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Form 990-PF

Return of Private Foundation

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

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

OMB No 1545-0052

D	epartr	nent of the Treasury Revenue Service	▶ Do not enter so ▶ Information about Form	cial security numbers o		-	•	Open to Public Inspection
_			or tax year beginning	1 000-FT and its separa		, and endin	<u> </u>	. 20
_		of foundation	v v vear beginning		, 2013	, and endin		tification number
	AMF.	t RICAN CÆNTHR	RY INVESTMENTS FOU	ИОТТАПИ			43-1881	
			reet (or P O box number if mail is not delivered to street address) Room/suite B Telephon					
٠ _	4500	MAIN STREE	T, P.O. BOX 41821	0			(816) 3	340-4670
	City o	r town, state or provinc	ce, country, and ZIP or foreign pos	tal code				
							C If exemption app pending, check h	elication is
_		SAS CITY, MC	64141					
G	Che	eck all that apply	Initial return	Initial return	•	oublic charit	У D 1 Foreign organ	izations, check here >
			Final return	Amended re	••••			nizations meeting the
-		-1.1	Address change	Name chang				
- 1			zation X Section 501(E If private founds	ation status was terminated
Ţ			nonexempt charitable trust	Other taxable pr			under section 50	7(b)(1)(A), check here . •
'		inarket value o of year <i>(from Pai</i>	of all assets at JAcco	unting method <u>x</u> C ther (specify)	asn Acc	rual	II	is in a 60-month termination
		► \$	2,651,412 (Part I, c		ch hasis l		under section 50	7(b)(1)(B), check here . ►
ſ			venue and Expenses (The		<i>III basis)</i>			(d) Disbursements
		total of amounts in	columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may not necessar column (a) (see in:	ily equal the amounts in structions))	books	incom	ne	income	purposes (cash basis only)
_	1	Contributions, gifts, gran	ts, etc , received (attach schedule)	1,000,000				
	2		e foundation is not required to ch Sch B.					
	3		nd temporary cash investments.	26		26		
	4	Dividends and inte	rest from securities	141,217	14	11,217		
	5 a	Gross rents						
· A .		Net rental income or ((loss)				····	
2016 enue	6a b		m sale of assets not on line 10					
2 2016 evenue		assets on line 6a			1	1,443		
€ Z			come (from Part IV, line 2) . oital gain		1	1,443		
	٩	•	ons					
NON	10 a	Gross sales less returnand allowances	ıs I					
	Ь	Less Cost of goods so						
ANNED	C		s) (attach schedule)					
=	11	Other income (atta	ich schedule)					
A.	12	Total. Add lines 1	through 11	1,141,243	15	2,686		
	13	Compensation of office	cers, directors, trustees, etc					
Se	14		laries and wages	·			 	
Sen	15		ployee benefits					
X	16 a	Legal fees (attach	schedule)					
ē	Ь							
ati	17	Interest	fees (attach schedule).	.			 	
str	18	1 1	dule) (see inst <u>ructio</u> ns).					
<u> </u>	19							-
μ	20	Occupancy	h schedule) and depletion.		-			
∨ Ե	21		s, and meetings					
an	22		ations					
ğ	13 14 15 16 a b c 17 18 19 20 21 22 23 24		ttach schedule)					
äŧi	24	Total operating ar	nd administrative expenses.					
Der		Add lines 13 throu	gh 23					
Ō	ì	_	s, grants paid	1,600,000				1,600,000
_	26		ursements Add lines 24 and 25	1,600,000				1,600,000
	27	Subtract line 26 fro		_150 757				
	1		expenses and disbursements come (if negative, enter -0-)	-458,757	1 5	52,686		
	1		me (if negative, enter -0-).		1~	,2,000		-

