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aan_DF

Return of Private Foundation

Department of the Treasury					• a	ction 4947(a)(1) Non Treated as a Priv	2009					
_		Revenue Se					be able to use a copy of this return to satisfy state reporting requirement, 2009, and ending					
			hat apply.	<u>, or 1</u>	tax year beg		Initial return	, 20				
G	Crie	CK all t	пат арріу.	-	Initial retu Amended		Initial return of a former public charity Address change Name change					J Fınal return
_			Name of fo			return	Addre	ess change			me change Employer identific	tion sumbor
	1004	he IRS	I Traine of the	Junua	ation					^	Employer Identino	cation number
		oel.	SCHWAR	rz	FOUNDATIO	NC					20-	5280622
		rwise,					f mail is not delivered to stree	et address)	Room/su	ute B		page 10 of the instructions)
	print					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1100		receptione number (see	page 10 of the container)		
		ype.	5100 St	W 1	OTH AVENU	JE			STE 2	00	(78	5) 272-5102
		pecific ctions.	City or tow	n, sta	ate, and ZIP co	de					If exemption applica	
•	iisti u	ctions.									pending, check here 1 Foreign organizat	▶
			TOPEKA	, K	s 66604-2	2094				٦	2 Foreign organizat	
Н	Che	ck type	e of organiz	zatior	n X Sect	on 501	(c)(3) exempt private	foundation			85% test, check h	ere and attach
	s	Section 4	1947(a)(1) n	onex	empt charitable		Other taxable p		ition		·	
Ī	Fair	marke	t value of a	ıll as	sets at end	J Acco	ounting method X C	ash Ac	crual		If private foundation under section 507(b))(1)(A), check here .
	of y	ear (fro	m Part II, c				ther (specify)			F	•	in a 60-month termination
_		▶ \$,066.	1	column (d) must be o	n cash basıs.)	<u> </u>		under section 507(b)	(1)(B), check here
į	art	Analy	sis of Rev	enu	e and Expens mns (b), (c), an	ses (The	(a) Revenue and	(b) Net inv	estment	(e)	Adjusted net	(d) Disbursements for charitable
		may n	ot necessari	ly eq	ual the amount	s in	expenses per	incor		(0)	income	purposes
_		colum	n (a) (see pa	ige 1	1 of the instruc	tions))	books					(cash basis only)
	1	Contribut	tions, gifts, grant	e etc	received (attach so	Nedule)	15,000	•				
	2	Crieck	attac	:h Sch	В	·-7.0						
	3				nporary cash inve	n 10		· 				
	4		1011	restif	Jahu Begaring	op						
G		Gross r	1 1		<u> </u>	<u></u> ≝						
٥			tal income or (n or (loss) from) 	<u> </u>					·
'nά	So a b	Gross s	aies price for a	n sele	orasseis not on	HITE 10						
Revenue	27		n line 6a . nain net ind		(from Part IV,	line 2)						
	18		•		ain	•						
Ξ	9			-								
(ث	10 a	Gross sa	les less return wances • • •	S								
Ú	b		ost of goods so									
2	С	Gross	profit or (loss	s) (att	tach schedule)							
	11	Other	ncome (atta	ch sc	chedule)							
	12				<u>qh 11</u>		15,000	<u> </u>				
9	13				lirectors, trustees		854	•				854
ű	14				and wages .			-				•
Expenses	15				e benefits							
ē	16a	Legal f	ees (attach s	sched	lule)		940		0.		0.	940
					schedule) ATC		940	1	- 0		0.	940
₹		-			(attach schedu							
itra	17										-	
Administrative	18	•			e page 14 of the ins	•			-		-	
Ē	19	-	•		hedule) and de	•						 -
ĕ	20 21	•	•		meetings							-
anc	21 22				s			 				
g	23				schedule) AT		261	<u> </u>	0.		0.	261
perating	24				ministrative ex		,		Ì			
per			-		3	-	2,055	1	0.		0.	2,055
\cap	25			-	nts paid		15,500	1				15,500
	26			. •	ents Add lines 2		17,555		0.		0.	17,555
	27		ct line 26 fro									
	а	Excess o	f revenue over e	expens	ses and disbursem	ents	-2,555	1				

-0-

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

c Adjusted net income (If negative, enter -0-). .

