

Form

990-PF

Department of the Treasury  
Internal Revenue Service

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 [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

|  |  |  |  |
|--|--|--|--|
| Name of foundation<br>SWESTKA FAMILY FOUNDATION  |  | A Employer identification number<br><br>01-0904291   |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>PO BOX 282   |  | B Telephone number (see instructions)<br><br>(563) 569-8240  |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>PROTIVIN, IA 52163   |  | C If exemption application is pending, check here <input type="checkbox"/>   |  |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change  |  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation |  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>  |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 19,461  |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>   |  |
| J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)   |  |  |  |

| Part I Analysis of Revenue and Expenses<br><i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i> |  | Revenue and expenses per books<br>(a) | Net investment income<br>(b) | Adjusted net income<br>(c) | Disbursements for charitable purposes<br>(d) (cash basis only) |
|---|--|---------------------------------------|------------------------------|----------------------------|--|
| Revenue   | 1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .                                     | 1,000                                 |                              |                            |  |
|   | 2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                       |                              |                            |  |
|   | 3 Interest on savings and temporary cash investments   |                                       |                              |                            |  |
|   | 4 Dividends and interest from securities . . . . .   | 884                                   | 884                          | 884                        |  |
|   | 5a Gross rents . . . . .   |                                       |                              |                            |  |
|   | b Net rental income or (loss) _____  |                                       |                              |                            |  |
|   | 6a Net gain or (loss) from sale of assets not on line 10   |                                       |                              |                            |  |
|   | b Gross sales price for all assets on line 6a _____  |                                       |                              |                            |  |
|   | 7 Capital gain net income (from Part IV, line 2) . . . .   |                                       | 0                            |                            |  |
|   | 8 Net short-term capital gain . . . . .  |                                       |                              |                            |  |
|   | 9 Income modifications . . . . .   |                                       |                              |                            |  |
|   | 10a Gross sales less returns and allowances  |                                       |                              |                            |  |
| Operating and Administrative Expenses   | b Less Cost of goods sold . . . . .  |                                       |                              |                            |  |
|   | c Gross profit or (loss) (attach schedule) . . . . .   |                                       |                              |                            |  |
|   | 11 Other income (attach schedule) . . . . .  |                                       |                              |                            |  |
|   | 12 <b>Total.</b> Add lines 1 through 11 . . . . .  | 1,884                                 | 884                          | 884                        |  |
|   | 13 Compensation of officers, directors, trustees, etc  |                                       |                              |                            |  |
|   | 14 Other employee salaries and wages . . . . .   |                                       |                              |                            |  |
|   | 15 Pension plans, employee benefits . . . . .  |                                       |                              |                            |  |
|   | 16a Legal fees (attach schedule). . . . .  |                                       |                              |                            |  |
|   | b Accounting fees (attach schedule). . . . .   |                                       |                              |                            |  |
|   | c Other professional fees (attach schedule) . . . . .  |                                       |                              |                            |  |
|   | 17 Interest . . . . .  |                                       |                              |                            |  |
|   | 18 Taxes (attach schedule) (see instructions) . . . .  | 5                                     |                              |                            | 5  |
|   | 19 Depreciation (attach schedule) and depletion . . .  |                                       |                              |                            |  |
|   | 20 Occupancy . . . . .   |                                       |                              |                            |  |
|   | 21 Travel, conferences, and meetings. . . . .  |                                       |                              |                            |  |
|   | 22 Printing and publications . . . . .   |                                       |                              |                            |  |
|   | 23 Other expenses (attach schedule). . . . .   | 3                                     |                              |                            | 3  |
|   | 24 <b>Total operating and administrative expenses.</b>   |                                       |                              |                            |  |
|   | Add lines 13 through 23 . . . . .  | 8                                     | 0                            |                            | 8  |
|   | 25 Contributions, gifts, grants paid . . . . .   | 0                                     |                              |                            | 0  |
|   | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25  | 8                                     | 0                            |                            | 8  |
|   | 27 Subtract line 26 from line 12   |                                       |                              |                            |  |
|   | a <b>Excess of revenue over expenses and disbursements</b>   | 1,876                                 |                              |                            |  |
|   | b <b>Net investment income</b> (if negative, enter -0-)  |                                       | 884                          |                            |  |
|   | c <b>Adjusted net income</b> (if negative, enter -0-) . . . .  |                                       |                              | 884                        |  |