Part I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of year		
Parti	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing	824,556	424,582	424,582		
2	Savings and temporary cash investments					
3	Accounts reçeivable					
	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 ▶					
ssets 6 %	Inventories for sale or use					
SS 9	Prepaid expenses and deferred charges					
⋖ 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)	2,450,438	2,226,829	2,226,829		
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)	3,274,994	2,651,411	2,651,411		
17	Accounts payable and accrued expenses			4		
18	Grants payable			-		
မှ 19	Deferred revenue			4		
≅ 20	Loans from officers, directors, trustees, and other disqualified persons			_		
Liabilities 15 16 17	Mortgages and other notes payable (attach schedule)					
⊐ 22	Other liabilities (describe >)			_		
23	Total liabilities (add lines 17 through 22)					
	Foundations that follow SFAS 117, check here . ► X					
ĕ	and complete lines 24 through 26 and lines 30 and 31.	I I	0 (51 411	1		
E 24	Unrestricted	3,274,994	2,651,411			
25	Temporarily restricted			-		
필 26	Permanently restricted			4		
Net Assets or Fund Balances 12 0 6 8 2 2 9 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Foundations that do not follow SFAS 117,					
빕	check here and complete lines 27 through 31.					
တ် တ	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	2 074 004	0 (51 411			
30	Total net assets or fund balances (see instructions)		2,651,411			
Ž 31	Total liabilities and net assets/fund balances (see	1	0 651 411			
	instructions)	3,274,994	2,651,411			
	Analysis of Changes in Net Assets or Fund Bal		must oarse with			
	tal net assets or fund balances at beginning of year - Part			2 274 004		
	d-of-year figure reported on prior year's return)		_	3,274,994		
	ter amount from Part I, line 27a		_	-458,757 -164,826		
	her increases not included in line 2 (itemize) ► REALIZED &					
	d lines 1, 2, and 3			2,651,411		
5 De	creases not included in line 2 (itemize)	o hoo 5) Down History 10	b) line 30	2,651,411		
<u>6</u> 10	tal net assets or fund balances at end of year (line 4 minu	s ime 5) - Part II, column (b), line 30 6	Form 990-PF (2015)		

	1 990-PF (2015)					Page 3
Pa	rt IV Capital Gains	and Losses for Tax on Inve	stment Income			
		d describe the kind(s) of property sold (erick warehouse, or common stock, 200 s	•	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1.	<u>.</u>	IL AVAILABLE UPON REQUE		D - Donation	(aay, y. /	
			5.1			
<u>b</u>	1	,				
_ <u>c</u>						
<u>d</u>						
<u>e</u>					l	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а						11,443
 b						
С						
d						
e	Complete only for accets	showing gain in column (h) and owned	by the foundation on 12/31/60	, , , , , , , , , , , , , , , , , , ,		
	Complete only for assets				Gains (Col (h) g	
((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	COI	(k), but not less Losses (from co	
a						11,443
С						
d						
2 3				2		11,443
(Fo	rt V Qualification United Proposition 1 Qualification United Proposition United Uni	Under Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distribution	section 4940(a) tax on net investi	ment inco	_	∫ Yes X No
		not qualify under section 4940(e)		 -	_	
		nount in each column for each year		a any ent	TIES	
		<u> </u>	·	ig any eni	(d)	
Ca	(a) Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r (col (b) divided b	
	2014	1,600,000	3,149,691			0.5080
	2013	1,200,000	3,408,787			0.3520
	2012	1,500,000	4,227,209			0.3548
_	2011	1,450,000	4,095,113			0.3541
	2010	1,439,860	3,314,362	 		0.4344
	2010	1,435,000	3,314,302	 - 	····	
2	Average distribution ratio	d) o for the 5-year base period - divide	e the total on line 2 by 5, or by the	2		2.0033
	number of years the four	ndation has been in existence if less	s than 5 years	3		0.4007
4	Enter the net value of no	oncharitable-use assets for 2015 fro	om Part X, line 5	4		2,566,187
5	Multiply line 4 by line 3			5		1,028,271
6	Enter 1% of net investme	ent income (1% of Part I, line 27b).		6		1 <u>,</u> 527
7	Add lines 5 and 6			7	<u> </u>	1,029,798
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	ions from Part XII, line 4	in Part VI, line 1b, and complete	8 that part	_	1,600,000 ax rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	<u>s)</u>
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		1,	527
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal J$			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1,	527
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		1,	<u>527 </u>
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 11,499			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
_d	Backup withholding erroneously withheld		11 .	400
7	Total credits and payments Add lines 6a through 6d		11,4	199
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		Q (972
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 9,972 Refunded ▶ 11		٠, ١	512
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a	163	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			- 23
-	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		•	
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$			
е	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?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
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?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	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	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
ι.	MISSOURI			
a	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	g h	Х	
c	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	- 1	
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,"	9		Х
4.0	complete Part XIV	3		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х
	names and addresses		A DE	

