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As Filed Data -

Return of Private Foundation

DLN: 93491131016727 OMB No. 1545-0052

Form 990-PI
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2016 or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number K2 CHARITABLE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite 2400 86TH STREET NO 24 B Telephone number (see instructions) (515) 276-3456 City or town, state or province, country, and ZIP or foreign postal code URBANDALE, IA 503224306 C If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change **E** If private foundation status was terminated under section 507(b)(1)(A), check here ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual J Accounting method F If the foundation is in a 60-month termination of year (from Part II, col (c), line 16)▶\$ 5,493,799 under section 507(b)(1)(B), check here Other (specify) (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach 1.759.980 schedule) Check ► L If the foundation is **not** required to attach 2 1.409 Interest on savings and temporary cash investments 1.409 4 Dividends and interest from securities 5,214 5,214 98,300 98,300 5a Net rental income or (loss) 186,759 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 186,759 Net short-term capital gain . . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 **Total.** Add lines 1 through 11 2,051,662 291.682 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses اروه Legal fees (attach schedule) . . 1,141 2,470 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) ووف 19 Depreciation (attach schedule) and depletion 13,663 13,663 20 21 Travel, conferences, and meetings . 7,791 22 Printing and publications . . . 23 Other expenses (attach schedule) 8,434 5,001 24 Total operating and administrative expenses. 33,499 Add lines 13 through 23 . . . 18,664 25 Contributions, gifts, grants paid 637.500 637,500 26 Total expenses and disbursements. Add lines 24 and

Excess of revenue over expenses and

Net investment income (if negative, enter -0-)

Subtract line 26 from line 12

disbursements

27

18,664

273.018

670,999

1,380,663

637,500

2,941

2,941

1,588,982

1,588,982

1,591,923

2,944

2,944

2,969,645

2,969,645

2,972,589

2

3

4

5

6

1,588,982

1,380,663

2,969,645

2,969,645 Form 990-PF (2016)

0

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

17

18

19

20 21

22

23

24

25

26

28

29

30

31

Part III

2

3

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ _

Other increases not included in line 2 (itemize) ▶ _____

Liabilities

Balances

Fund

ŏ

Assets 27

Net

(b)

Page **3**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)					ed se on	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 1 SHR BERKSHIRE HATHAWAY						2009-05-23	2016-04-20
b 878 SHRS APPLE				P		2006-04-23	2016-04-20
С							
d							
		(f)		(g)	-	-	h)
(e) Gross sales price		ciation allowed allowable)	Cost or	other basis ense of sale		Gain o	r (loss)) mınus (g)
a 2	17,473	•		72	2,417		145,056
b	92,801			5:	1,098		41,703
С	·						·
d							
	ta abauuna asin in sal	umn (h) and aw	ned by the foundation	on 13/31/60			<u> </u>
Complete only for asse	Is snowing gain in con	. , ,	<u>`</u>	(k)			l) h) gain minus
(i) F M V as of 12/31/6		(j) usted basis of 12/31/69	Excess	of col (ı) (j), ıf any		col (k), but not	less than -0-) or om col (h))
a				(377 7		·	145,056
b							41,703
c							,,,,,,
d							
e							
 Capital gain net incom Net short-term capital If gain, also enter in P in Part I, line 8 	gain or (loss) as defi	l ned in sections 1	If gain, also enter in P. If (loss), enter -0- in P. 1222(5) and (6) ons) If (loss), enter -0	Part İ, lıne 7	}	3	186,759
Part V Qualification	Under Section 49	940(e) for Re	duced Tax on Net	Investmen	t Inco	ome	
For optional use by domestic f section 4940(d)(2) applies,	•	ubject to the sec	ction 4940(a) tax on ne	t investment i	ncome)	
Vas the foundation liable for t f "Yes," the foundation does r			• •	in the base p	eriod?	∐ Y	es 🗹 No
1 Enter the appropriate a	mount in each column	for each year,	see instructions before	making any e	ntries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying	distributions	(c) Net value of noncharitable	le-use assets		(d) Distribution ration (col (b) divided by columns.)	
2015		462,026		1,338,238			0 345249
2014		394,629		492,713			0 800931
2013		147,500		302,801			0 487119
2012							
2011							
2 Total of line 1, column	(d)				2		1 633299
3 Average distribution rat number of years the fou				or by the	3		0 544433
4 Enter the net value of n				[4		2,833,884
5 Multiply line 4 by line 3				[5		1,542,860
6 Enter 1% of net investn	nent income (1% of P	art I, line 27b)		[6		2,730
7 Add lines 5 and 6 .				[7		1,545,590
8 Enter qualifying distribu	tions from Part XII. lii	ne 4 ,		[8		637,500
If line 8 is equal to or g					t usıng	a 1% tax rate Se	