Form 990-PF (2009)

-0-

OMB No 1545-0052

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	End c	f year		
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing	4,621.	2,066.	2,066		
2	Savings and temporary cash investments					
3	Accounts receivable					
	Less: allowance for doubtful accounts ▶			_		
4	Pledges receivable ▶					
	Less: allowance for doubtful accounts ▶					
5	Grants receivable					
6	Receivables due from officers, directors, trustees, and other					
"	· · · · · · · · · · · · · · · · · · ·					
,	disqualified persons (attach schedule) (see page 16 of the instructions) Other notes and loans receivable (attach schedule)	· -				
7						
١.	Less allowance for doubtful accounts ▶					
\$ S	Inventories for sale or use					
Assets 0 0 0	Prepaid expenses and deferred charges					
וי	a Investments - U.S. and state government obligations (attach schedule)					
	b Investments - corporate stock (attach schedule)					
11	c Investments - corporate bonds (attach schedule)					
	and equipment basis Less accumulated depreciation (attach schedule)					
12	Investments - mortgage loans	• • •				
13	lavorate attaches (attaches to adula)					
14	Land, buildings, and			·		
	Land, buildings, and equipment basis Less accumulated depreciation					
1,-	equipment basis Less accumulated depreciation (attach schedule)					
15	Other assets (describe			-		
16	Total assets (to be completed by all filers - see the	4,621.	2,066.	2,066		
+	instructions Also, see page 1, item I)	4,021.	2,000.	2,000		
17	Accounts payable and accrued expenses					
18	Grants payable					
<u>8</u> 19	Deferred revenue					
≝ 20	Loans from officers, directors, trustees, and other disqualified persons .					
Liabilities 20 21 21	Mortgages and other notes payable (attach schedule)					
- 22	Other liabilities (describe					
23	Total liabilities (add lines 17 through 22)					
	Foundations that follow SFAS 117, check here ▶		-			
	and complete lines 24 through 26 and lines 30 and 31.					
8 24	Unrestricted					
E 25	Temporarily restricted					
26 26	Permanently restricted		·			
9 20	Foundations that do not follow SFAS 117,					
Fund Balances	check here and complete lines 27 through 31.					
ნ 27						
9 27	Capital stock, trust principal, or current funds					
28	Paid-in or capital surplus, or land, bldg, and equipment fund	4,621.	2,066.			
Net Assets	Retained earnings, accumulated income, endowment, or other funds	7,021.	2,000.			
30	Total net assets or fund balances (see page 17 of the	4 621	2 066			
Z	instructions)	4,621.	2,066.			
31	Total liabilities and net assets/fund balances (see page 17	4 601	0.066			
	of the instructions)	4,621.	2,066.			
	III Analysis of Changes in Net Assets or Fund E					
	al net assets or fund balances at beginning of year - Part II,	• •	-			
end	d-of-year figure reported on prior year's return)		<u>1</u>	4,621		
	ter amount from Part I, line 27a			-2,555		
			1 _			
	d lines 1, 2, and 3			2,066		
	process not included in line 2 (itemize) >					
	al net assets or fund balances at end of year (line 4 minus li	ine 5) - Part II, column (b)		2,066		
	at the state of the balances at one of your time 4 minus	J				

