969, <b>(2)</b> 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 <b>(3)</b>			
	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		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<b>AL</b>		N-
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	<u> </u>	No

	1 990-PF (2		ardii	na Activities for	· Wh	nich Form 4720	May	y Be Required <i>(Cont</i>	inue	d)	Page
5a		year did the foundati				1101111 4720	114	be required (cont	,,,,,,		
	-	on propaganda, or oth		•		ıslatıon (section 49	45(e	e)))?	. No		
	(2) Influe	nce the outcome of an	yspeo	cific public election (	see	section 4955), or to	car		, 110	i i	İ
	• •	ectly or indirectly, an				**		·	No		
	(3) Provid	le a grant to an individ	ual foi	travel, study, or oth	ners	ımılar purposes?		⊤ Yes √		i i	İ
	• •	le a grant to an organı		,			scrit		140	i i	İ
		-						···· Yes	. No		
	(5) Provid	le for any purpose othe tional purposes, or for	er thar	religious, charitabl	e, sc	ientific, literary, or			_		
b								· · · ·   Yes   exceptions described in	/ No	İ	l I
b	•	• •		•		, ,		instructions)?		5b	
	-			_	_		•		•		
	0.9424	, g a .a						Γ	_	<i>i</i> 1	ı
c		wer is "Yes" to questi se it maintained expe	,	**				···· Yes	- No		
		ttach the statement req						103	110	i i	i
<b>6</b> a	•	undation, during the ye				, ,	prei	miums on			
		I benefit contract?						· · · Tyes	No		
b	Did the fo	undation, during the y	ear, pa	y premiums, directly	vori	ndirectly, on a perso	onal	benefit contract?		6b	No
		6b, file Form 8870			•	., .					
7a	At any tim	ne during the tax year,	was t	he foundation a party	y to a	a prohibited tax shel	tert	ransaction? Yes	No		
b	If yes, did	the foundation receiv	e any	proceeds or have an	ıy ne	t income attributable	e to t	the transaction?		7ь	j
De	V/TTT	Information Abo	ıt Of	ficers, Directors	s, Tı	rustees, Founda	tio	n Managers, Highly	Paid	Emplo	yees,
		and Contractors									
	List all off	icers, directors, truste	es, to	undation managers a	and t	heir compensation (	see i	(d)			
	(a) Nar	no and address		Title, and average hours per week	(c)	Compensation(If not paid, enter		Contributions to	E	xpense	account,
	(a) Nai	ne and address	(b)	devoted to position		-0-)		mployee benefit plans	(e)	other all	owances
EUGE	NE SUKUP		PRE	SIDENT		0	anc	d deferred compensation			
		AKE DRIVE	1 0			O					
HAM	IPTON,IA	50441									
	SUKUP		_	RETARY		0		0			(
	9 BEEDS LA IPTON, IA	AKE DRIVE	1 0	J							
	LES SUKUP	30441	VIC	E PRESIDENT		0		0			
		AKE DRIVE	0 0			O					,
НАМ	IPTON,IA	50441									
STEV	EN SUKUP		_	ASURER		0		0			(
	9 BEEDS LA IPTON, IA	AKE DRIVE	0 0	J							
			id emi	olovees (other than	thos	e included on line 1-	-see	instructions). If none, en	ter "l	ONE."	
								Contributions to			
Naı		<b>(a)</b> ress of each employee re than \$50,000	paid	Title, and aver hours per we (b) devoted to pos	ek	(c) Compensation	n	employee benefit plans and deferred (d) compensation		•	account, owances
NON	IE										
				1							
_											
Tota	l number of	other employees paid	over	\$50,000							1

Form **990-PF** (2015)

1b Fair market value of all other assets (see instructions). . . . . . . . . . . . . 1c 1d 

Reduction claimed for blockage or other factors reported on lines 1a and 1e

Form 990-PF (2015)

2

3

5

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see

5

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 Distributable Amount

Part XI

(see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.) 1

Tax on investment income for 2015 from Part VI, line 5. . . . . . Income tax for 2015 (This does not include the tax from Part VI). . .