5a During the year did the foundation pay or incur any amount to

Page **6**

	(1) Carry on propaganda, or otherw(2) Influence the outcome of any sp	pecific public election (see sect	cion 4955), or to carry	☐ Yes ✓	No		
	on, directly or indirectly, any void (3) Provide a grant to an individual	=		· · Yes 🛂	No		
	(4) Provide a grant to an individual	**		∐ Yes ⊻	No		
	ın section 4945(d)(4)(A)? (see ii		· •		No		
	(5) Provide for any purpose other th						
	educational purposes, or for the			∟ Yes 💌	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a					ь	
	Organizations relying on a current n	• •	•	•		-	
С	If the answer is "Yes" to question 5a						
	tax because it maintained expenditu			· · □ Yes □	No		
	If "Yes," attach the statement requir	red by Regulations section 53	4945-5(d)	□ les □	10		
6а	Did the foundation, during the year,	receive any funds, directly or	indirectly, to pay premit	ıms on			
	a personal benefit contract?			· 🗌 Yes 🗸			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?	6	ь	No
7 _	If "Yes" to 6b, file Form 8870	- 4b - 5-, , , d-4, , , , , , , , , , , , , , , , , , ,					
7a h	At any time during the tax year, was If yes, did the foundation receive an			∟ tes 💌		ь	
		Officers, Directors, Trust					
Pa	and Contractors	incers, Directors, Trust	ices, roundation ric	magers, mgmy raid Er	прюус	-3,	
1	List all officers, directors, trustee	es, foundation managers an	nd their compensation	(see instructions).			
	(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred		pense ac her allow	
See /	Additional Data Table	(B) devoted to position		compensation			
2	Compensation of five highest-pai	d employees (other than th	hose included on line 1	L—see instructions). If no	ne, ente	r "NONE	."
Na	(a) ame and address of each employee pa more than \$50,000	Title, and average hours per week	(c) Compensation	Contributions to employee benefit plans and deferred		ense acc er allowa	,
IONI	· '	(-,		(d) compensation			
ION	<u> </u>						
	I number of allers are also as						_
ota	I number of other employees paid over	er \$50,000			Fa 4	000 PF	(2016)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). 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		
List the foundation's four largest direct charitable activities during the tax year. Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ucea, etc	
1		
2		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments (see	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation during t	ne tax year on lines 1 and 2	Amount
1		
2		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		▶ 0
<u> </u>		Form 990-PF (2016)

6

7

1a

1b

2

3a 3b

4

5

136.234

637,500

637,500

637.500

Form 990-PF (2016)

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

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

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

income Enter 1% of Part I, line 27b (see instructions).

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

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

6

1

2

3

4

5

b

Part XII

2016

(c)

2015

Page 9

136.234

136,234

Form **990-PF** (2016)

Form 990-PF (20	016)	
Part XIII	Undistributed Income	(see instructions)

b Total for prior years

From 2011. . . . **b** From 2012. c From 2013. . .

d From 2014.

e From 2015.