	330-F1 (2013)			age J
Par	t 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		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X
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) SEE STATEMENT 1	12	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A		_	
14	The books are in care of \blacktriangleright PATRICK LANDA Telephone no \blacktriangleright (816) 34	<u>0-36</u>	14	
	Located at ► 4500 MAIN ST, KANSAS CITY, MO ZIP+4 ► 64111			
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	2000 A 1000 PM	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
Б.	the foreign country	1244	***	養物小
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1586123680	V I	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	4844	Yes	No
1a	During the year did the foundation (either directly or indirectly)		营港	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(c) annual goods, or visco, or labilities to (c) association in any a disqualities person.		便滿	
	(1) and the second seco			
	(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)?			
	(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).			1.
h	termination or general meaning manner despo,			
D	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)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here		PAS:	
_	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	With the State of	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		2020	M **
_	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		6 W ()	
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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			10 3
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		14.	
	at any time during the year?			
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	SAS		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			i i e
	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		Χ
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		Х

ГŒ	rt VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the year did the foundation pay or incur any amo	unt to					
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public ele	ection (see section o	4955), or to carry or	ı,			
	directly or, indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or o			1 1 1 1 1 1 1	,		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 4945(d)(4)(A)? (see instructions)			Yes X_No	,		
	(5) Provide for any purpose other than religious, ch	naritable, scientific,	literary, or educationa	al			
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No)		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described in	۱		
	Regulations section 53 4945 or in a current notice regar	ding disaster assistar	nce (see instructions)?		5b		
	Organizations relying on a current notice regarding disas	ster assistance check	here				
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax			
	because it maintained expenditure responsibility for the	grant?		Yes No)		
	If "Yes," attach the statement required by Regulations see	ction 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiun				
	on a personal benefit contract?			. Yes X No	1 1		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct?	6b	X	
	If "Yes" to 6b, file Form 8870						
	At any time during the tax year, was the foundation a pa						
	If "Yes," did the foundation receive any proceeds or have						
	Information About Officers, Director and Contractors		_		oloyees,		
1_	List all officers, directors, trustees, foundation n		r compensation (see				
	(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 other allo		
	K GILSTRAP	PRESIDENT & DIR	ECTOR				
	MAIN ST, KANSAS CITY, MO 64111	1/2 HOUR					
	RLES ETHERINGTON	VICE PRESIDENT,	SECRETARY, & DIRE				
<u>450</u> 0			020112111117, 4 01112	CTOR			
	MAIN ST, KANSAS CITY, MO 64111	1/2 HOUR	obonatimit, w bina	CTOR			
	RICK BANNIGAN	TREASURER	333.3.1.1.7, 3 31.1.2	CTOR			
4500	RICK BANNIGAN O MAIN ST, KANSAS CITY, MO 64111	TREASURER 1/2 HOUR		CTOR			
4500 ROD	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON	TREASURER 1/2 HOUR DIRECTOR		CTOR			
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR					
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR			ons). If no	one, enter	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR			ons). If no (e) Expense other allo	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than those) (b) Title, and average hours per week	se included on line	(d) Contributions to employee benefit plans and deferred	(e) Expens	e account,	
4500 ROD 4500 2	RICK BANNIGAN MAIN ST, KANSAS CITY, MO 64111 STURGEON MAIN ST, KANSAS CITY, MO 64111 Compensation of five highest-paid employees "NONE."	TREASURER 1/2 HOUR DIRECTOR 1/2 HOUR (other than thos (b) Title, and average hours per week devoted to position	se included on line (c) Compensation	e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	e account,	

Total. Add lines 1 through 3

Form **990-PF** (2015)

All other program-related investments. See instructions

Par	see instructions)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes ,		
а	Average monthly fair market value of securities	1a	2,351,698
b	Average of monthly cash balances	1b	253,568
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	2,605,266
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1c 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,605,266
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions).	4	39,079
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,566,187
6	Minimum investment return. Enter 5% of line 5	6	128,309
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ ☐ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	128,309
2 a	Tax on investment income for 2015 from Part VI, line 5		·
b	Income tax for 2015 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2c	1,527
3	Distributable amount before adjustments Subtract line 2c from line 1	3	126,782
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4.	5	126,782
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	126,782
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 1	
' a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,600,000
b	Program-related investments - total from Part IX-B	1b	1,000,000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	 	
-		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	1,600,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1,000,000
•	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,600,000
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years	aicuiatiiig	whether the foundation

