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Department of the Treasury

Internal Revenue Service

DLN: 93491126014006

OMB No 1545-0052

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 instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

For	cale	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, and ending 1	12-31-2015	
	e of four ORGE &	ndation BELLE PEARCE TRUST			A Employer ic	lentification numb	er
					48-6186188		
	ber and BOX 913	street (or P O box number if mail is i	not delivered to street address)	Room/suite	B Telephone nu	mber (see instruction	ns)
10	, DOX 31.	5			(620) 694-225	8	
		state or province, country, and ZIP o N, KS 675040913	r foreign postal code		C If exemption	n application is pendir	ng, check here 🕨 🦵
G CI	neck al	l that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign o	rganizations, check h	nere 🕨 🗀
		Final return Address chang			2. Foreign o	organizations meeting ck here and attach co	the 85%
		pe of organization				undation status was on 507(b)(1)(A), che	
		et value of all assets at end	JAccounting method		F If the found	ation is in a 60-mont	th termination
		rom Part II, col. (c),	Other (specify)	he on cash basis)		on 507(b)(1)(B), che	
		\$ 455,011				T	T 5
Ра	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in c instructions))	'b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	tc , received (attach				
		schedule)					
	2	Check 🟲 🔽 if the foundation	is not required to attach				
	3	Interest on savings and temp Dividends and interest from s	•	12,250	12,250		-
	4 5a	Gross rents		12,230	12,230		
	b	Net rental income or (loss)					
Φ	6a	Net gain or (loss) from sale o		-4,794			
Revenue	ь	Gross sales price for all asse	ets on line 6a				
ž	7	Capital gain net income (from	n Part IV, line 2)		(
	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					_
	11	Other income (attach schedu	•				
	12	Total.Add lines 1 through 11		7,457	12,251		
	13	Compensation of officers, directly of the complex conditions of the complex conditions and the complex conditions are conditions.		5,361	5,361		0
.0	14 15	Pension plans, employee ben	-				
Š	16a	Legal fees (attach schedule).		% 150	0		150
Expenses	ь	Accounting fees (attach sche			0		725
		Other professional fees (atta					
ĕ	17	Interest	•				
rat	18	Taxes (attach schedule) (see		% 460	67		0
2	19	Depreciation (attach schedul	•	_			
<u>Ē</u>	20	Occupancy					
Ā	21	Travel, conferences, and mee					
and Administrative	22	Printing and publications	-			1	
	23	Other expenses (attach sche	dule)				
Operating	24	Total operating and administ	rative expenses.				
ğ		Add lines 13 through 23		6,696	5,428		875
0	25	Contributions, gifts, grants p	aıd	26,000			26,000
	26	Total expenses and disburser 25	nents.Add lines 24 and	32,696	5,428		26,875
	27	Subtract line 26 from line 12					
	a	Excess of revenue over exper		-25,239			
	b	Net investment income (If ne	- ,		6,823		
	C	Adjusted net income(if negat	ive, enter -U-)				

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 9,320	(b) Book Value 869	(c) Fair Market Value 869
	2	Savings and temporary cash investments	41,290	33,269	
	3	Accounts receivable	11,230	33,203	33,209
	3	Less allowance for doubtful accounts			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts			
	_	Grants receivable			
	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 -			
۲	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	22.245	05 1 00.644	00 700
Αŝ	10a	Investments—U S and state government obligations (attach schedule)	92,846	<u> </u>	
	b	Investments—corporate stock (attach schedule)	122,125		
	С	Investments—corporate bonds (attach schedule)	39,516	9 29,781	31,280
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	141,033	128,744	125,956
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	446,130	420,891	455,011
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Liat	21	Mortgages and other notes payable (attach schedule)			
_	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🦵			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
ä	24	Unrestricted			
8	25	Temporarily restricted			
<u> </u>	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here			
<u> </u>		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	1,033,986	1,033,986	
ş	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	-587,856	-613,095	
Net	30	Total net assets or fund balances(see instructions)	446,130	420,891	
~	31	Total liabilities and net assets/fund balances(see instructions)	446,130	420,891	
Pa	rt III		·	·	
1	TT	Total net assets or fund balances at beginning of year—Part II, column (a) line 30 (must ac	iree	
•		with end-of-year figure reported on prior year's return)		· I I	446,130
2		Enter amount from Part I, line 27a			-25,239
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3			420,891
5		Decreases not included in line 2 (itemize)		5	120,031
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa			420,891
-					0 , 0 5 1