F	art IV Capital Gains	s and Losses for Tax on Inv	estment Income			
	• •	e.g , real estate, shs MLC Co.)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)	
1a	<u> </u>			p portunoi.		
L)					
_						
	<u>i </u>					<u> </u>
_6	<u> </u>				<u> </u>	<u></u>
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_2	l					
_ <u>t</u>)			_		
_						<u>.</u>
_		houses som in column (h) and our	and by the foundation on 12/21/60			· ·-
_	complete only for assets s		ned by the foundation on 12/31/69		Gains (Col. (h) g (k), but not less t	
_	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	COI	Losses (from co	
		<u>-</u>				
_				·		
_						_
		(If	gain, also enter in Part I, line 7			
	Capital gain net income or	(net capital loss) {	(loss), enter -0- in Part I, line 7	2		
3		or (loss) as defined in sections 12		1		
	-	, line 8, column (c) (see pages 13	, ,			
		line 8		3		
W		the section 4942 tax on the distrib	outable amount of any year in the b	ase peno	d?	Yes X No
		not qualify under section 4940(e).	, see page 18 of the instructions be	oforo mak	ing any entries	
	(a)		i	Tore mak	(d)	
_	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
_	2008	18,829.	3,975.	ļ <u></u>		4.736855
	2007	43,660.	5,201. 7,003.			8.394540
_	2006	350.	7,003.			0.049979
	2005					
	2004					
	Total of line 1, column (d)			2	1	3.181374
3	-	for the 5-year base period - divide	•			4 202701
	number of years the foun	dation has been in existence if less	s than 5 years	3		4.393791
4	Enter the net value of nor	ncharitable-use assets for 2009 fro	m Part X, line 5	4		3,294.
5	Multiply line 4 by line 3			5		14,473.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		14,473.
8	Enter qualifying distribution	ons from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	17,555.
	Part VI instructions on pag	je 18.	•	•	J	

	conflict with the state law remain in the governing instrument?
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 .
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) \triangleright KS,
b	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) \blacktriangleright KS_{I} of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General or designate) of each state as required by General Instruction G? If "No," attach explanation
	(or designate) of each state as required by General Instruction G? If "No," attach explanation
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page
	27)? If "Yes," complete Part XIV
0	

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

Form **990-PF** (2009)

Χ

X

X

6

7

8 b

9

names and addresses

X

3 b

X No

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

b If "Yes," did it have excess business holdings in 2009 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

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 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

X

Χ

hours per week devoted to position

•	•	•	•					
_		_	a	00	DE	- / 2	~~	_

(e) Expense account,

other allowances

employee benefit plans and deferred

compensation

(c) Compensation

NONE

(a) Name and address of each employee paid more than \$50,000

Total number of other employees paid over \$50,000

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the 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	er of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A	Summary of Direct Charitable Activities	
List the found	fation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	5:
of organization	ons and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A		
		
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	<u></u>
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other prog	gram-related investments. See page 24 of the instructions	
3 NONE		
•		
Total Add i	nes 1 through 3	

Pa	Part X Minimum Investment Return (All domestic foundations must consee page 24 of the instructions.)	mplete this part. Foreign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out cha	intable, etc ,	
	purposes:		
а	a Average monthly fair market value of securities		
b	b Average of monthly cash balances	1b	3,344.
С	c Fair market value of all other assets (see page 24 of the instructions)	1c	0.
	d Total (add lines 1a, b, and c)	1d	3,344.
е	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	121	3,344.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater ar	mount, see page 25	
		, i	50.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here a	and on Part V, line 4 5	3,294.
6		6	165.
Pa	Part XI Distributable Amount (see page 25 of the instructions) (Section 4	942(j)(3) and (j)(5) private operating	ng
	foundations and certain foreign organizations check here > ar	nd do not complete this part)	
1	Minimum investment return from Part X, line 6		165.
2 a	Tax on investment income for 2009 from Part VI, line 5 b Income tax for 2009 (This does not include the tax from Part VI) 2a 2b	0.	
b	b Income tax for 2009 (This does not include the tax from Part VI) 2b		
С	c Add lines 2a and 2b	2c	0.
3	c Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	165.
4		4	
5		_	165.
6		6	
7			
	line 1	_ 1	165.
_		······································	· · · · · · · · · · · · · · · · · · ·
Pa	Part XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc.	c., purposes	
а			17,555.
b		1b	0.
2	2 Amounts paid to acquire assets used (or held for use) directly in carrying out cl	haritable, etc.	
	purposes	i I	0.
3	Amounts set aside for specific charitable projects that satisfy the.		
a	- · · · · · · · · · · · · · · · · · · ·	3a	0.
b	b Cook distribution tost (stack the required schodule)	1 2 5	0.
4			17,555.
5			
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)		
6		6	17,555.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent y	vears when calculating whether the	
	qualifies for the section 4940(e) reduction of tax in those years	Total Calculating Whother the	Touridation