Part XIII Undistributed Income (see instructions)	
(a) (b) (c)	(d)
1 Distributable amount for 2015 from Part XI, Corpus Years prior to 2014 2014	2015
line 7	126,782
2 Undistributed income, if any, as of the end of 2015	
a Enter amount for 2014 only	
b Total for pnor years 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 6,293,806	
4 Qualifying distributions for 2015 from Part XII,	
line 4 ▶ \$1,600,000	
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	126,782
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) 1,276,422	
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	
O Analysis of line 9	
a Excess from 2011 1,245,244	
b Excess from 2012 1,290,703	
c Excess from 2013 1,035,159	
d Excess from 2014 1,446,278	
e Excess from 2015 1,473,218	

Pa	art XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)			
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating			
	foundation, and the rulin	g is effective for 2015, e	nter 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)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			ĺ ,	(e) Total
	justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 201	2	<u> </u>	
	I or the minimum investment return from Part X for each							
	year listed							
b	85% of line 2a							
С	Qualifying distributions from Part				1			
	XII, line 4 for each year listed .							
d	Amounts 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							
3	2d from line 2c 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							
h	4942(j)(3)(B)(i)	-		-	 			
-	enter 2/3 of minimum invest-							
	ment return shown in Part X,							
С	line 6 for each year listed "Support" alternative test - enter							
	(1) Total support other than							
	gross investment income (interest, dividends, rents,							
	payments on secunties							
	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 sup-	,						
	port from an exempt organization							
	(4) Gross investment income.							
Pa		ntary Information (C		only if the founda	tion had \$5	,000 or	more	in assets at
		uring the year - see	·					
1	Information Regardin							
а	List any managers of before the close of any	the foundation who h	nave contributed mor	e than 2% of the tota	al contribution	ns receiv	ed by ti	ne foundation
	before the close of any	tax year (but only if the	ley have contributed i	1101e (11a11 \$5,000) (3	ee section 50	/(u)(2))		
		Alan Carrallation 1	400/	<u> </u>	,			
D	List any managers of ownership of a partner					n equally	/ large p	portion of the
	owneremp or a partitor	omp or other criaty) or	willow the roundation	i ilas a 1070 or greater	interest			
2	Information Regardin	a Contribution. Grant	Gift, Loan, Scholarsh	nin etc. Programs:				_ ·
				· -				
	Check here ► if t unsolicited requests for	or funds If the found	ation makes difts ar	ants etc (see instruct	tions) to indi	zations a viduals o	r organi	s not accept zations under
	other conditions, comp	olete items 2a, b, c, an	d d	2.110, 010 (000 11101140		· · · · · · · · · · · · · · · · · · ·	. Organi	zatione under
а	The name, address, a	nd telephone number	or e-mail address of t	the person to whom ap	plications shou	uld be add	dressed	
	ISTIN RAVEN, 450							
	The form in which app					е		
DO.	ADD MERKDEDS ACTS	OTONI OMAMONIOS	CODY OF FOIL					
	ARD MEMBERS, MIS Any submission deadle		, COPY OF 501 (C	2) (3)				
C	Any submission deadl	11103						
101								
d	Any restrictions or li factors	mitations on awards	such as by geogr	aphical areas, charita	able fields, k	inds of	ınstıtutıc	ons, or other
CON	NSIDERATION FOR	AWARDS IS LIMIT	TED TO THE CIT	ES IN WHICH AM	ERICAN CE	ENTURY	RESID)ES

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Name and address (films or business) a Paul disriptine year GREATER KRNSA CITY FOUNDATION Total Approved for future payment NONE Total Approved for future payment NONE	Form 990-PF (2015)				
a Paid during the year GREATER KANNAS CITY COMMUNITY FOUNDATION 501(c)(3) OPERATING EXPENSES 1,600,000 1,600,000 Total b Approved for future payment	Part XV Supplementary Information (continued)			
a Paid during the year GREATER KANNAS CITY COMMUNITY FOUNDATION 501(c)(3) OPERATING EXPENSES 1,600,000 1,600,000 Total b Approved for future payment	3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	Future Payment	· · · · · · · · · · · · · · · · · · ·
a Paid during the year GREATER KANNAS CITY COMMUNITY FOUNDATION 501(c)(3) OPERATING EXPENSES 1,600,000 1,600,000 Total b Approved for future payment	Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
GREATER KANSAS CITY COMMUNITY FOUNDATION 501(e)(3) OPERATING EXPENSES 1,600,000 Total D Approved for future payment	Name and address (home or business)	or substantial contributor	recipient	Contribution	
Total			507 () (0		1 600 000
Total			501(c)(3	OPERATING EXPENSES	1,000,000
b Approved for future payment	COPMONITE FOUNDATION				
b Approved for future payment					
b Approved for future payment					
b Approved for future payment				İ	
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b Approved for future payment					
b Approved for future payment					
b Approved for future payment NONE .			<u> </u>	▶ 3a	1,600,000
NONE .	b Approved for future payment				
	NONE				
	•				
			<u> </u>		