the Part VI instructions

Part IV Capital Gains and Losses for Tax on Investment Income

1a See Additional Data Table b c d d e (e) Gross sales price (f) Grallowable) (g) plus expense of sale (h) (e) plus (f) minus (g) a See Additional Data Table b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (j) as of 12/31/69 (j) as of 12/31/69 (j) as of 12/31/69 (k) over col (j), if any d e Capital gain net income or (net capital loss) If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 7 in Part I, line 8 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 1 Section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4940 (a) for Reduced Tax on Net Investment Income 1 Enter the appropriate amount in each column for each year, see instructions before making any entres (b) Adjusted qualifying distributions (c) Ret value of nonchartable-use assets (d) Distribution rato (e) Could distribution rato (col (d) Distribution rato (d) Distribution rato (e) (e) (for dave are beginning any (for according to the section 4940 (a) (e) Distribution rato (e) (for dave are beginning any (for according to the section 4940 (a) (f			he kınd(s) of property sold (e g , re louse, or common stock, 200 shs	,	How acquired P—Purchase (b) D—Donation		Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
c d d	1a	See Additional Data Ta	able		(5) 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
(e) Gross sales price (f) Operation allowed (g) plus expense of sale (h) (e) plus (f) minus (g) a See Additional Data Table (g) plus expense of sale (h) (e) plus (f) minus (g) c d d	b							
(e) Gross sales price (f) (or allowed) (Cost or other basis Gain or (loss) (h) (e) plus (f) minus (g) a See Additional Data Table b c	С							
(e) Gross sales price (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) a See Additional Data Table (c) d	d							
a See Additional Data Table b c d d See Additional Data Table b Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) (k) over col (j), if any See Additional Data Table b c d d e Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 Adjusted basis (k) over col (j), if any Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Adjusted basis (k) over col (j), if any Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Capplete only for assets showing gain manuelle of (h) gain minus (c) (k) to over col (l), if any Capplete only for assets showing gain manuelle on 12/31/69 Capplete only for assets showing gain manuelle on 12/31/69 Capplete only for assets showing gain manuelle on 12/31/69 Capplete only for assets showing gain manuelle on 12/31/69 Capplete only for assets showing gain manuelle on 12/31/69 Capplete only for assets showing gain manuelle on 12/31/69 Capplete only for assets showing gain manuelle on 12/31/69 Capplete only for assets showing	e							
b c d d Gains (Col (h) gain minus column (h) and owned by the foundation on 12/31/69	(e)) Gross sales price						
c d d G Gamplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (j) as of 12/31/69 (k) overcol (j), if any (j) Coses (from col (h)) Gains (col (k), but not less than -0-) or (k), but not	a	See Additional Data Ta	able					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 See Additional Data Table b c d e 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 If (loss), enter -0- in Part I, line 7 In Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 i	b							
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/59 (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) (ii) column (h) and owned by the foundation on 12/31/69 (iii) column (h) gain minus col (k), but not less than -0-) or (k) over col (j), if any or (iii) column (h) or (iii) column (h) or (iii) column (h) or (iii) column (h) gain minus col (k), but not less than -0-) or (k) over col (j), if any or (iii) column (h) or (iiii) column (h) or (iii) column (С							
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 Adjusted basis (j) as of 12/31/69 (k) over col (j), if any Col (k), but not less than -0-) or Losses (from col (h)) Losses (from c	d							
(i) F M V as of 12/31/69 (j) as of 12/31/69 (k) over col (j), if any a See Additional Data Table 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 If gain, also enter in Part I, line 8	e							
(i) FM V as of 12/31/69 (j) as of 12/31/69 (k) over col (j), if any (l) Losses (from col (h)) a See Additional Data Table	Cor	nplete only for assets sh	owing gain in column (h) and owne	d by the foundation	n on 12/31/69		•	\ , <u>J</u>
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 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 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 If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 7 2	(i)	F M V as of 12/31/69				(1)		
c d d e	а	See Additional Data Ta	able					
The foundation liable for the section 4942 tax on the distributable amount of any year in the base period? 1 Enter the appropriate amount in each column for each year, see instructions before making any entries (a) Base period years Calendar year (or tax year beginning in) 2 2 3 4 4 29,922 2 2 1 4 29,905 2 2 1 4 29,905 2 2 1 4 29,905 2 2 1 4 29,905 2 2 1 4 29,905 2 2 1 4 29,905 2 2 1 4 29,905 2 2 1 4 29,905 3 2 2 1 4 29,905 3 2 3 4 3 29,922 5 08,807 2 0 10 5058808 2 2 1 1 2 6,065 5 16,659 2 1 Totalof line 1, column (d)	b							
2 Capital gain net income or (net capital loss) 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 in Part I, line 8	С							
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 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (For optional use by domestic private foundations and time of any year in the base period? Yes V No (For Net value of noncharitable amount of any year in the base period? (Gold) (Distribution ratio (col (b) divided by col (c)) (Adjusted qualifying distributions ratio (col (b) divided by col (c)) (C) Net value of noncharitable-use assets (Col (b) divided by col (c)) (Distribution ratio (col (b) divided by col (col)) (Distribution ratio (col (b) divided by col (col)) (Col (b) divided by col (col)) (Distribution ratio (col (b) divided by col (col)) (Distribution rati	d							
Capital gain net income or (net capital loss) If (loss), enter -0 - in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	e							
(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? 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 instructions before making any entries (a) Base period years Calendar year (or tax year beginning in) 2014 29,702 502,995 2013 29,922 508,807 2012 29,065 506,459 0059050 2011 26,065 516,659 0050449 2010 26,565 Totalof line 1, column (d)	_	If gain, also enter in Pa in Part I, line 8	art I, line 8, column (c) (see instru	ctions) If (loss), e	nter - 0 -		<u> </u>	
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes Volume 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 instructions before making any entries (a) Base period years Calendar year (or tax year beginning in) 2014 29,702 502,995 2013 29,922 508,807 2012 29,065 2011 26,065 506,459 2010 2010 2010 2010 2050449 2010 20	Part \	Qualification Un	nder Section 4940(e) for R	educed Tax on	Net Investme	nt I	Income	
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 instructions before making any entries (a) Base period years Calendar year (or tax year beginning in) 2014 29,702 502,995 2013 29,922 508,807 2012 2014 29,065 2012 29,065 2011 26,065 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	Ifsectio	n 4940(d)(2) applies, le	ave this part blank					□ Yes ☑ No
Base period years Calendar year beginning in) Adjusted qualifying distributions 2014 2013 2012 2012 2011 2011 2011 2011 2012 2011 2010 2011 2010 20					•			
Base period years Calendar year (or tax year beginning in)	1 Ent	er the appropriate amour	nt in each column for each year, se	e instructions befo	ore making any ent	ries		
2013 29,922 508,807 0 058808 2012 29,065 506,459 0 057389 2011 26,065 516,659 0 050449 2010 26,565 511,265 0 051959 2 Totalof line 1, column (d)	Base year (o	period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets		Distributio	n ratio
2012 29,065 506,459 0 057389 2011 26,065 516,659 0 050449 2010 26,565 511,265 0 051959 2 Totalof line 1, column (d)		2014	29,702		502,995			0 059050
2011 26,065 516,659 0 050449 2010 26,565 511,265 0 051959 2 Total of line 1, column (d)			· · ·					0 058808
2010 26,565 511,265 0 051959 2 Totalof line 1, column (d)			·					
Total of line 1, column (d)			· ·					
A verage 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 0 05553			· · · · · · · · · · · · · · · · · · ·		511,265	<u> </u>		
the name of years the foundation has been in existence in less than 5 years		Average distribution ra	·					
770,71	4							
5 Multiply line 4 by line 3				-	⊢			26,472
								68
	_			•				26,540
					·			26,875

