҈ 990-PF

Return of Private Foundation

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

2015

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

For	calend	lar year 2015 or tax year beginning $04/01/15$, a	and endiny 03/3	1/16			
N	inie of fou	ındatıon			A Emplo	yer identification number	
Ε	ORO'	THY & KENNETH HEISLER FOUNDAT	NOI		36-	-3677275	
		street (or P.O. box number if mail is not delive ad to street addr. 155)		ocm/suite		one number (see instructions))
_2	950	LEGENDS DR.	<u> </u>		910	7099	
		stale or province country and ZIP or foreign ρ stal code			C If exen	ption application is pending o	tneck here
SOUTHPORT NC 28461							
G	Check a		n of a former public ch	anty	D 1 For	eign organizations, check her	e <u> </u>
		Final return Amerided X Address change Name cha			1	reign organizations meeting Ih	r-
					ļ	% lest icheck here and attach	computation
H Check type of organization X Section 501(c)(3) exempt private foundation					1	le foundation status was term	inated under
			e private foundation		┥	i 507(5)(1)(A) check here	
		ket value of all assets at J Accounting method	Cash X Acc	rual	1	oundation is in a 50 month ten	
	-	ear (from Part II cof (c) Uther (specify)			unders	section 507(b)(1)(B) check he	ere
	ne 16) <u> </u>		T	1	<u> </u>		(d) Disbursements
_	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net in		(c) Adjusted net	for chantable
		the amounts in column (a) (see instructions))	books	inso	ome]	ncome	purposes (cash basis only)
	1	Contributions gifts, grants, etc., received (attach schedule)					
	2	Check ▶ X in the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	252		252		
	4	Dividends and interest from securities		ļ			
	5a	Gross rents		 		 	
9	b	Net rental income or (loss)	<u> </u>				
ē	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a		· · · · · · · · · · · · · · · · · · ·			
	7	Capital gain net income (from Part IV line 2)			0		
	8 9	Net short-term capital gain				0	
	10a	Income modifications	<u> </u>				
	b	Gross sales less returns and allowances Less Cost of goods sold					
	°	Gross profit or (loss) (attach schedule)			1		
	11	Other income (attach schedule)					
	12	Total Add lines 1 through 11	252		252	0	
	13	Compensation of officers directors trustees etc	0				
penses	14	Other employee salaries and wages					-
Š.	15	Pension plans employee benefits					
	16a	Legal fees (attach schedule)					
Ä	ь	Accounting fees (attach schedule) STMT 1	2,225				
Š	С	Other profess onal fees (attach schedule)					
and Administrative	17	Interest Taxes (attach scheoule) (see i istructions) RECEIVED	<u> </u>				
JIS.	18	· · · · · · · · · · · · · · · · · · ·		-			
₹	19	Depreciation (attach schedule) and periodion	10)				
Ē	20	Occupancy \sqrt{co} DEC 19 201) [3]	<u>_</u>			
Ď,	21	Travel conferences and meetings	<u> </u>				
	22	Printing and publications	486		<u>_</u>		
gu	23	Other expenses (att sch.) STMT=2-1 Total appropriate and administrative expenses.	486				<u> </u>
äti	24	Total operating and administrative expenses	2,711		0,	0	G
Operating	25	Add lines 13 through 23	51,900				51,900
ō	26	Contributions gifts grants paid Total expenses and disbursements. Add lines 24 and 25	54,611		0	0	51,900
	27	Subtract line 26 from line 12	54,011				31,300
	a a	Excess of revenue over expenses and disbursements	-54,359		ļ	_	
	b	Net investment income (if negative enter -0.)			252		
	C	Adjusted net income of negative enter -0-)					