2a

3 Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

4 Recoveries of amounts treated as qualifying distributions. . . . . . . . . .

5 6 

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

7

Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . . 

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

2

Amounts set aside for specific charitable projects that satisfy the

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

2a

2b

1,633,205 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Form **990-PF** (2015)

Page 8

404,029

404,029

404,029

6,060

397,969

19,898

19,898

19,891

19.891

19,891

1,633,212

1.633.212

n

2 3

4

5

1

2c

3

4

5

6

7

1a

1b

2

3а

3b

4

5

		<b>(a)</b> Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7	Сограз	rears prior to 2014	2014	19,891
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only			О	
	Total for prior years 20		0		
	Excess distributions carryover, if any, to 2015				
a	From 2010				
ь	From 2011				
	From 2012 2,498,310				
	From 2013 1,747,181				
	From 2014 1,451,575				
	Total of lines 3a through e	10,075,108			
	Qualifying distributions for 2015 from Part				
	XII, line 4  \$ 1,633,212				
а	Applied to 2014, but not more than line 2a			О	
	Applied to undistributed income of prior years		0		
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
	required—see instructions)				
d	Applied to 2015 distributable amount				19,891
е	Remaining amount distributed out of corpus	1,613,321			
5	Excess distributions carryover applied to 2015	0			0
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,688,429			
b	Prior years' undistributed income Subtract		0		
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
Ч	Subtract line 6c from line 6b Taxable amount				
_	-see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions			U	
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)	0			
8	Excess distributions carryover from 2010 not	2,539,045			
	applied on line 5 or line 7 (see instructions)	2,333,013			
9	Excess distributions carryover to 2016.	9,149,384			
10	Subtract lines 7 and 8 from line 6a	5,2.5,501			
	,				
	Excess from 2011 1,838,997 Excess from 2012 2,498,310				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	LACESS HUIII ZUIJ				orm <b>990-PF</b> (2015)
				FC	лш <b>ээо-РГ</b> (2015)

	m 990-PF (2015)					Page <b>10</b>
	Part XIV Private Operating Founda				1 9)	
La	If the foundation has received a ruling or detei foundation, and the ruling is effective for 2015					
b	Check box to indicate whether the organizatio	n <u>is a private operat</u>	ing foundation de	scribed in section	☐ 4942(J)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(c) lotal
	year listed					
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
е	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					
а	"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					
Pā	art XV Supplementary Information (			ie organizatio	n had \$5,000 o	r more in
_	assets at any time during the	e year—see inst	ructions.)			
a	Information Regarding Foundation Managers: List any managers of the foundation who have before the close of any tax year (but only if the				•	ation
	See Additional Data Table					
b	List any managers of the foundation who own 1 ownership of a partnership or other entity) of v		•	, , ,	large portion of the	е
	Information Regarding Contribution, Grant, Gi	ft Loan Scholarshi	n etc Programs:	,		
_						
	Check here ▶ ▼ If the foundation only makes unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and	n makes gifts, grant		3		
ā	The name, address, and telephone number or	email address of the	e person to whom	applications shou	ld be addressed	
Ŀ	The form in which applications should be subr	nitted and information	on and materials t	they should includ	e	
	: Any submission deadlines					
,	d Any restrictions or limitations on awards, suc	h as by deodraphica	al areas, charitabl	le fields, kinds of i	nstitutions, or other	-
•	factors	, ggrapino		,		

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	During the Year or Apr	proved for F	uture Pavment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	Тестріені		
Total			▶ 3a	1,633,212
Total				