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

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	74U(E),	UI 4340—SE	e pag	= 10 OL	the ins	LIUCLIO	115)	
1a		· ┌		1					
	and enter "N/A" on line 1 Date of ruling or determination letter			Į					
	(attach copy of letter if necessary-see instructions)			(
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			ļ	1				68
	here 🟲 🔽 and enter 1% of Part I, line 27b			• ′					
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organiza Part I, line 12 , col (b)	itions e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	idation	s only Othe	rs	2				0
3	Add lines 1 and 2				3				68
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Othe	ers	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter - 0		•	5				68
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		280					
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				280
8	Enter any penalty for underpayment of estimated tax Check here if Form 2	220 is	attached		8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	oaid	Þ	10				212
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	212	Refunded	<u> </u>	11				0
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislatio	n or d	d			Yes	No
	it participate or intervene in any political campaign?						1a	\sqcup	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see In	structi	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any n	nateria	ls				
	published or distributed by the foundation in connection with the activities.								
	Did the foundation file Form 1120-POL for this year?	• •				•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos								
	(1) On the foundation \$\bigs\\$ 0 (2) On foundation managers			0					
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical e	xpenditure t	ax ımp	osed				
_	on foundation managers 🕨 \$		L. H IDC2						NI-
2	Has the foundation engaged in any activities that have not previously been rep	ortea	to the IRS?				2		No
_	If "Yes," attach a detailed description of the activities.					_			
3	Has the foundation made any changes, not previously reported to the IRS, in it	_	_	-		5	-		Na
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo						3	\vdash	No
4a L	Did the foundation have unrelated business gross income of \$1,000 or more di						4a 4b	\vdash	No
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?						-		No
3	If "Yes," attach the statement required by General Instruction T.	ing the	e year				-		NO
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45\ca	ticfied eithe	r					
•	By language in the governing instrument, or	7 <i>3)</i> 30	cisiled eithe						
	By state legislation that effectively amends the governing instrument so the	at no n	nandatory di	rectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?),			
-	and Part XV.					,, 	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)						
-	►KS								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attorr	ney					
	General (or designate) of each state as required by General Instruction G? If						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the n	meanın	g of section	4942	(3)(3)				
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (see	ee inst	ructions for	Part X	(IV)?				
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	a schedule i	listing	their n	ames			
	and addresses.						10		No