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		,
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				165.
2	Undistributed income, if any, as of the end of 2009	<u>-</u> '			
а	Enter amount for 2008 only				
b	Total for pnor years 20 07 20 06 20 05			•	
3	Excess distributions carryover, if any, to 2009.				
	From 2004				
	From 2005				
_	From 2000				
٦	From 2007 43, 400.				
	From 2008 18,630.				
		62,030.	+		
	Total of lines 3a through e	02,030.			
4	Qualifying distributions for 2009 from Part XII, line 4: > \$ 17,555.				
					İ
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				165.
е	Remaining amount distributed out of corpus	17,390.			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	79,420.			
	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				
_	, , ,				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount - see page		İ		
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines		i		
	4d and 5 from line 1. This amount must be				
7	distributed in 2010				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
•	applied on line 5 or line 7 (see page 27 of the				
	instructions)				<u> </u>
9	Excess distributions carryover to 2010.	70 400			
	Subtract lines 7 and 8 from line 6a	79,420.		·	
	Analysis of line 9				
а	Excess from 2005				
b	Excess from 2006				
С	Excess from 2007 43,400.	!			
d	Excess from 2008 18,630.				
	Excess from 2009 17,390.				

Pa	rt XIV Private Oper	rating Foundations (see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE				
1 a	If the foundation has foundation, and the ruling	_			•					
b		hether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total				
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006					
b	85% of line 2a									
С	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									
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line									
3 a	2d from line 2c Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter									
Ī	(1) Value of all assets (2) Value of assets qualifying under section									
b	4942(j)(3)(B)(i) *Endowment* alternative test- enter 2/3 of minimum invest- ment return shown in Part X,									
С	line 6 for each year listed "Support" alternative test - enter									
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)),									
	or royalities)									
	(3) Largest amount of sup- port from an exempt organization									
	(4) Gross investment income			amber if the formal		or more in assets				
Г		during the year - se			atton nau \$5,000	or more in assets				
1 a	Information Regardin List any managers of before the close of any	the foundation who h	ave contributed mor	e than 2% of the tota nore than \$5,000) (S	l contributions receivee section 507(d)(2))	red by the foundation				
_	THOMAS S S		400/	f Alice advantage of a community						
b	List any managers of ownership of a partner					riarge portion of the				
_	NONE Information Regardin	- Contribution Cont	Cift Lass Sabalard	sin eta Braggama	· · · · · · · · · · · · · · · · · · ·					
2	Check here ► if t unsolicited requests f organizations under ot	the foundation only reformed for funds. If the foundation	makes contributions dation makes gifts, g	to preselected charit grants, etc (see page						
а	The name, address, a ATTACHMI		of the person to whor	n applications should b	e addressed					
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include.					
,	WRITTEN NA	RRATIVE								
С	Any submission deadli	ines [.]								
	NONE									
d	Any restrictions or lifactors NONE	mitations on awards	such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other				
JSA	INOINE									

Part XV Supplementary Information (co	ontinued)										
3 Grants and Contributions Paid During the Year or Approved for Future Payment											
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount							
Name and address (home or business)	or substantial contributor	status of recipient	contribution								
a Paid during the year											
ATTACHMENT 5											
Total		l	<u> </u>	15,500.							
b Approved for future payment	<u> </u>		► 3a	15,500.							
b Approved for fature payment											
		}									
Total			▶ 3b								

_	-A Analysis of Income-Produ amounts unless otherwise indicated		Attes ated business income	Excluded b	y section 512, 513, or 514	(e)
Lintor groot	differential diffe	(a)	(b)	(c)	(d)	Related or exempt function income (See page 28 of
1 Program	n service revenue:	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a		<u> </u>				
					1	
_		-				
е —						· · · · · · · · · · · · · · · · · · ·
f						
g Fees	s and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest of	on savings and temporary cash investments					
	ds and interest from securities					
	tal income or (loss) from real estate:		-			
	t-financed property					
	debt-financed property			-		
	al income or (loss) from personal property					
	vestment income	1				
,	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue. a					
					:	
d						
е						<u> </u>
2 Subtota	I. Add columns (b), (d), and (e)		0		0.	0
	dd line 12, columns (b), (d), and (e)				13	0
	heet in line 13 instructions on page 28					
	B Relationship of Activities					
Line No.	Explain below how each active the accomplishment of the form					
▼	page 29 of the instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	chempt purpodes (,ottion than	by providing rando for	cacii parpodocij (et
	NOT APPLICABLE					
			· · · · · · · · · · · · · · · · · · ·			
				 		