DA

	PSIGNOS Shoots Attached schedules and amounts in the description column	Beginning of year	End of	Page 2 year
'Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing	529,528	475,399	475,399
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
j	Less allowance for doubtful accounts ▶	j	ì	
4	Pledges receivable ▶			
}	Less allowance for doubtful accounts ▶	•	1	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
}	disqualified persons (attach schedule) (see	}	\$	
į.	instructions)	1	1	
7	Other notes and loans receivable (att. schedule)			
i	Less allowance for doubtful accounts ▶ 0	1	}	
8 6	Inventories for sale or use			
9 10a	Prepaid expenses and deferred charges			
10a	Investments – U.S. and state government obligations (attach schedule)			
ь	Investments – corporate stock (attach schedule)			
c	Investments – corporate bonds (attach schedule)			
111	Investments – land, buildings, and equipment basis			
}	Less accumulated depreciation (attach sch.)			
12	Investments – mortgage loans			
13	Investments – other (attach schedule)			
14	Land, buildings, and equipment basis			
1	Less accumulated depreciation (attach sch.)	<u> </u>		
15	Other assets (describe SEE STATEMENT 3)	686	456	456
16	Total assets (to be completed by all filers – see the	}	}	
<u> </u>	instructions. Also, see page 1, item I)	530,214	475,855	475,855
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
19 20 21	Loans from officers, directors, trustees, and other disqualified persons	<u> </u>		
21	Mortgages and other notes payable (attach schedule)	<u> </u>		
22	Other liabilities (describe ▶)	<u> </u>		
23	Total liabilities (add lines 17 through 22)	<u> </u>	0	
ì	Foundations that follow SFAS 117, check here		}	
3	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	 		
25	Temporarily restricted			
26	Permanently restricted	ļ		
<u> </u>	Foundations that do not follow SFAS 117, check here	1	ŀ	
24 25 26 27 28 29 30	and complete lines 27 through 31.	1		
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg, and equipment fund	F20 014	475 055	
29	Retained earnings, accumulated income, endowment, or other funds	530,214	475,855	
30	Total net assets or fund balances (see instructions)	530,214	475,855	
31	Total liabilities and net assets/fund balances (see	500 014	475 055	
	instructions)	530,214	475,855	
Part I			 	
	net assets or fund palances at beginning of year - Part II, column (a), line 30 (must	agree with	1.1	E30 0+4
	of-year figure reported on prior year's return)		11	530,214
	r amount from Part I, line 27a		2	-54,359
	r increases not included in line 2 (itemize)		3	47F 0FF
	lines 1, 2, and 3		4	475,855
	eases not included in line 2 (itemize) ▶		5	

•	DADAMITTE	_			TATE TTAL	20	26000	-
Form 990-PF (2015)	DOROTHY	- Σ-	KENNETH	HEISLER	FOUNDATION	36-	-36/12/	ノン

.Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income				
	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation		ite acquired , day, yr)	(d) Date sold (mo , day, yr)
1a N/A						
b						
_c						
_d						ļ
<u>e</u>				 -		L
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	•	st or other basis expense of sale			or (loss)) minus (g)
<u>a</u>		' 				
<u>b</u>		 		ļ		
d						
e		 	·			
	gain in column (h) and owned by the four	dation on 12/31/6			#D Cours (Co.)	<i>(</i> -)
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	ccess of col (i) col (j), if any		col (k), but not	(h) gain minus less than -0-) or om col (h))
a						
b						
С						
d						
_е			· 			
2 Capital gain net income or (net ca	If gain, also enter in l If (loss), enter -0- in l			2		-
	s) as defined in sections 1222(5) and (6)			1		
If gain, also enter in Part I, line 8,	column (c) (see instructions) If (loss), ent	er -0- ın				
Part I, line 8				3		
	nder Section 4940(e) for Reduc			ne		
(For optional use by domestic private	foundations subject to the section 4940(a)	tax on net investr	ment income)			
If section 4940(d)(2) applies, leave thi	s part blank					
Was the foundation liable for the secti	on 4942 tax on the distributable amount o	f any year in the ba	ase period?			Yes X No
	fy under section 4940(e) Do not complete					
	ach column for each year, see the instruc		ng any entries			
(a)	(b)	T T T T T T T T T T T T T T T T T T T	(c)			(d)
Base penod years Calendar year (or tax year beginning in)	A distant or solutions distants those	Net v	alue of nonchantable-use assets	s }		nbution ratio divided by col (c))
2014		,094	555,	471	(50, (5)	0.118987
2013	29	,150	603,			0.048305
2012		, 639	640,			0.072809
2011		,000	654,			0.058031
2010		,400	607,			0.051720
2 Total of line 1, column (d)				L	2	0.349852
3 Average distribution ratio for the 5	s-year base period - divide the total on line	2 by 5, or by the				
number of years the foundation ha	as been in existence if less than 5 years				3	0.069970
				İ	1	
4 Enter the net value of noncharitati	le-use assets for 2015 from Part X line 5			<u> </u>	4	495,376
				j		_
5 Multiply line 4 by line 3				<u></u> :	5	34,661
				}	1	_
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			<u> </u>	6	3
7 Add lines 5 and 6					7	34,664
8 Enter qualifying distributions from					8	51,900
•	line 7, check the box in Part VI, line 1b, a	na complete that p	part using a 1% tax rate	See the		
Part VI instructions						

