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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

_	roi ui	le 2009 G	alendar	year, or tax year begin			ina enaing		231	, 20 09	
_		applicable	Please use IRS	C Name of organization B	ig Lakes Founda	ition, Inc				r identification	
	Address		label or	Doing Business As			1- / :		48	11343	41
	Name ch		print or type.	Number and street (or P O. b	oox if mail is not delivered	to street address)	Room/suite		E Telephon	e number	
	Initial ret		See Specific	1416 Hayes Drive					(785)	776-92	<u>:01</u>
	Terminat	ted	Instruc-	City or town, state or cor	• •						
	Amende	ed return	tions.	Manhattan, KS 6650					G Gross rece	apts \$ 2	<u> 273,986</u>
	Applicatio	on pending		me and address of principal		ldkamp		H(a) Is the	s a group return fo	or affiliates? Ye :	s 🗹 No
				<u>Hayes Dr, Manhattan,</u>				H(b) Are	all affiliates inc	cluded? 🗆 Ye :	s 🗌 No
	Tax-exe	empt status	s: 🔽 5	501(c) (3)◀ (insert no.)	4947(a)(1) or	527		If "N	lo," attach a li	st (see instruct	ions)
J	Websi								exemption numb		
K				oration Trust Associatio	n LJ Other ▶	L Year	r of formation:	1993	M State of I	egal domicile	<u>KS</u>
P	art I	Summ									
	1 1	Briefly de	escribe	the organization's mis	ssion or most sig	nificant activities	Support	t and exp	and Big L	akes	
a	i	Develop	menta	I Center, Inc.							,
2	-										
Activities & Governance	-										
Š	2 (Check this	box ►	if the organization disco	ontinued its operations	or disposed of more	e than 25% of	f its net ass	ets.		
9	3 1	Number	of votir	ng members of the go	verning body (Pa	rt VI, line 1a).					6_
es	4 1	Number	of inde	pendent voting memb	ers of the govern	ing body (Part V	/I, line 1b)				<u> </u>
i.	5	Total nur	mber of	f employees (Part V, li	ne 2a)				. 5		0
Aci	6	Total nur	mber of	f volunteers (estimate	ıf necessary) .				. 6		0
	7a -	Total gro	ss unre	elated business revenu	e from Part VIII,	column (C), line	12		. 7a		0
	b	Net unre	lated b	usiness taxable incom	e from Form 990	-T, line 34.	<u> </u>	· · · ·	. 7b		0
								Prior Y	ear	Current Y	ear
Revenue	8	Contribu	tions ai	24,252		32,681					
	9	Program	service	e revenue (Part VIII, lin	ne 2g)		🖵		0		0
eve	10	· · · · · · · · · · · · · · · · · · ·							44,591		241,305
α.	11 (Other rev	venue (Part VIII, column (A), li	nes 5, 6d, 8c, 9d	, 10c, and 11e)			0		0
_	12	Total reve	enue—a	add lines 8 through 11 (r	must equal Part VI	II, column (A), line	e 12)		68,843		273,986
	13 (Grants a	nd sim	ılar amounts paid (Par	t IX, column (A), I	ines 1-3)			0		0
	14			or for members (Part		-			0		0
Expenses	15		-	ompensation, employee		•	5–10)		0		0
Den	16a			draising fees (Part IX, c	•	e)		0			0
ă	b			expenses (Part IX, colu			409				
			_	(Part IX, column (A), I					23,247		22,671
	18	Total exp	oenses.	. Add lines 13-17 (mus	st equal Part IX.	pluman(A), ling	25)		23,247		22,671
	19	Revenue	less ex	. Add lines 13-17 (mus penses. Subtract line 1	8 mom line 12 (7 6010	<u> </u>		45,596		<u>251,315</u>
Assets or	<u>§</u>					<u> </u>	Beg	ginning of C	urrent Year	End of Ye	ear
Set	g 20 -	Total ass	sets (Pa	art X, line 16)	ODDE	M. UT		1,	437,347	1,€	688,662
t As	21 ·		-	Part X, line 26)	<u> </u>		<u>L</u>	· ··	0		0
Net A	22	Net asse	ts or fu	und balances. Subtrac	t line 21 from line	20	<u>L</u>	1,	437,347	1,€	688,662
P	art II			Block						·	
		Under pe	enalties of	f perjury, I declare that I have ue, correct, and complete De	e examined this return	including accompan	ying schedule	s and state	ments, and to	the best of my	knowledge
		and being		16, configuration of	eciaration of preparer	(other than officer) is	Dased On all	iniormation	or writer biet	Jaier nas any ki	nowieuge
	gn			SY/							
He	ere	Sign	ature of	سب در د مس	h			Dat	• //	20/10	
					President				<u> </u>	<u>~///0</u>	
		Туре	or print	name and title	_						
		Preparer				Date	Chec	k if		entifying number	
Pai	id	signature	· 🔽					oyed ▶ 🗌	(see instruction	113)	
	eparer's	l							L		
	e Only	Firm's na	ame (or ye noloved).	ours				EIN	<u> </u>		
_		address,	and ZIP		··			Phone n	io > ()	
Ma	ay the	IRS disci	uss this	s return with the prepa	rer shown above	? (see instructio	ns)		<u></u>	Yes	☐ No