Par	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			
	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 ►FIRST NATIONAL BANK Telephone no ►(620)	1694	-2258	
	Located at ►1 NORTH MAIN HUTCHINSON KS ZIP+4 ►67501	/ 5 5 .		
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 over		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 🟲			
Par	t 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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes \(\backslash \) Yes			
	(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) Yes V No			
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	41.		NI-
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	10		No
_	that were not corrected before the first day of the tax year beginning in 2015?	1c		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			
u	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
ь	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			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise 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 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		No
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		No

		Which Form 4/20	,	macay
During the year did the foundation	n pay or incur any amoun	t to		
(1) Carry on propaganda, or other	wise attempt to influence	e legislation (section 49	45(e))? 	No
(2) Influence the outcome of any	specific public election (see section 4955), or to	carry	
				No
(3) Provide a grant to an individua	al for travel, study, or oth	ner sımılar purposes?		
				. No
				√ No.
			· ·	
				. 5b No
			<u>_</u>	
				- No
			,,	
			nremilims on	
				. No
·			, ,	
	r, pay premiums, anced	, or manectry, on a perse	mar benene contract.	. OB NO
·	ne the foundation a party	to a probabilited tay chall	tor transaction?	- No
		·	•	
	difficers, Directors	s, Trustees, Tourida	ition Managers, inging	raid Lilipioyees,
	foundation managers a	nd their compensation (instructions)	_
List all difficers, un'ectors, trustees	o, i outiuation manayers a	na chen compensación (:	see instructions).	
List all officers, unectors, trustees			(d)	
	Title, and average hours per week	(c) Compensation(If	(d) Contributions to	Expense account,
(a) Name and address	Title, and average		(d) Contributions to employee benefit plans	Expense account, (e) other allowances
	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to	(e) other allowances
(a) Name and address	Title, and average hours per week	(c) Compensation(If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	
(a) Name and address	Title, and average hours per week (b) devoted to position TRUSTEE	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances
(a) Name and address NATIONAL BANK O X 913	Title, and average hours per week (b) devoted to position TRUSTEE 1 00	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0	(e) other allowances
(a) Name and address NATIONAL BANK O X 913 CHINSON, KS 675040913 Compensation of five highest-paid	Title, and average hours per week (b) devoted to position TRUSTEE 1 00	(c) Compensation(If not paid, enter -0-) 5,361	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, en	(e) other allowances 0 nter "NONE."
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee p	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a very laid hours per week)	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, end Contributions to employee benefit	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK O X 913 CHINSON, KS 675040913 Compensation of five highest-paid (a)	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a title, and average)	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, en	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee p	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a very laid hours per week)	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a very laid hours per week)	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a point of the content of the	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a point of the content of the	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a point of the content of the	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a point of the content of the	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a point of the content of the	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a point of the content of the	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a very laid hours per week)	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
(a) Name and address NATIONAL BANK OX 913 CHINSON, KS 675040913 Compensation of five highest-paid (a) ne and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 1 00 employees (other than a very laid hours per week)	(c) Compensation(If not paid, enter -0-) 5,361 those included on line 1— age ek (c) Compensatio	(d) Contributions to employee benefit plans and deferred compensation o see instructions). If none, end the contributions to employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,
	(2) Influence the outcome of any on, directly or indirectly, any on, directly or indirectly, any on, directly or indirectly, any of (3) Provide a grant to an individual (4) Provide a grant to an organization section 4945 (d)(4)(A)? (see (5) Provide for any purpose other educational purposes, or for the sectional purposes, or for the guildright of the foundation of the section of	(2) Influence the outcome of any specific public election (on, directly or indirectly, any voter registration drive?. (3) Provide a grant to an individual for travel, study, or oth (4) Provide a grant to an organization other than a charita in section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable educational purposes, or for the prevention of cruelty to If any answer is "Yes" to 5a(1)–(5), did anyof the transact Regulations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disast If the answer is "Yes" to question 5a(4), does the foundat tax because it maintained expenditure responsibility for the If "Yes," attach the statement required by Regulations section Did the foundation, during the year, receive any funds, directly in the foundation, during the year, pay premiums, directly if "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party If yes, did the foundation receive any proceeds or have an Information About Officers, Directors and Contractors	 (2) Influence the outcome of any specific public election (see section 4955), or to on, directly or indirectly, any voter registration drive?	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	、	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	duced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
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	483,369
b	A verage of monthly cash balances	1b	602
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	483,971
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	483,971
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	7,260
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	476,711
6	Minimum investment return. Enter 5% of line 5	6	23,836
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cell check here ► □ and do not complete this part.)	rtaın foı	reign organizations
1	Mınımum ınvestment return from Part X, line 6	1	23,836
2a	Tax on investment income for 2015 from Part VI, line 5 2a 68		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	68
3	Distributable amount before adjustments Subtract line 2c from line 1	3	23,768
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	23,768
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	23,768
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	26,875
	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
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	26,875
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	68
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,807
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the fo	undation qualifies for