						
			<u> </u>			
						······································
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	 	-			···	
						
	<u></u>					
						<u> </u>

Form	990-PF	(2009)							20-52	00022				P	age 13
Pa	rt XVI			Regarding Inizations	Transfers	s To and	Transa	ctions	and R	elationsh	nips W	ith N	lonc	hari	table
1	ın se	ction 501(c) of the C	y or indirectly ode (other that	an section 5	501(c)(3) org	anizations	s) or in	any othe	r organizat 527, relatin	on descr g to pol	ribed		Yes	No
а	organi Trans	izations? fers from th	e reporting f	oundation to a	noncharitable	e exempt organ	nization of:								İ
	(1) C	ash								. .			1a(1)		Х
	(2) 0	ther assets											1a(2)		X
b		transactions													
				haritable exemp									1b(1)		X
				a noncharitable									1b(2)		X
				nent, or other as									1b(3)		X
				ents											X
															$\frac{1}{x}$
				or membership ont, mailing lists,									10(6) 1c		X
d				the above is										fair	<u> </u>
-				assets, or se			_								
				r sharing arra			_								
(a) L	ine no		nt involved	(c) Name o	f noncharitable	e exempt organiz	zation	<u> </u>	scription of	transfers, trar	sactions, a	nd shar	іпд апта	ngeme	nts
		N/A	·-					N/A							
	-														
								<u> </u>							
			······································												
		- · · · · · · · · · · · · · · · · · · ·													
															-
	·														
						<u>.</u>									
		<u></u>													
2 a	ls the	foundation	directly or	ındırectly affıl	iated with, o	or related to,	one or r	nore tax-	exempt o	rganizations	describe	d ın _			
	sectio	n 501(c) of t	he Code (oth	ner than section	501(c)(3)) o	r in section 52	277					L	Ye	s L	No
b	If "Yes		the following		1										
		(a) Name	of organization	n	 	(b) Type of orga	anization	+		(c) Desc	ription of n	elations	hip		
					 										
				·											
												-			
												-		-	
Ī				are that I have e											
	belief,	it is true, for	rect, and com	plete Degaration	of preparer (d	other than taxp	ayer or fidu	iciary) is ba	ased/on all	intermation (of which p	reparer)	has ar	ny kno	wledge
ا به	SI	gnature of off	icer or trustee	VOUVOU -	·V(- <u>v</u>	Date	<i>77010</i>	Title		 -		-	
护						<u> </u>	Date	-				arer's			
Sign Here	Paid Preparer's Use Only	Preparer's signature	9	Reme 9	beise	20°	6-1.	- KC	Check self-er	nployed ►	numi	oer (Sea 30 of th	e Signa	iture o	
ا رق	Paid Preparer' Use Only		e (or yours if		MHM, LL	C	1 -			EIN)	<u>- </u>				
self-employed), address, 990 SW FAIRLAWN ROAD											:				

66606-2384 Phone no. 785-272-3176

and ZIP code

TOPEKA, KS

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization		Employer identification number
SCHWARTZ FOUNDATIO	N	20-5280622
Organization type (check or	е) [.]	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	•
	4947(a)(1) nonexempt charitable trust not treated as a priv	rate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ one contributor Complete Parts I and II	55,000 or more (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 331/3% suppand 170(b)(1)(A)(vi), and received from any one contributor, during the contributor on (i) Form 990, Part VIII, line 1h or (ii) Form 990-	he year, a contribution of the greater
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received e contributions of more than \$1,000 for use exclusively for religious, cless, or the prevention of cruelty to children or animals. Complete Parts	haritable, scientific, literary, or
the year, contribut aggregate to more year for an exclusive applies to this organized	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received ons for use <i>exclusively</i> for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions rely religious, charitable, etc., purpose. Do not complete any of the paranization because it received nonexclusively religious, charitable, etc.,	ese contributions did not that were received during the ts unless the General Rule
990-EZ, or 990-PF), but it mu or on line 2 of its Form 990- 990-PF)	t is not covered by the General Rule and/or the Special Rules does not answer "No" on Part IV, line 2 of its Form 990, or check the box or PF, to certify that it does not meet the filing requirements of Schedule	n line H of its Form 990-EZ, B (Form 990, 990-EZ, or
For Privacy Act and Paperwork Red for Form 990, 990-EZ, or 990-PF	duction Act Notice, see the Instructions Sc	hedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