Form 990-PF (2015) DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275 Page							
<u>. Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)						
1a]					
	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			<u>3</u>		
	here ▶ X and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0		
3	Add lines 1 and 2	3			3		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		_	3		
6	Credits/Payments						
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a	}					
b	Exempt foreign organizations – tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868)	ì					
d	Backup withholding erroneously withheld 6d 6d						
7	Total credits and payments Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			3		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11_	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶	11					
Pa	nrt VII-A Statements Regarding Activities						
1a	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		X		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				Γ		
	Instructions for the definition)?						
	Instructions for the definition)? 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	c Did the foundation file Form 1120-POL for this year?						
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
(1) On the foundation \$ (2) On foundation managers \$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1		1		
	on foundation managers > \$		1	ļ	l		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	Ĭ	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?	N/A	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		i		ļ		
	By language in the governing instrument, or			Ì			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			[1		
	conflict with the state law remain in the governing instrument?		6	х			
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)						
	IL		ļ	ļ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				j		
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	N/A	8b				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	, - - -	<u> </u>				
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		1		[
	complete Part XIV		9		x		
10	Did any persons become substantial contributors during the tax year? If 'Yes," attach a schedule listing their		T -		<u> </u>		
-	names and addresses		10		x		

	O-PF (2015) DOROTHY & KENNETH HEISLER FOUNDATION 36-367727	5				F	age (
_,Part	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
me	eaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)				11	<u> </u>	X
12 Dx	d the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					{	1
pe	rson had advisory privileges? If "Yes," attach statement (see instructions)				12		X
	d the foundation comply with the public inspection requirements for its annual returns and exemption application ebsite address ► NONE	u?			13	X	<u></u>
14 Th	ne books are in care of ► TERRIE HEISLER ALLISON, TRUSTEE Tele 2950 LEGENDS DR.	phone	e no 🕨	910-	368-	709	9
Lo	cated at ▶ SOUTHPORT NC	7	P+4 ▶	2846	1		
_	ection 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 – Check here	_			_		▶ 5
	d enter the amount of tax-exempt interest received or accrued during the year			15			
	any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		٠ ـ			Yes	No
	er a bank, secunities, or other financial account in a foreign country?				16		X
	the the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				<u> </u>	L	_==
	e foreign country						
Part					٠		
	le Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				T-	Yes	No
	uring the year did the foundation (either directly or indirectly)					- 55	<u> </u>
	Engage in the sale or exchange, or leasing of property with a disqualified person?		Yes	X No			
	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			٠.,			1
12,	disqualified person?		Yes	X No	-		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?		Yes	X No X No X No			l
	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1	Yes	X No			
	Transfer any income or assets to a disqualified person (or make any of either available for	لــا			{ ,		
(0)	the benefit or use of a disqualified person)?		Yes	X No			ł
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the	لــا					[
(0,	foundation agreed to make a grant to or to employ the official for a period after						l
	termination of government service, if terminating within 90 days)	\Box	Yes	X No		1	1
b If a	any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation	<u>. </u>		[==]			
	ction 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	•		N/A	1b	- {	ŀ
	ganizations relying on a current notice regarding disaster assistance check here			▶ []	''		
	d the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that]	ļ	ı
	ere not corrected before the first day of the tax year beginning in 2015?				1c		x
	ixes on failure to distribute income (section 4942) (does not apply for years the foundation was a private						
	erating foundation defined in section 4942(j)(3) or 4942(j)(5))						ı
	the end of tax year 2015, did the foundation have any undistributed income (lines 6d and					Į.	
	, Part XIII) for tax year(s) beginning before 2015?	\Box	Yes	X No	}	i	
	'Yes," list the years ▶ 20 , 20 , 20	ш]]	İ	
	e there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				1	ł	
	elating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				1 1	1	
•	years listed, answer "No" and attach statement – see instructions)			N/A	2b	!	
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			0.,00	1		
▶	20 , 20 , 20 , 20				1 1	į	
-	d the foundation hold more than a 2% direct or indirect interest in any business enterprise					- (
	any time during the year?		Yes	X No	1 1	}	
	Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	ш	.00	<u></u>	1 1	j	
	squalified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the						
	mmissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					- 1	
	e 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				1 1	}	
	undation had excess business holdings in 2015.)			N/A	3ь	1	
	d the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			,	4a		X
	d the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
	aritable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015	7			4b	[X
					Form 95	O DE	