Ρ	art XIIII Undistributed Income (see in	nstructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line	7			23,768
2	Undistributed income, if any, as of the end of 201	.5			
а	Enter amount for 2014 only			0	
	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	i i	411			
		623			
c	From 2012	966			
d	From 2013	788			
е	From 2014 5,	098			
f	Total of lines 3a through e	15	.886		
	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 26,875				
а	Applied to 2014, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount				23,768
е	Remaining amount distributed out of corpus	3	,107		
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	18	,993		
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	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			0	
_	instructions			Ū	
t	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				
Ī	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	/	0		
	be required - see instructions)	•			
8	Excess distributions carryover from 2010 not	1	,411		
_	applied on line 5 or line 7 (see instructions).	•			
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	17	.582		
10	Analysis of line 9	•			
	·	623			
		966			
		788			
d	Excess from 2014	098			
е	Excess from 2015	107			

	n 990-PF (2015)					Page 1 0
	art XIV Private Operating Foundat	•			9)	
	If the foundation has received a ruling or detern foundation, and the ruling is effective for 2015,	enter the date of t	he ruling	▶ ∟		
	Check box to indicate whether the organization	is a private opera	ting foundation de		7 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	_	(e) Total
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	35% of line 2a					
	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					
	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					
€	rt XV Supplementary Information (e organizatio	n had \$5,000 o	r more in
a	assets at any time during the Information Regarding Foundation Managers: List any managers of the foundation who have complete the close of any tax year (but only if they	ontributed more th	nan 2% of the tota			ation
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of wh	% or more of the	stock of a corpora	ition (or an equally		e
			-			
	Information Regarding Contribution, Grant, Gift					
	Check here if the foundation only makes counsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and d	makes gifts, gran				
а	The name, address, and telephone number or e	-mail address of th	ne person to whom	n applications sho	uld be addressed	
	TIMOTHY G GIVAN TRUST OFFICER 1 NORTH MAIN HUTCHINSON,KS 67501 (620)694-2258					
b	The form in which applications should be submi			•		
c	Any submission deadlines					MTHC
d	APPLICATIONS FOR GRANTS MAY BE SUBM Any restrictions or limitations on awards, such factors					
	IN AWARDING GRANTS, THE FOUNDATION	GIVES PREFEREI	NCE TO RENO CO	TUH DNA YTNUC	CHINSON, KANSA	λS,

CHARITABLE ORGANIZATIONS SCHOLARSHIPS ARE FOR PERSONS ATTENDING HUTCHINSON COMMUNITY COLLEGE AND

ANY APPLICATIONS FOR THESE SHOULD BE MADE TO THE COLLEGE

Form **990-PF** (2015)

3 Grants and Contributions Paid	l During the Year or App	proved for F	uture Payment	
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	recipient	Contribution	
Total			<u> </u> 	26,000
b Approved for future payment	<u> </u>	T		
		1	<u> </u>	

Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions)
a b					
c					
d e					
fg Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash investments			14	1	
4 Dividends and interest from securities			14	12,250	
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-4,794	
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory .					
1 Other revenue a b					
c					
c					
c				7,457 13	7,457
cde	calculations)		:	13	
c d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Relationship of Activities to	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to Explain below how each activity for wh the accomplishment of the foundation's	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
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c	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to
c	calculations) o the Accomplication of the income is re	olishment of E	xempt Purpos e) of Part XVI-A c	es ontributed importa	7,457 ntly to