Part AVI-A Alialysis of income-Prod			1		
Enter gross amounts unless otherwise indicated	(a) Business code	(b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a				<u>.</u>	<u> </u>
b					
c		·			
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments			14	26	·
3 Interest on savings and temporary cash investments •			14	141,217	
4 Dividends and interest from securities5 Net rental income or (loss) from real estate				111/21/	
a Debt-financed property					
b Not debt-financed property	1				
6 Net rental income or (loss) from personal property.	1				
7 Other investment income	1		-		
8 Gain or (loss) from sales of assets other than inventory	1				
	l l			·····	
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				141,243	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activitie Line No. Explain below how each activity	ulations) s to the Acc	omplishment of l	Exempt Pur	ooses	141,243
▼ accomplishment of the foundation					
					
					
					
	-				
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Part	XVII	Information R Exempt Organ	egarding Tra	ansfers To and Tran	sactions a	and Relation	ships With No	nchari	table	e
II C	n sect organiz	ion 501(c) of the Co rations?	ode (other than	engage in any of the fo section 501(c)(3) organ	ızatıons) or ır	n section 527, i			Yes	No
				a noncharitable exempt				12(1)		x
										X
		ransactions						- 15(2)		
(1) Sal	es of assets to a no	ncharitable exei	mpt organization				. 1b(1)		X
				ble exempt organization.						X
				assets						X
(4) Kei 5) Los	mbursement arrange	ements		• • • • • • •			. 1b(4)		X
ì	6) Per	formance of service	s or membersh	ip or fundraising solicitati				1b(5)		X
				ts, other assets, or paid ϵ						X
				s," complete the follow					fair n	
V	alue c	of the goods, other	assets, or servi	ces given by the report	ing foundation	on If the found	lation received les	s than	faır n	narket
V	alue II	n any transaction or	sharing arrang	gement, show in column	n (d) the valu	ue of the goods	s, other assets, or	service	s rec	eived
(a) Line	e no	(b) Amount involved	(c) Name of r	oncharitable exempt organization	on (d) [Description of trans	fers, transactions, and si	hanng arra	ingeme	nts
									_	
			-	- ··· · <u>- ···</u>						
	-									
									-	
				····						
				 						
			·							
								 		
				· · · · · · · · · · · · · · · · · · ·						
				iliated with, or related ther than section 501(c)(t organizations		es [] No
b_lf	"Yes,	" complete the follow				1				
		(a) Name of organization	<u> </u>	(b) Type of organiz	ation	 	(c) Description of relation	onship		
	-					 				
						 				
		• •				<u> </u>				
Sign	Under	penalties of penjury, I decla t, and complete Declaration of	re that I have examing preparer (other than to	ned this return, including accompa expayer) is based on all information of	anying schedules a of which preparer h	and statements, and that and statements, and the statements and statements.			_	
	Í	Though	2	11/10/2016	TRI	EASURER	May the with the	IRS discus preparer		return below
Here	Sign	ature of officer or trustee		Date	Title		(see instruct	tions)?] Yes [No
	1	/ D+/T-				1	• • • • • • • • • • • • • • • • • • •	 		
Paid		Print/Type preparer's nai	me	Preparer's signature		Date	Check if	PTIN		
Prepa	arer				······································		self-employed	<u> </u>		
Use C		Firm's name				-	Firm's EIN			
	- · · · y	r mirs address					Phone no			
		L <u></u>		·			Phone no	004		

Schedule B

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

Schedule of Contributors

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

Department of the Treasury
Internal Revenue Service.