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.₽a	rt VII-B Statements Regard	ding Activities for Which Fo	rm 4720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation pay of	or incur any amount to					
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?	L) \	res 🏻 No	1	ì
	(2) Influence the outcome of any specif	fic public election (see section 4955),	or to carry on,			1 1	
	directly or indirectly, any voter regis	tration drive?		<u></u>	res 🗓 No	} }	
	(3) Provide a grant to an individual for t	ravel, study, or other similar purposes	5?		res 🏻 No	1 1	1
	(4) Provide a grant to an organization of	other than a charitable, etc , organizati	ion described in				-
	section 4945(d)(4)(A)? (see instruc	tions)		\\ `	∕es Ϫ No	1 1	1
	(5) Provide for any purpose other than	religious, charitable, scientific, literary	, or educational				į
	purposes, or for the prevention of c	ruelty to children or animals?		<u> </u>	∕es X No	1	[
b	, , , , , , , , , , , , , , , , , , , ,						
	Regulations section 53 4945 or in a cur-	rent notice regarding disaster assistar	nce (see instructions)?		N/A	5b	
	Organizations relying on a current notice	e regarding disaster assistance check	c here		▶ []		1
С	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	from the tax			1 1	j
	because it maintained expenditure resp	onsibility for the grant?		N/A 📗	/es 🗌 No	1	}
	If "Yes," attach the statement required b	y Regulations section 53 4945-5(d)					
6a	Did the foundation, during the year, reco	eive any funds, directly or indirectly, to	pay premiums			1	ĺ
	on a personal benefit contract?			\ \ \	res 🗓 No	1	l
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit contract?	~		6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	shelter transaction?	\ \	res 🗓 No		
b	If "Yes," did the foundation receive any	proceeds or have any net income attr	ibutable to the transaction	17	N/A	7b	
Pa	art VIII Information About C	Officers, Directors, Trustees	, Foundation Mana	gers, Highly F	Paid Employe	es,	
	and Contractors						
1 1	ist all officers, directors, trustees, for	undation managers and their comp	ensation (see instruction	ons).			
	*********	d and fine an	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name an	g address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation		allowances
TE	RRIE HEISLER ALLISON	SOUTHPORT	TRUSTEE/MNGR				
29	50 LEGENDS DR.	NC 28461	10.00	0	0	ł	0
KE	NNETH M. HEISLER	WILMINGTON	TRUSTEE				
89	16 CHAMPION HILLS DR.	NC 28411	0.00	0	0		0
2	Compensation of five highest-paid e "NONE."	mployees (other than those include	ed on line 1 – see instru	ections). If none,	enter		
	14014E-				(d) Coatebutes 4:	1	
	(a) Name and address of each employed	a paid many than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expe	ense account,
	(a) Name and address of each employee	paid more than \$30,000	devoted to position	(c) Compensation	plans and deferred compensation		allowances
	ATT				compensation	 	
NC	NE		ł			}	
						}	
			ł			[
			 			 	
			}			1	
						 	
						1	
				 		 	
			}			[
Tota	I number of other employees paid over \$	50,000			L	<u> </u>	0
<u> </u>	manipor or other employees para over \$						<u> </u>

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.Part Vili	Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid En	
3 Five highe	est-paid independent contractors for professional services (see instruct	tions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	others receiving over \$50,000 for professional services		0
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical information such a other beneficianes served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instruc	tions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
	elated investments. See instructions		
3			
Total. Add lines	1 through 3		