Part	XVI	Information Re Noncharitable				sactions and I	Relationships	With		
		organization directly or i	ndırectly e	engage in any of	f the following wit				Yes	No
		501(c) of the Code (other	er than se	ction 501(c)(3)	organizations) o	r in section 527,	relating to politic	al	res	NO
_		tions?								
		s from the reporting foui						1	-(1)	Na
		h							a(1)	No
• • •		erassets						1	a(2)	No
		ansactions						41	-(4)	NI
		es of assets to a noncha								No
		chases of assets from a							b(2)	No
		tal of facilities, equipme							b(3)	No
		mbursement arrangemer						_	b(4)	No
		ns or loan guarantees.							b(5)	No
		rmance of services or m							b(6)	No
	_	of facilities, equipment,	_						1c	No
of t	he go any tra	swer to any of the above ods, other assets, or se ansaction or sharing arr (b) Amount involved	rvices giv angement	en by the report , show in columi	ting foundation I	f the foundation r f the goods, other	eceived less than	n fair market v ces received	value	anto
(a) Lin	110	(b) Amount involved	(c) Name	of Horienantable ex	cempt organization	(d) Description	or transiers, transact	ions, and sharing	anangeme	.1103
	-									
	-									
	-									
des	cribe	undation directly or indi d in section 501(c) of tl complete the following (a) Name of organizatio	ne Code (d schedule	other than section		in section 527?.		otion of relations		✓ No
Sign	the	der penalties of perjury, best of my knowledge a ormation of which prepai	and belief,	it is true, correc				n taxpayer) ı		n all
Here		****			2016-04-26	*****		return	preparer sho	
	<u> </u>	Signature of officer or t	rustee		Date	Title	1	below (see insti	r)? Ves	
		Print/Type preparer's BILLY J KLUG	name	Preparer's Sıg	nature	Date 2016-04-26	Check if self- employed ▶	PTIN POO	707301	
Paid Preparer Use		Firm's name FIRM's name FIRM's address FIRM's address	IERCE FA	RIS CHARTERI	ED		Firm's EIN ► 4	8-0841034		
Only		2301 N HALSTEAD - KS 675042047	РОВОХ	2047 HUTCHI	NSON,		Phone no (620)669-0461		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
ABERDEEN GLOBAL HIGH INCOME	Р	2012-10-03	2015-12-15
ABERDEEN GLOBAL HIGH INCOME	Р	2012-03-27	2015-12-15
ABERDEEN GLOBAL HIGH INCOME	Р	2011-06-28	2015-12-15
ABERDEEN GLOBAL HIGH INCOME	Р	2011-04-05	2015-12-15
DEUTSCHE BANK FINANCIAL	Р	2013-12-30	2015-03-02
FEDERAL HOME LOAN BANK	Р	2010-10-29	2015-10-28
CAPITAL GAINS DIVIDENDS	Р		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
	8,634	-1,309
	7,492	-1,35
	8,990	-2,006
	6,956	-1,64
	9,735	269
	25,089	-89
		1,34:
		(f) (or allowable) (g) plus expense of sale 8,634 7,492 8,990 6,956 9,735

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets show	ring gain in column (h) and owned l	by the foundation on 12/31/69	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (1), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			-1,309
			-1,351
			-2,006
			-1,645
			265
			-89
			1,341