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

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

OMB No 1545-0047

Name of the organization		Employer identification number			
•					
AMERICAN CENTURY INV	ESTMENTS FOUNDATION	43-1881225			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private founda	ition			
	501(c)(3) taxable private foundation				
Note. Only a section 501(c)(7) instructions	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See			
General Rule					
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contribit r property) from any one contributor. Complete Parts I and II. See instructi ntributions	_			
Special Rules					
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line s of the greater of (1)			
contributor, during th	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
contributor, during th contributions totaled during the year for ar General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution. An organization that is	s not covered by the General Rule and/or the Special Rules does not file S t answer "No" on Part IV, line 2, of its Form 990, or check the box on line	Schedule B (Form 990,			

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization AMERICAN CENTURY INVESTMENTS FOUNDATION Employer identification number 43-1881225

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	AMERICAN CENTURY COMPANIES, INC 4500 MAIN ST KANSAS CITY, MO	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Name of organization

AMERICAN CENTURY INVESTMENTS FOUNDATION

Employer identification number

43-1881225

sh Property (see instructions) Use duplicate copies	of Fart II II additional space is net	=aea
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given \$ (c) FMV (or estimate) (see instructions)

	rganization			Employer identification number		
	AN CENTURY INVESTMENTS FOUNDA			43-1881225		
Part III	Exclusively religious, charitable, etc.,	contributions to organiz	zations describe	d in section 501(c)(7), (8), or		
	(10) that total more than \$1,000 for t	he vear from any one o	ontributor. Com	plete columns (a) through (e) and		
	the following line entry For organization	ons completing Part III. e	nter the total of e	clusively religious charitable etc.		
	contributions of \$1,000 or less for the	year (Enter this informa	ation once. See in	etructions \ > \$		
	Use duplicate copies of Part III if addition	e year (Enter this information	allon once See ii	istructions) • Ψ		
(a) No	T act in it addition	briar space is fleeded				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	, , , ,					
		(a) Tanasan at a	<u> </u>			
		(e) Transfer of gi	π			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
		_				
(a) No.						
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
		(e) Transfer of gi	ft			
		(5, 112	••			
	Transferee's name, address, and	1 7ID ± 4	Dalatianahir	of transferor to transferee		
	Transferee 3 flame, address, and		Relationship	of transferor to transferee		
(a) No. from	(h) Dumana at aift	(.) 11 (
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
				· · · · · · · · · · · · · · · · · · ·		
		(e) Transfer of gi	ft			
	Transferee's name, address, and	d ZIP + 4	Relationship	of transferor to transferee		
	-					
(a) No.	 		 			
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I		(1, 100 or g				
	(a) Transfer of aith					
	(e) Transfer of gift					
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
			-			
	<u> </u>					

American Century Investments Foundation EIN: 43-1881225 Line 13, Part II (990-PF) - Investments - Other Lines 3 & 5, Part III (990-PF) - Investments - Other Tax year 01/01/2015 to 12/31/2015

Mutual Fund	Account	Book Value = Fair Market Value	2015 Unrealized Gain/(Loss)	2015 Realized Gain/(Loss)	2015 Total
		12/31/2015			
Short Duration Infl Protection Bond	117-000001624	379,802	(1,910)	-	(1,910)
One Choice Portfolio Moderate	152-000032508	1,847,027	(174,358)	11,443	(162,915)
	Total Fair Market Value	2,226,829	(176,269)	11,443	(164,826)

American Century Investments Foundation

EIN: 43-1881225

Line 1, Part X (990-PF) - Minimum Investment Return Tax year 01/01/2015 to 12/31/2015

Fund Name	Fund Number	Account Number	Avg Daily Balance
Short Duration Infl Protection Bond	0000117	00000001624	383,511
One Choice Portfolio: Moderate	0000152	00000032508	1,968,187
			2,351,698
		•	
Prime Money Market	0000921	00009667649	253,568
			253,568

American Century Investments Foundation EIN: 43-1881225 Line 3, Part XV (990-PF) - Supplementary Information Grants and Contributions Paid During the Year Tax year 01/01/2015 to 12/31/2015

Payee Name	Payee Address	Tax Status	Request Project Title	<u>Amount</u>
Greater Kansas City Community Foundation	1055 Broadway, Suite 130 Kansas City, MO 64105-1595	501 c(3)	Operating Expenses	1,600,000 \$1,600,000