		-A Analysis of Income-Produc	Ι -	siness income	Excluded by section	512 513 or 514	(e)
	-	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt function income (See
<b>1</b> P	rogram	service revenue	Business code	A mount	Exclusion code	A mount	instructions )
1	Fees a	and contracts from government agencies					
2 3	Membei Interes	ship dues and assessments ton savings and temporary cash					
		nents			14	1,418	
		tal income or (loss) from real estate					
		financed property					
		ebt-financed property tal income or (loss) from personal					
0		y					
7	O ther ir	nvestment income					
8		(loss) from sales of assets other than					
9	Net inc	ome or (loss) from special events					
10	Gross p	rofit or (loss) from sales of inventory					
		evenue <b>a</b>					
ŀ	·						
12	Subtota	I Add columns (b), (d), and (e)		C		1,418	
		dd line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify (			1	.3	1,418
	rt XVI			plishment of E	xempt Purpos	es	
Lir	ne No. ▼	Explain below how each activity for whithe accomplishment of the foundation's instructions )					

	rt XVI	Information Re Noncharitable				actior	is and I	Relationships	With			
		rganization directly or i	ndırectly e	ngage in any of t	he following with						Yes	No
	organizat	` '	51 tilali 5 c		. gamzaciono, oi	5 6 6 6		rotating to political				
		from the reporting four	ndation to	a noncharitable e	exempt organiza	tion of						
	<b>(1)</b> Cash	h								1a(1)		No
	( <b>2)</b> Othe	erassets								1a(2)		No
ь	-   . O ther tra	insactions										
	<b>(1)</b> Sale	s of assets to a noncha	rıtable exe	empt organization	1					1b(1)		No
	 ( <b>2)</b> Purc	hases of assets from a	noncharit	able exempt orga	nızatıon					1b(2)		No
	( <b>3)</b> Rent	al of facilities, equipme	nt, or othe	rassets						1b(3)		No
	( <b>4)</b> Reim	nbursement arrangemer	nts							1b(4)		No
		ns or loan guarantees.								1b(5)		No
		mance of services or m								1b(6)		No
c :	- Sharing d	of facilities, equipment,	mailing lis	ts, other assets,	or paid employe	es				1c		No
1	of the goo n any tra	swer to any of the above ods, other assets, or se ansaction or sharing arr	rvices giv angement	en by the reportii . show in column	ng foundation If (d) the value of	the fou the god	ndation r ods, other	eceived less than assets, or service	fair marke es receive	t value d		
(a)	Line No	(b) Amount involved	(c) Name	of noncharitable exe	mpt organization	(d)	Description	of transfers, transaction	ons, and sha	rıng arra	ngemer	nts
ı	described <b>√</b> No	undation directly or indidin section 501(c) of the complete the following  (a) Name of organization	ne Code (d schedule	ther than section	· · · · · · · · · · · · · · · · · · ·	n sectio			tion of relation		es	
							-					
							+					
Sig	the Info	der penalties of perjury, best of my knowledge a irmation of which prepai	and belief,	it is true, correct					n taxpayer	) is bas	sed on	all
He		*****			2016-11-15	, k	*****		return	ie IRS di		
						<b>-</b> •			with th below	e prepai	rer shov	vn
	'	Signature of officer or t	rustee		Date	,	Title		(see ır	ıstr)?	Yes [	No
		Print/Type preparer's DONALD R SCHNU CPA		Preparer's Sign	ature	Date		Check if self- employed ▶	PTIN PC	00310	)29	<u> </u>
Pa Pre Us	eparer	Firm's name ► SCHNURR&COMPAN	YLLP CPA	'S & CONSULTA	NTS	•		Firm's EIN ▶ 42	2-128283	6		
On		Firm's address ► 822 CENTRAL AVE S 50501	SUITE 400	FORT DODGE,	IA			Phone no (515)	) 576-713	6		

Form 990PF Part XV Line 1a - 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).