Par	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: Support and expand Big Lakes Developmental Center, Inc.	
		•••••
2	Did the organization undertake any significant program services during the year which were not listed on	
	·	☐ Yes ☑ No
_	If "Yes," describe these new services on Schedule O.	
3		☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services be Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
	None	
4b	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$	0_)
40	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
.,	// (Internate of Internation of	/
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
	Total program service expenses ► 0	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		<u>/</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	4	1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		n,e	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1 1 1 1 1 1 1 1 1 1	明6.
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_ ✓

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			查
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Part VI	37	1	*
		1		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	基高	501	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		磁器	illiani.	1015
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	14135	SAR LEV	17 72 817
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓ ·
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	:	
7	Organizations that may receive deductible contributions under section 170(c).			127.5
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ļ	
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		Part S	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Firm.	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	↓✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 g	1	1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7/	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			تقنطه
	organization, have excess business holdings at any time during the year?	8	1-	-
9	Sponsoring organizations maintaining donor advised funds.	نَشِينًا لِهِ	: 2.2.	
а	Did the organization make any taxable distributions under section 4966?	9a	┼	+
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		125	-
a	miliation rees and capital contributions included on that vin, into 12.			No.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	一彩	1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
11	Section 501(c)(12) organizations. Enter:	AT WHAT		2.3本
a	dioss income non increases of shareholders ,	※機	4	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	77.5	A THE PARTY	11 7-7-5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		
	in 100, other the amount of the orienter interest (000) of about of during the year,			

Form 9	990 (2009)		P	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or			
	Schedule O. See instructions.			
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	Fig.	Ton.	1
b	Enter the number of voting members that are independent	3		3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with -			
	any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>√</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	; (· 5)	ر د ماروز	1. ''
	the year by the following:	أتنكت		۲۰۰
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		,	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	<u> </u>	L
	tion B. Policies (This Section B requests information about policies not required by the Inter enue Code.)	riai		
7167	enue oode.)	Į	V	N-
		10a	Yes	No_
	boos the organization have local oriapters, branches, or annates.	iva		<u> </u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	106		}
	annates, and branches to chear another operations are consistent with those of the organization.	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	./	
44.6	form?	34°52'.	<u> </u>	100 m
	Describe in derivative of the product, it any, adda by the organization to review the retire cost.	12a	44.	1
	bood the digamental have a vinted commet of interest point, in 110, go to into 10.	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	125		
		12b	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
40	describe in Schedule O how this is done	13		/
13	Does the organization have a written whistleblower policy?	14	1	
14	Does the organization have a written document retention and destruction policy?		75 () A	12 3
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		19	
9		15a		-
a		15b		1
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		- T	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.00		
104		16a		1
L		, \$ ()	2500	
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	.,	Ŋ.	132
		16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► KS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c))(3)s	onlv)	
	available for public inspection. Indicate how you make these available. Check all that apply.	,,,,,,,	~···y/	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	erest	
	nolicy and financial statements available to the public.	1110	_, 551	

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Phillip Korenek, Big Lakes Foundation, 1416 Hayes Dr. Manhattan, KS 66502-5066