XII, line 4 > \$

indicated below:

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

> 132.372 370,535

> 398.172

132,372

370.535

398.172

501.266

(a)

Corpus

901,079

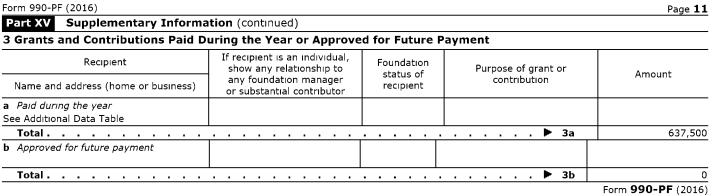
501.266

1,402,345

1,402,345

(b)

Years prior to 2015



Part XVI-A Analysis of Income-Producing	Activities				rage ==
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a b					
C					
d					
e					
f					
 g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash 					
investments			14	1,409	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	5,214	
a Debt-financed property.b Not debt-financed property...					79,636
6 Net rental income or (loss) from personal property					127000
7 Other investment income					
8 Gain or (loss) from sales of assets other than					106 750
inventory					186,759
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		6,623	266,395
13 Total. Add line 12, columns (b), (d), and (e)			1	.3	273,018
(See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the	ns) ne Accomplis	hment of Exem	nt Purnoses		
Line No. Explain below how each activity for which the accomplishment of the foundation's ex	income is repor	ted ın column (e) o	f Part XVI-A contrib		
instructions) COMMERCIAL REAL ESTATE INVESTMENT RE	NITAL BRODERT	V WITH NO DEBT O	INI TT		
1 COMMERCIAL REAL ESTATE INVESTMENT RE	ENTAL PROPERT	T WITH NO DEBT O	VIN II		
					rm 990-PF (2016)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Pa	rt XVII	Exempt Organia	zations						-				
		ganization directly or in Code (other than sectio	directly engag							ion 501		Yes	No
аΤ	ransfers	from the reporting foun	dation to a no	ncharitable	exempt organiz	ation	of			Ī			
(1) Cash									. [1a(1)		No
(2) Othe	rassets									1a(2)		No
b 0	ther trar	nsactions											
	-	s of assets to a nonchar	•	-							1 b(1)		No
	-	hases of assets from a n									1b(2)		No
•	-	al of facilities, equipmer	•					• •			1b(3)		No
•	•	bursement arrangemen								- F	1b(4)		No
		s or loan guarantees. rmance of services or m									1b(5)		No No
•	•	f facilities, equipment, n		-						- F	1b(6) 1c		No
	_	wer to any of the above		· ·									NO
		ods, other assets, or ser											
ır	any tra	nsaction or sharing arra	ngement, sho	w in column	(d) the value of	of the	goods, othe	er asset	s, or services rece	ıved			
(a) L	ne No	(b) Amount involved	(c) Name of r	oncharitable (exempt organization	n I	(d) Descrir	ation of t	transfers, transactions	and char	na arrai	naemen	tc
(4)	TIE NO	(b) Amount involved	(c) Name of t	TOTICHATICADIE (exempt organization	"	(d) Descrip	ocion or i	transiers, transactions	s, and snan	ng arrai	igenien	
						_							
						+							
						+							
						+							
						\perp							
		ndation directly or indire	•		•		•	-		_	1		
		in section 501(c) of the	•	than section	501(c)(3)) or II	n sect	ion 527?.			∟	l Yes	✓ N	0
b If	"Yes," c	complete the following so		1	(I-) T (1		(-) D				
		(a) Name of organization	on		(b) Type of orga	inizatio	n		(c) Description	n or relation	nsnip		
		ler penalties of perjury,											
c:_		ny knowledge and belief ch preparer has any kno	•	rrect, and co	omplete Declara	ation (of preparer	(other i	than taxpayer) is b	ased on a	all infor	mation	n of
Sig	••	******	Wieuge		2017-05-11		\ ***	***		May the IR	S discus	s this re	eturn
Her	e				2017-03-11		_			with the pr			
		Signature of officer or ti	rustee		Date		Title	!		(see instr)	∍ 🗹 Y	es 🗆 N	lo
		Print/Type preparer's	name	Preparer's S	Signature		Data			DTIN			
		Trinic, Type preparer s	name	i repaire 5 3	ng latul c		Date		Check if self-	PTIN .			
		JOHN ELAMALE							employed ▶ 🔲	F	P00077	390	
Pai	d	JOHN E LAMALE											
Pre	parer	Firm's name ► BRO	L OKS LODDEN	PC									
	Only									Fırm's EI	N ▶42-	-12294	86
	•		41 29TH STRI	EET STE 305	5								
		14/1	ST DES MOI	NES 14 503	2661357					Phone no	(515) 223-7	7300
	WEST DES MOINES, IA 502661357												