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Trecipient is an individual, status of recipient is an individual, subsiness) Purpose of grant or substantial contribution Purpose of grant or contri					
BOYS AND GIRLS CLUB 600 W 2ND AVE HUTCHINSON, KS 67501 CHILDREN'S EMERGENCY SHELTER P O BOX 54 HUTCHINSON, KS 67504 CIRCLES OF HOPE RENO COUNTY 1602 N MAIN HUTCHINSON, KS 67504 CIRCLES OF HOPE RENO COUNTY 1602 N MAIN HUTCHINSON, KS 67501 FIRST CALL FOR HELP INC 721 W 2ND AVE HUTCHINSON, KS 67501 HORIZONS MENTAL HEALTH CENTER 1600 N LORRAINE HUTCHINSON, KS 67501 HUTCHINSON, COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON, COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON, COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON, KS 67501 HUTCHINSON, COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON, KS 67501 HUTCHINSON, KS 67501 HUTCHINSON, KS 67501 HUTCHINSON, KS 67504 HUTCHINSON, KS 67504 HUTCHINSON, KS 67504 FOR UNRESTRICTED 1,500 CANADA PC UNRESTRICTED 1,500 CANADA PC UNRESTRICTED 2,000 1NAM, KS 67546 VARIABLE PC UNRESTRICTED 2,000 UNRESTRICTED 2,000 LEAGUE LE	Name and address (home or	show any relationship to any foundation manager	status of		A mount
BOYS AND GIRLS CLUB 600 W 2ND AVE HUTCHINSON, KS 67501 N/A PC UNRESTRICTED 1,000	·	or substantial contributor			
GOO W 2ND AVE HUTCHINSON,KS 67501 CHILDREN'S EMERGENCY SHELTER N/A HUTCHINSON,KS 675040054 HUTCHINSON,KS 675040054 CIRCLES OF HOPE RENO COUNTY HOE OR NAIN HUTCHINSON,KS 67501 N/A PC UNRESTRICTED 2,000 1,500 LINESTRICTED 2,000 LINESTRICTED 1,500 LEAGUE LE	- '	NI /A	D.C.	HNDESTRICTED	1.000
HOME PO 80X 54 HUTCHINSON, KS 675040054 CIRCLES OF HOPE RENO COUNTY HOTCHINSON, KS 67501 FIRST CALL FOR HELP INC 721 W XNDA AVE HUTCHINSON, KS 67501 HORIZONS MENTAL HEALTH CENTER 1600 N LORRAINE HUTCHINSON, KS 67501 HUTCHINSON, KS 67504 RANAN SENIOR CENTER 103 E GORDON 1NMAN, KS 67504 EXAMA SASOLIT DOMESTIC VIOLENCE CENTER 2,000 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 33S N WASHINGTON KS 15TE 240 HUTCHINSON, KS 67501	600 W 2ND AVE	N/A	PC	UNRESTRICTED	1,000
1602 N MAIN HUTCHINSON, KS 67501 FIRST CALL FOR HELP INC 721 W 2ND AVE HUTCHINSON, KS 67501 HORIZONS MENTAL HEALTH CENTER 1600 N LORRAINE HUTCHINSON, KS 67501 HUTCHINSON, COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON, KS 67504 HUTCHINSON, KS 67504 HUTCHINSON, KS 67504 INMAN, SENIOR CENTER 103 E GORDON INMAN, KS 67504 N/A PC UNRESTRICTED 750 UNRESTRICTED 2,000 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501	HOME P O BOX 54	N/A	PC	UNRESTRICTED	750
721 W 2ND AVE HUTCHINSON,KS 67501 HORIZONS MENTAL HEALTH CENTER 1,000 ADVOCACY CENTER 1,000 N LORRAINE HUTCHINSON,KS 67501 HUTCHINSON COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON,KS 67501 HUTCHINSON COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON,KS 67501 HUTCHINSON COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 100 N PLUM HUTCHINSON,KS 67501 HUTCHINSON COMMUNITY ON ASSOCIATION 100 N PLUM HUTCHINSON,KS 67501 HUTCHINSON COMMUNITY FOUNDATION PO BOX 298 HUTCHINSON,KS 67504 HUTCHINSON COMMUNITY FOUNDATION PO BOX 298 HUTCHINSON,KS 67504 INTERFAITH HOUSING SERVICES N/A PC UNRESTRICTED 750 INTERFAITH HOUSING SERVICES N/A PC UNRESTRICTED 2,000 PO BOX 1987 HUTCHINSON,KS 67504 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON,KS 67501	1602 N MAIN	N/A	PC	UNRESTRICTED	2,000
CENTER 1600 N LORRAINE HUTCHINSON, KS 67501 HUTCHINSON COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON, KS 67504 FOUNDATION P O BOX 298 HUTCHINSON, KS 67504 INMAN SENIOR CENTER 103 E GORDON INMAN, KS 67546 INTERFAITH HOUSING SERVICES P O BOX 1987 HUTCHINSON, KS 67504 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501	721 W 2ND AVE	N/A	PC	UNRESTRICTED	1,500
COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON COMMUNITY COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON COMMUNITY FOUNDATION PO BOX 298 HUTCHINSON, KS 67504 INMAN SENIOR CENTER 103 E GORDON 1036 GORDON 1018 GORDON INMAN, KS 67546 INTERFAITH HOUSING SERVICES PO BOX 1987 HUTCHINSON, KS 67504 INTERFAITH HOUSING SERVICES PO BOX 1987 HUTCHINSON, KS 67504 N/A PC UNRESTRICTED 2,000 CEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501	CENTER 1600 N LORRAINE	N/A	PC	I I	1,000
COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM HUTCHINSON, KS 67501 HUTCHINSON COMMUNITY FOUNDATION P O BOX 298 HUTCHINSON, KS 67504 INMAN SENIOR CENTER 103 E GORDON INMAN, KS 67546 INTERFAITH HOUSING SERVICES P O BOX 1987 HUTCHINSON, KS 67504 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501 SCHOLARSHIPS ANSAS CHILDREN SERVICE 1,500 LEAGUE 1,500 UNRESTRICTED 2,000 UNRESTRICTED 2,000 VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501	COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM	N/A	PC		12,000
FOUNDATION P O BOX 298 HUTCHINSON,KS 67504 INMAN SENIOR CENTER 103 E GORDON INMAN,KS 67546 INTERFAITH HOUSING SERVICES P O BOX 1987 HUTCHINSON,KS 67504 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON,KS 67501 LEAGUE UNRESTRICTED 2,000 UNRESTRICTED 2,000 UNRESTRICTED 2,000	COLLEGE ENDOWMENT ASSOCIATION 1300 N PLUM	N/A	PC		1,500
103 E GORDON INMAN, KS 67546 INTERFAITH HOUSING SERVICES PO BOX 1987 HUTCHINSON, KS 67504 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501 PC UNRESTRICTED 2,000 UNRESTRICTED 2,000	FOUNDATION P O BOX 298	N/A	PC		1,500
P O BOX 1987 HUTCHINSON, KS 67504 SEXUAL ASSAULT DOMESTIC VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501 O VIOLENCE CENTER 335 N WASHINGTON ST STE 240	103 E GORDON	N/A	PC	UNRESTRICTED	750
VIOLENCE CENTER 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501	P O BOX 1987	N/A	PC	UNRESTRICTED	2,000
Total	VIOLENCE CENTER 335 N WASHINGTON ST STE 240	N/A	PC	UNRESTRICTED	2,000
	Total			▶ 3a	26,000