EUGENE SUKUP

MARY SUKUP

CHARLES SUKUP

Form 990PF Part XV Line 3 - Gra	ants 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	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (nome of business)	or substantial contributor	'		
a Paid during the year				
HAMPTON COMMUNITY CHRISTIAN DAYCARE 104 12TH AVE NE HAMPTON,IA 50441	NONE	PUBLIC	CHARITABLE	30,000
UNITED METHODIST CHURCH 100 CENTRAL AVE E HAMPTON,IA 50441	NONE	PUBLIC	CHARITABLE	2,000
IOWA DISTRICT EAST LCMS 1100 BLAIRS FERRY RD MARION,IA 52302	NONE	PUBLIC	CHARITABLE	10,000
1ST GRACE BAPTIST CHURCH 404 GILMAN STREET SHEFFIELD,IA 50475	NONE	PUBLIC	CHARITABLE	2,000
1ST UNITED METHODIST CHURCH 214 E JEFFERSON STREET IOWA CITY,IA 52245	NONE	PUBLIC	CHARITABLE	2,000
FRANKLIN RACE WELLNESS CENTER 1514 CENTRAL AVE E HAMPTON,IA 50441	NONE	PUBLIC	CHARITABLE	12,500
BASH ON THE FARM 1950 US 69 GARNER,IA 50438	NONE	PUBLIC	CHARITABLE	1,000
GLOBAL COMPASSION 310 E BROADWAY ST EAGLE GROVE,IA 50533	NONE	PUBLIC	CHARITABLE	75,000
BRIDGE OF HOPE - HAMPTON 420 1ST AVE NE HAMPTON,IA 50441	NONE	PUBLIC	CHARITABLE	2,000
MASON CITY HOMELESS SHELTER 307 N MONROE AVE MASON CITY,IA 50401	NONE	PUBLIC	CHARITABLE	15,000
CHINA OUTREACH MINISTRIES 555 GETTYSBURG PIKE MECHANICSBURG,PA 17055	NONE	PUBLIC	CHARITABLE	23,912
CHURCH OF THE DAMASCUS ROAD 239 NORTH 11TH STREET FORT DODGE,IA 50501	NONE	PUBLIC	CHARITABLE	20,000
CONCORDIA SEMINARY 801 SEMINARY PLACE ST LOUIS,MO 63105	NONE	PUBLIC	CHARITABLE	210,000
ELS FOR AUTISM 3900 MILITARY TRAIL STE 200 JUPITER,FL 33458	NONE	PUBLIC	CHARITABLE	2,000
FRANKLIN COUNTY FAIR 1008 CENTRAL AVE W HAMPTON,IA 50441	NONE	PUBLIC	CHARITABLE	10,000
Total			▶ 3a	1,633,212

Form 990PF Part XV Line 3 - Gr	ants and Contributions	<b>Paid During</b>	the Year or Approved for	Future Payment
Recipient  Name and address (home or	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
business)	or substantial contributor			
a Paid during the year				
YOUTH FOR CHRIST 2210 S FEDERAL AVE MASON CITY,IA 50401	NONE	PUBLIC	CHARITABLE	150,000
RIVERSIDE BIBLE CAMP 3001 RIVERSIDE RD STORY CITY,IA 50248	NONE	PUBLIC	CHARITABLE	100,000
NORTH IOWA CHRISTIAN SCHOOL 680 6TH ST SE MASON CITY,IA 50401	NONE	PUBLIC	CHARITABLE	6,000
HAMPTON SENIOR CITIZENS INC 23 1ST ST SW HAMPTON,IA 50441	NONE	PUBLIC	CHARITABLE	10,000
FRANCIS LAUER YOUTH SERVICES 50 N EISENHOWER AVE MASON CITY,IA 50401	NONE	PUBLIC	CHARITABLE	12,500
HOPE MINISTRIES 1310 6TH AVE DES MOINES,IA 50314	NONE	PUBLIC	CHARITABLE	10,000
IOWA PARKS FOUNDATION 301 GRAND AVE DES MOINES,IA 50309	NONE	PUBLIC	CHARITABLE	5,000
LUTHERAN FAMILY SERVICES OF IOWA 230 9TH AVE N FORT DODGE,IA 50501	NONE	PUBLIC	CHARITABLE	100,000
LUTHERAN HERITAGE FOUNDATION 51474 ROMEO PLANK RD MACOMB,MI 48042	NONE	PUBLIC	CHARITABLE	91,900
LUTHERAN MUSIC PROGRAM 122 W FRANKLIN AVE SUITE 230 MINNEAPOLIS,MN 55404	NONE	PUBLIC	CHARITABLE	10,000
LUTHERAN RESOURCE CENTER 630 US 18 CLEAR LAKE,IA 50428	NONE	PUBLIC	CHARITABLE	2,500
UNIVERSITY OF IOWA FOUNDATION 1 PARK RD IOWA CITY,IA 52242	NONE	PUBLIC	CHARITABLE	50,000
GRACE LUTHERAN CHURCH 2725 N LARAMIE AVE CHICAGO,IL 60639	NONE	PUBLIC	CHARITABLE	5,000
LUTHERAN HOUR MINISTRIES 660 MASON RIDGE CENTER ST LOUIS,MO 63141	NONE	PUBLIC	CHARITABLE	10,000
MISSION CENTRAL 40718 HIGHWAY E 16 MAPLETON,IA 51034	NONE	PUBLIC	CHARITABLE	220,800
Total			▶ 3a	1,633,212