SCHWARTZ FOUNDATION

Employer identification number 20-5280622

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1_	THOMAS A SCHWARTZ 2844 BURLINGAME TOPEKA, KS 66611-1316	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

ATTACHMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	940.	940.
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	.0	0
REVENUE AND EXPENSES PER BOOKS	940.	940.
		TOTALS
DESCRIPTION	TAX PREPARATION	

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES 261.	261
ADJUSTED NET INCOME 0.	0
NET INVESTMENT INCOME	0
REVENUE AND EXPENSES PER BOOKS	261.
	TOTALS
DESCRIPTION OTHER	

ATTACHMENT 3

STEES			PER
TRU	,		HOURS
ANI			SE.
CTORS,			TITLE AND AVERAGE HOURS PER
DIRE			AND
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES			TITLE
OF			
LIST			
١			
VIII			
PART			
990PF,			
FORM			

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	0.0	0.0	0.
COMPENSATION	.0	854.	854.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHMN/V. PRESIDENT/TREASURER	PRESIDENT/SECRETARY	GRAND TOTALS
NAME AND ADDRESS	THOMAS A SCHWARTZ 5100 SW 10TH AVENUE STE 200 TOPEKA, KS 66604-2094	STEVE CLINKINBEARD 5100 SW 10TH AVENUE STE 200 TOPEKA, KS 66604-2094	

ATTACHMENT 4

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

STEVE CLINKINBEARD 5100 WEST 10TH TOPEKA, KS 66604 785-272-5102 20-5280622

ATTACHMENT 5

15,500 TOTAL CONTRIBUTIONS PAID

SCHWARTZ FOUNDATION

FEDERAL ID 20-5280622

ATTACHMENT TO 990-PF PART VII-A, LINE 10-SUBSTANTIAL CONTRIBUTORS

THOMAS A SCHWARTZ 2844 BURLINGAME TOPEKA, KS 66611-1316

Form 8868

Department of the Treasury

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

mitemai Revenue 3		
 If you are f 	iling for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
Do not comple	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag te Part II unless you have already been granted an automatic 3-month extension on a pre-	je 2 of this form) viously filed Form 8868
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - check this b	oox and complete
	• • • • • • • • • • • • • • • • • • • •	▶ 🔲
All other corp time to file inco	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 76 ome tax returns.	004 to request an extension of
one of the re electronically i returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autiture noted below (6 months for a corporation required to file Form 990-T). However f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of one consolidated From 990-T. Instead, you must submit the fully completed and electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constants.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Туре ог	Name of Exempt Organization	Employer identification number
print	SCHWARTZ FOUNDATION	20-5280622
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions 5100 SW 10TH AVENUE	
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
instructions	TOPEKA, KS 66604-2094	
Check type o	f return to be filed (file a separate application for each return)	
Form 990		m 4720
Form 990	-BL Form 990-T (sec. 401(a) or 408(a) trust) For	m 5227
Form 990-	-EZ Form 990-T (trust other than above) For	m 6069
X Form 990-	.PF Form 1041-A For	m 8870
If the organIf this is forfor the whole g	No ► 785 272-5102 FAX No. ► It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group, check this box . It is for part of the group.	
for the org	t an automatic 3-month (6 months for a corporation required to file Form $08/15$, 2010 , to file the exempt organization return for the organization ganization's return for. calendar year 2009 or tax year beginning, and ending	n 990-T) extension of time named above The extension is
2 If this tax	year is for less than 12 months, check reason Initial return Final return	Change in accounting period
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I	ess any
	lable credits. See instructions	3a \$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	ayments
	lude any prior year overpayment allowed as a credit	3b \$
	Oue. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	• []
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	n) See
instruction	**************************************	3c \$
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 8879-EO
or payment ins		
or Privacy Ac	t and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)