TY 2015 Accounting Fees Schedule

Name: GEORGE & BELLE PEARCE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PREPARATION OF 990- PF	725	0		725

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TY 2015 Investments Corporate Bonds Schedule

Name: GEORGE & BELLE PEARCE TRUST

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CREDIT SUISSE 1ST BOSTON SR NOTE	9,822	10,068
GLAXOSMITHKLINE CAP NOTE	9,914	10,899
GOLDMAN SACHS GROUP SR NOTE	10,045	10,313

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491126014006

TY 2015 Investments Corporate Stock Schedule

Name: GEORGE & BELLE PEARCE TRUST

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DODGE & COX FUNDS GLOBAL STK FUND	7,634	6,762
FEDERATED MDT STK TR INSTL SHS	11,958	10,541
ISHARES CORE S&P 500 ETF	45,134	69,656
ISHARES CORE S&P MID-CAP ETF	13,028	21,316
ISHARES CORE S&P SMALL-CAP ETF	11,027	20,260
ISHARES DOW JONES INTERNATIONAL SELECT DIVIDEND INDEX	10,500	10,537
ISHARES MSCI EMERGING MINIMUM VOLATILITY ETF	8,103	6,910
T ROWE PRICE NEW ERA FUND	18,419	13,503
THIRD AVENUE REAL ESTATE VALUE FUND	9,781	13,414

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TY 2015 Investments Government Obligations Schedule

Name: GEORGE & BELLE PEARCE TRUST

EIN: 48-6186188

US Government Securities - End of

Year Book Value: 92,644

US Government Securities - End of

Year Fair Market Value: 90,738

State & Local Government

Securities - End of Year Book Value: 0

State & Local Government

Securities - End of Year Fair

Market Value: 0

TY 2015 Investments - Other Schedule

Name: GEORGE & BELLE PEARCE TRUST

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIDELITY FLOATING RATE HIGH INCOME	AT COST	32,005	29,637
ISHARES BARCLAYS 1-3 YEAR CREDIT BOND	AT COST	32,619	32,531
ISHARES INVEST GRADE CORP BOND	AT COST	26,920	27,134
PRINCIPAL SHORT TERM INCOME INST FUND	AT COST	37,200	36,654

TY 2015 Legal Fees Schedule

Name: GEORGE & BELLE PEARCE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PREPARATION OF ANNUAL COURT ACCOUNTING	150	0		150

TY 2015 Taxes Schedule

Name: GEORGE & BELLE PEARCE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX W/HELD FROM DIVIDENDS	67	67		0
2015 EXCISE TAX ON INVESTMENT INC	113	0		0
2015 ESTIMATED TAX	280	0		0