(a) Name and address (c) Compensation (If (d) Title, and average Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation KENNETH L SMITH PRESIDENT n 3 00 2400 86TH ST STE 24 URBANDALE, IA 50322 SCOTT TEMPLE 0 VICE 0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

10200 NW 74TH AVE GRIMES, IA 50111	PRESIDENT/SECRETARY 1 00			
JOHN LAMALE	TREASURER	0	0	0
1441 29TH ST STE 305 WEST DES MOINES, IA 50266	1 00			

1441 29TH ST STE 305 WEST DES MOINES, IA 50266	TREASURER 1 00	0	0	0
BARRY LUCHTEL	DIRECTOR	0	0	0

1441 29TH ST STE 305 WEST DES MOINES, IA 50266				
BARRY LUCHTEL	DIRECTOR	0	0	0
970 JORDAN CREEK PARKWAY	1 00			

WEST DES MOINES, IA 50266				
BARRY LUCHTEL	DIRECTOR	0	0	0
970 JORDAN CREEK PARKWAY	1 00			

BARRY LUCHTEL	DIRECTOR	U	U	U
970 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	1 00			
·				· · · · · · · · · · · · · · · · · · ·

LANDON LUCHTEI	DIRECTIR		
970 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266	1 00		

DIRECTIR 1 00

970 JORDAN CREEK PARKWAY WEST DES MOINES, IA 50266

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the `	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WYCLIFF 11450 TRANSLATIN WAY ORLANDO, FL 32862	NONE	501(C)(3)	GLOBAL BIBLE TRANSLATION	2,000
FREEDON FOR YOUTH 1425 2ND AVE DES MOINES, IA 50314	NONE	501(C)(3)	ASSIST LOST AND HURTING KIDS WHO ARE WITHOUT A HOME IN IOWA	125,000
GREATER DES MOINES COMMUNITY FOUNDATION 1915 GRAND AVE DES MOINES, IA 50303	NONE	501(C)(3)	SUPPORTS A VARIETY OF IOWA NONPROFITS FOR KIDS	5,000
HAITI CHRISTIAN DEVELOPMENT FUND PO BOX 934696 MARGATE, FL 330934696	NONE	501(C)(3)	RELOCATION AND REDISTRIBUTION OF THE PORR IN HAITI	153,000
CEDINE MINISTRIES 333 CEDINE CAMP RD SPRING CITY, TN 37381	NONE	501(C)(3)	SOPPORT BIBLE CAMPS AND MINISTRY RETREATS	1,000
JOHN & VERA MAE PERKINS FOUNDATION 1831 ROBINSON ST JACKSON, MS 39212	NONE	501(C)(3)	CHRISTAIN COMMUNITY DEVELOPMENT	60,000
LEADER SOURCE 2601 BENHAM AVE ELKHART, IN 465172115	NONE	501(C)(3)	HEALTH COUNSELING OF LEADERS IN FOREIGN COUNTRIES	8,000
NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN ST PHOENIX, AZ 85009	NONE	501(C)(3)	AID TO DISTRESSED FAMILIES INCLUDING BASIS NEEDS AS FOOD AND CLOTHING	277,000
FELLOWSHIP OF CHRISTAIN ATHLETES 2600 GRAND AVE DES MOINES, IA 50312	NONE	501(C)(3)	CHRISTAIN FELLOWSHIP	500
PRAIRIE RIDGE CHURCH 825 NW 36TH ST ANKENY, IA 50023	NONE	501(C)(3)	RELIGIOUS TEACHING	2,000
VALLEY CHURCH 4201 AHWORTH RD WEST DES MOINES, IA 50265	NONE	501(C)(3)	RELIGIOUS TEACHING	4,000

637,500

Total .