orm 990PF Part XV Line 3 - Gr	ants and Contributions	Paid During	the Year or Approved for	Future Paymen
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	A mount
a Paid during the year				
NAVIGATORS PO BOX 6000 COLORADO SPRINGS,CO 80934	NONE	PUBLIC	CHARITABLE	20,000
NEIGHBORHOOD BIBLE CHURCH 1570 HIGHWAY 65 HAMPTON,IA 50441	NONE	PUBLIC	CHARITABLE	3,000
FOLLOW HARD MINISTRIES 1849 FOX TRAIL WINTERSET,IA 50273	NONE	PUBLIC	CHARITABLE	10,000
INFAITH 145 JOHN ROBERT THOMAS DRIVE EXTON,PA 19341	NONE	PUBLIC	CHARITABLE	5,000
CHURCH BY THE GLADES 400 LAKEVIEW DRIVE CORAL SPRINGS,FL 33071	NONE	PUBLIC	CHARITABLE	50,000
ZION LUTHERAN CHURCH 112 N 4TH ST CLEAR LAKE,IA 50428	NONE	PUBLIC	CHARITABLE	40,000
CONCORDIA COLLEGE 1712 BROAD ST SELMA,AL 36701	NONE	PUBLIC	CHARITABLE	100,000
SALVATION ARMY 503 BENTON STREET BOONE,IA 50036	NONE	PUBLIC	CHARITABLE	20,000
STPATRICK - DOUGHERTY 420 E PATRICK STREET DOUGHERTY,IA 50433	NONE	PUBLIC	CHARITABLE	5,000
SURF BALLROOM & MUSEUM 460 N SHORE DR CLEAR LAKE,IA 50428	NONE	PUBLIC	CHARITABLE	2,500
TIME OF GRACE PO BOX 301 MILWAUKEE, WI 53201	NONE	PUBLIC	CHARITABLE	100,000
WEST FORK METHODIST CHURCH 2200 TULIP AVE SHEFFIELD,IA 50475	NONE	PUBLIC	CHARITABLE	2,000
IOWA GIRLS STATE 720 LYON ST DES MOINES,IA 50309	NONE	PUBLIC	CHARITABLE	2,000
ZION REFORMED CHURCH 2029 JONQUIL AVENUE SHEFFIELD,IA 50475	NONE	PUBLIC	CHARITABLE	2,000
LUTHERAN CHURCH MISSOURI SYNOD 409 KENYON RD FORT DODGE,IA 50501	NONE	PUBLIC	CHARITABLE	70,600
Total			▶ 3a	1,633,212

eme GRAPHIC Print - DO NOT PROCESS	AS Filed Data -	DLN: 93491320043576
TY 2015 Accounting Fees School	edule	
Name:	THE SUKUP FAMILY FOUNDATION	
FTN:	42-1488675	