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

38,332

27,134

Excess from 2013

Excess from 2014

Excess from 2015

HEIS				_		
Form	990-PF (2015) DOROTHY & KE				75	Page 1
	rt XIV Private Operating Fou					
1a	If the foundation has received a ruling or d			9		
h	foundation, and the ruling is effective for 2 Check box to indicate whether the foundat		-	d in section 10	42(j)(3) or 4942	2(j)(5)
b 2a	Enter the lesser of the adjusted net	Tax year	ing loundation describe	Prior 3 years	42()(3) Or 1 4942	
24	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for	(4) = 3 · 5	(4)	(0,7=1:1		
	each year listed		ļ			
b	85% of line 2a			 		
c	Qualifying distributions from Part XII,		 			
•	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
-	for active conduct of exempt activities		İ			
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c] _			
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter	;	<u> </u>			
	(1) Value of all assets			<u> </u>		
	(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		ļ			
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,				<u> </u>	
	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	ı		1		
	section 4942(j)(3)(B)(iii)		 	 		
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income			 		
Pá	art XV Supplementary Inform	nation (Complete	this part only if	he foundation had	\$5,000 or more i	n assets at
•	any time during the ye	•	•			400010 41
1	Information Regarding Foundation Mai		· · · · · · · · · · · · · · · · · · ·			<u> </u>
а	List any managers of the foundation who h	_	than 2% of the total co	ntributions received by th	ne foundation	
	before the close of any tax year (but only i	f they have contributed	d more than \$5,000) (S	See section 507(d)(2))		
	TERRIE HEISLER ALLIS	ON, TRUSTER	E/MANAGER			
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporation	n (or an equally large por	tion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greate	r interest		
	N/A					
2	Information Regarding Contribution, G					
	Check here ▶ X If the foundation only					
	unsolicited requests for funds If the found		nts, etc (see instruction	ns) to individuals or organ	nizations under	
	other conditions, complete items 2a, b, c,					
а	The name, address, and telephone number	er or e-mail address of	tne person to whom a	pplications should be add	Iressed	
	N/A					
	The form in which applications should be	cubmitted and inform	tion and materials the	chould rackeds		
b	The form in which applications should be a N/A	submitted and informa	uon and materials they	snoula include		
	Any submission deadlines					
Ü	N/A					
	Any rootrictions or limitations on awards s	uch on hu goographic	al assas, obsertable fall	de leade of		

factors. N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year USO OF NORTH CAROLINA P.O. BOX 91536 PUBLIC ORG. RALEIGH NC 27675 SUPPORTING MILITARY PERSONNEL 25,000 FIRST TEE OF BRUNSWICK COUNTY PUBLIC ORG. 445 TARKIN COURT SHALLOTTE NC 28470 EDUCATIONAL PROGRAMS TO YOUNG PEOPLE 7,500 PAWS PLACE DOG RESCUE 3701 E. BOILING SPRING R PUBLIC ORG. WINNABOW NC 28479 RESQUE & ADOPTION OF DOGS 3,000 STRASBURG-HEISLER LIBRARY PUBLIC ORG. 143 PRECISION AVE. STRASBURG PA 17579 EDUCATIONAL RESOURSES & LIBRARY SERV 2,500 NATIONAL ALLIANCE ON MENTAL ILLNES 1536 W. CHICAGO AVE. #1 PUBLIC ORG. CHICAGO IL 60642 TO PROVIDE AID TO THE MENTALLY ILL 8,500 STRASBURG FIRE DEPT 203 FRANKLIN STREET PUBLIC ORG. FIRE PROTECTION STARSBURG PA 17579 2,000 SPECIAL OLYMPICS OF NC PUBLIC ORG. 302 WILLARD STREET WILMINGTON NC 28401 ATHLETE PROGRAMS FOR THE DISABLED 400 BOYS & GIRL CLUB OF LANCASTER 116 S. WATER ST. PUBLIC ORG. LANCASTER PA 17603 SOCIAL DEVELOPMENT OF CHILDREN 2,000 WINE TO WATER P.O. BOX 2567 PUBLIC ORG. BOONE NC 28607 TO PROVIDE CLEAN WATER & SANITATION 1,000 ▶ 3a 51,900 Approved for future payment N/A Total **▶** 3b

Form 990-PF (2015) DOROTHY	٤	KENNETH	HETSLER	FOUNDATION	36-	3677	727	15

F	art XVI-A	Analysis of Income-Producing Ac	tivities				
Ent	er gross amo	unts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(0)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	_	vice revenue	 		 		
			·		 		
					 		