3а

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TY 2016 Accounting Fees Schedule							
Name: K2 CHARITABLE FOUNDATION EIN: 46-1208733							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	2,470	0		0			

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.
TY 2016 Depreciation Schedule
Name: K2 CHARITABLE FOUNDATION

DLN: 93491131016727

556,032

2016-01-01

BUILDING

		EIN: 4	6-1208733						
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	2016-01-01	52,300		L		0	0		

39 000000000000

13,663

13,663

eine Gigai nize princ Be nor i Recess	AO I IICU BULU	52:(1.55.152152626,2)
		_
TY 2016 Investments Corpora	to Stock Scho	dula
11 ZUIU IIIVESIIIEIIIS CUIPUIA	te stock sche	duie

Name: K2 CHARITABLE FOUNDATION

EIN: 46-1208733

Name of Stock
End of Year Book
Value

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STOCKS

End of Year Fair Market Value

3,867,525

1,744,283

DI N. 93491131016727

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TY 2016 Investments - Land So	chedule	

Name: K2 CHARITABLE FOUNDATION

FTN: 46-1208733

10 1200733						
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value		
LAND	52,300	0	52,300			
BUILDING	556,032	13,663	542,369			

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TY 2016 Investments - Other S	Schedule		
Name:	(2 CHARITABLE F	OUNDATION	

EIII 40 1200/33					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
MONEY MARKET	FMV	533,141	533,141		

FTN: 46-1208733

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491131016727			
TY 2016 Legal Fees Schedule							
_							
Name: K2 CHARITABLE FOUNDATION EIN: 46-1208733							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
LEGAL FEES	1,141	0		0			

file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491131016727						
TY 2016 Other Expenses Schedule						
Name:	K2 CHARITABLE	FOUNDATION				
EIN:	46-1208733					
Other Expenses Schedule	,					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT EXPENSES	175	0		0		
INCOME TAX	3,064	0		0		
OTHER	194	0		0		
INSURANCE	457	457		0		
REPAIRS	4,544	4,544		0		

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TY 2016 Substantial Contribut Schedule	tors				
Name: K2 CHARITABLE FOUNDATION EIN: 46-1208733					
Name			Address		
KENNETH L SMITH			ELESTONE COURT E, IA 50322		
IRREVOCABLE K-2 TRUST			ST STE 305 MOINES, IA 50266		
VISTA REAL ESTATE & INVESTMENT CORPORATION		2400 86TH URBANDAL	ST STE 24 E, IA 50322		

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Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instru <u>www.irs.gov/form990</u> .	ıctıons ıs at	2016			
Name of the organizat K2 CHARITABLE FOUND	cion ATION	Employer i	dentification number			
		46-1208733	3			
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
141	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contriber property) from any one contributor. Complete Parts I and II. See instructions	•	•			
Special Rules						
under sections received from a	ation described in section $501(c)(3)$ filing Form 990 or 990 -EZ that met the $33^{1}309(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990 -EZ) ny one contributor, during the year, total contributions of the greater of (1) \$5,00 ne 1h, or (ii) Form 990 -EZ, line 1 Complete Parts I and II), Part II, line 13	, 16a, or 16b, and that			
during the year	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that retotal contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, so the prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year If this box is che purpose Do no	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such decked, enter here the total contributions that were received during the year for a technique to the parts unless the General Rule applies to this organization able, etc., contributions totaling \$5,000 or more during the year	contributions tot an <i>exclusively</i> re on because it red	aled more than \$1,000 eligious, charitable, etc, ceived <i>nonexclusively</i>			
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not f it it must answer "No" on Part IV, line 2, of its Form 990, or check the box on li Form 990PF, Part I, line 2, to certify that it does not meet the filing requirement	ne H of its				
For Paperwork Reduction for Form 990, 990-EZ, or 9		edule B (Form 99	0, 990-EZ, or 990-PF) (2016)			

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organization K2 CHARITABLE FOUNDATION		Employer identification number		
- CHARTABLE FOOR	DATION	46-12	08733	
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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	
=				
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4		
Name of organization K2 CHARITABLE FOUNDATION			Employer identification number 46-1208733		
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship 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				
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		