DI N. 03/013200/3576

ofile CRAPHIC print - DO NOT PROCESS | As Filed Data -

ACCOUNTING

	<b>EIN:</b> 42-1	.488675		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

685

685

DLN: 93491320043576

## Name: THE SUKUP FAMILY FOUNDATION

36

ETN: 42-1488675

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

MISCELLANEOUS EXPENSES

	<b>EIN</b> 42 1400073			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491320043576
TY 2015 Taxes Schedule			
Name:	THE SUKUP FAMII	LY FOUNDATION	

	<b>EIN:</b> 42-148	8675		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

2014 990PF

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			С	DLN: 93491320043576
Schedule B		Schedu	le of Contributors	<b>,</b>	_	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	▶ Information ab	out Schedule B (Fo	Form 990, 990-EZ, or 990-PF orm 990, 990-EZ, or 990-PF) ow irs gov/form990		ıs at	2015
Name of the organization				Em	nployer ider	ntification number
——————————————————————————————————————	OUNDATION			42	2-1488675	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	┌─ 501(c)( )	(enter number) org	anızatıon			
	4947(a)(1	) nonexempt charit	able trust <b>not</b> treated as a pi	rıvate foundatıon		
	527 politic	al organization				
Form 990-PF	<b>√</b> 501(c)(3)	exempt private fou	ndation			
	T 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3)	taxable private fou	ndation			
1 *	-		hat received, during the yea ts I and II See instructions fo		-	
under sections t received from ai	509(a)(1) and 170(b)(	1)(A)(vı), that chec rıng the year, total	Form 990 or 990-EZ that met ked Schedule A (Form 990 c contributions of the greater o s I and II	or 990-EZ), Part II, Im	ne 13, 16a, d	or 16b, and that
during the year,		more than \$1,000 e	r (10) filing Form 990 or 990- x <i>clus;vely</i> for religious, char lete Parts I, II, and III			
during the year, this box is checl purpose Do not	contributions <i>exclusit</i> ked, enter here the tot complete any of the p	vely for religious, cl al contributions tha parts unless the <b>Ge</b>	r (10) filing Form 990 or 990- naritable, etc , purposes, but t w ere received during the y <b>neral Rule</b> applies to this or more during the year	t no such contributio rear for an <i>exclusiv</i> rganization because	ons totaled n rely religious e it received	nore than \$1,000 lf , charitable, etc , nonexclusively
990-EZ, or 990-PF), but	ıt <b>m ust</b> answ er "No"	on Part IV, line 2, o	e and/or the Special Rules do fits Form 990, or check the l oes not meet the filing requir	box on line H of its		

Name of organization
THE SUKUP FAMILY FOUNDATION

Employer identification number 42-1488675

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional spa	ace is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person 🗸
	EUGENE SUKUP REVOCABLE TRUST 1379 BEEDS LAKE DRIVE	\$ 400,000	Payroll
	HAMPTON, IA 50441	3 400,000	Noncash —
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person 🔽
	MARY E SUKUP REVOCABLE TRUST 1379 BEEDS LAKE DRIVE	\$ 300,000	Payroll
	HAMPTON, IA 50441	_	Noncash —
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SUKUP MANUFACTURING COMPANY		Person 🗸
	1555 255TH STREET	\$ 500,000	Payroll
	SHEFFIELD, IA 50475	-	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
		<u>\$</u>	Noncash —
			(Complete Part II for noncash contributions)

THE SUKUP FAMILY FOUNDATION

Employer identification number

		42-1488675		
Part II	Noncas h 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	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		5		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received	
W.HOM Part	Description of noncasti property given	(see instructions)	Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)