				 	 		
			·		 		
	f		-		 		
		d contracts from government agencies	·		 		
2	-	dues and assessments			†——	-	
	-	avings and temporary cash investments			14	252	<u></u>
4		nd interest from securities					
5		come or (loss) from real estate					
	a Debt-fina	anced property			l		
	b Not debt	t-financed property					
6	Net rental in	come or (loss) from personal property					
7	Other invest	ment income					
8	Gain or (loss	s) from sales of assets other than inventory					
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other revenue	ue a			1	·	
					<u> </u>		·
			. <u> </u>		<u> </u>		
	d				ļ		
	е		. L	<u> </u>	<u> </u>	ii	
		d columns (b), (d), and (e)		0		252	
13	Total. Add I	ne 12, columns (b), (d), and (e)		0		252 13	0 252
13 (Se	Total. Add li e worksheet	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)				13	
13 (Se	Total. Add li e worksheet Part XVI-B	ne 12, columns (b), (d), and (e) In line 13 instructions to venfy calculations) Relationship of Activities to the A		ent of Exempt Pu	ırposes	13	
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to venfy calculations) Relationship of Activities to the A	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252
13 (Se	Total. Add In e worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pu	irposes	13s	252

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Form 990-PF (2015)

Form 990-PF (2015) DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275

Schedule B (Form 999, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

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

2015

DOROTHY & KENN	NETH HEISLER FOUNDATION	36-3677275					
Organization type (check one	2)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ındatıon					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt chantable trust treated as a private foundar	lion					
	501(c)(3) taxable private foundation						
	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					
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribut property) from any one contributor. Complete Parts I and II. See instruction inbutions	-					
Special Rules							
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ tons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 hat received from any one contributor, during the year, total contributions a amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Ca	or 990-EZ), Part II, line of the greater of (1)					
contributor, during the	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.						
For an organization de contributor, during the contributions totaled in during the year for an o	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re year, contributions exclusively for religious, charitable, etc., purposes, but fore than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Do not complete any of the to this organization because it received nonexclusively religious, chantab	eceived from any one it no such that were received e parts unless the					
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file it answer "No" on Part IV, line 2, of its Form 990, or check the box on line certify that it does not meet the filing requirements of Schedule B (Form 9	H of its Form 990-EZ or on its					

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization
DOROTHY & KENNETH HEISLER FOUNDATION

Employer identification number 36-3677275

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				
	NONE	s O	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)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)				

PAGE 1 OF 1

Page 3

Name of Organization
DOROTHY & KENNETH HEISLER FOUNDATION

Employer identification number 36-3677275

Part II	Noncash Property (see instructions) Use duplica	ate copies of Part II if additional spa	ice is needed. (N/A
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	Form 990, 990-EZ, or 990-PF) (2015)		Page				
Name of organization DOROTHY & KENNETH HEISLER FOUNDATION			Employer identification number 36–3677275				
Part III	(10) that total more than \$1,000 for the y	ontributions to organizations described in secting the section of	s (a) through (e) and				
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4 Relatio	nship of transferor to transferee				
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's Hame, address, and	Zii · · · · · · · · · · · · · · · · · ·	mip of transferor to transferee				
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	nship of transferor to transferee					
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and	∠IP + 4 Relatio	nship of transferor to transferee				
1							

1-2 Charitable Purpose Charitable Purpose Adjusted Net Adjusted Net Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses ሪን ሪን Investment Investment HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275 Net 486 2,225 2,225 94 325 Total Total Ś INDIRECT ACCOUNTING FEES Description Description ADMINISTRATION EXPENSES BANK CHARGES POSTAGE FYE: 3/31/2016 TOTAL 36-3677275 TOTAL TAXES

HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275 Federal Statements

FYE: 3/31/2016

Statement 3 - Form 990-PF, Part II, Line 15 - Other Assets

Description	eginning of Year	nd of Year	F	air Market Value
INTEREST RECEIVABLE	\$ 686	\$ 456	\$	456
TOTAL	\$ 686	\$ 456	\$	456

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager				Amount		
TERRIE HEISLER A	ALLISON,	TRUSTEE/MANAGER	\$_	0		
TOTAL			\$_	0		

*HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275 Federal Statements

FYE: 3/31/2016

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	US Obs (\$ or %)
INTEREST INCOME	\$ 252		14	
TOTAL	\$ 252			