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co		any o	curre			cer, d	irec			
(A)	(B)	(C) Position (check all that apply) Rep						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstrtutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Tom Carlin, Chairperson P.O. Box 1009, Manhattan, KS 66505	0			1				0	0	0
Phyllis Jones, Past Chairperson 5410 Humboldt Crk Rd, Jun. City, KS 66441	0	1						0	0	0
John Musselman, Vice Chairperson c/o KSB, 1010 Westloop, Man., KS 66502	0			1				0	0	0
Shon Robben, Secretary 801 Poyntz Ave, Manhattan, KS 66502	0			✓				0	0	0
Jim Shaver, Treasurer 3113 Pinewood Cir, Manhattan, KS 66502	0			1				o	0	0
Lori Feldkamp, President c/o BLDC, 1416 Hayes Dr, Man., KS 66502	2				1			0	0	0
	-									

Part	VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	es,	an	d Hig	hes	t Compensate	d Employees (co	ntinued)
	(A) Name and title	(B) Average	Positi	on (c	(C heck		that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
									1	1	l
						-					
				<u> </u>				<u> </u>			
				ļ	_	_					
				_		_		-			
						-	<u> </u> 	-			
			ļ								
							 		}		
		-						 			
1b	Total	L		1	<u>. </u>	<u>. </u>		┢	<u> </u>		<u> </u>
2	Total number of individuals (including but reportable compensation from the organiz		to th	ose	list	ed	abov	e) w	nho received m	ore than \$100,0	000 in
4	Did the organization list any former office employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the	Schedule J sum of rep	for s	uch le c	ind om:	<i>ivid</i> pen	<i>ual</i> satio	n ar	 nd other comp	ensation from	Yes No
	the organization and related organizations individual	or accrue		Iber	Isat	ion	 from	an	 v unrelated or		4 1
	services rendered to the organization? If to be be because the services rendered to the organization?	"Yes," com	plete	Scl	hedi	ule .	J for	suc	h person .	• • • • •	5 √
	Complete this table for your five highest compensation from the organization.	compensat	ed inc	depo	end	ent	contr	act	ors that receive	ed more than \$	100,000 of
	(A) Name and business ac	idress			-		_		(B) Description of	services	(C) Compensation
Non	e							-			
								#			
								+			
2	Total number of independent contractors	(including l	out no	ot lin	nite	d to	thos	e lis	sted above) wh	o received	· · ·

e Total. Add lines 11a-11d

Total revenue. See instructions.

273,986

241,305

0

Section	501(c)(3)	and :	501(c)(4)	organizat	ions must	complete a	li coiumns.	
	_					• •		

	All other organizations must complete col				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			一大学 古いたいから は 田田 田田田	Light But with Mr. "
	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				··· ·-
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				İ
а	Management	40		40	ļ <u>-</u>
b	Legal	40	0	· · · · · · · · · · · · · · · · · · ·	0
C	Accounting	850	0	850	0
d	Lobbying		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	March 21, see 5.18	
е	Professional fundraising services. See Part IV, line 17	·-·	运送数据 经运用		
f	Investment management fees	16,506	0		0
g	Other	100		100	
12	Advertising and promotion				
13	Office expenses	4,409	_0	0	4,409
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	· · · · · · · · · · · · · · · · · · ·				
20	Interest				
21					
22	Payments to affiliates Depreciation, depletion, and amortization.				1
23			 	<u>"</u>	
		· .	2. 3075 But 15 15		1. 1. 18. 2. 8.5. 14.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	1.14 1.14 1.14 1.14 1.15 1.15 1.15 1.15	Land State of the		13 July 1973 6
		766	0	766	0
a		700		700	<u>'</u>
b					
C		-	 	<u> </u>	
d			+	+	
е		<u> </u>			
25	All other expenses Total functional expenses. Add lines 1 through 24f	22,671	(18,262	4,409
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		(A)		
		Beginning of year		(B) End of year
1	Cash-non-interest-bearing	0	_1	0
2	Savings and temporary cash investments	391,464	2	208,827
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net	<u> </u>	4	0
		317		
		0	5	0
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	0	6	0
7	Notes and loans receivable net	0	7	0
	•	0	8	0
		0	9	0
0a	Land, buildings, and equipment: cost or 10a 0			
		0	10c	0
				1,479,835
		0	12	0
	·	0	13	0
-	•	0	14	0
		0	15	0
		1,437,347	16	1,688,662
17			17	0
		0	18	0
	· ·	0	19	0
		0	20	0
	•	0	21	0
	· · · · · · · · · · · · · · · · · · ·	Table 1988 1988 1988 1988 1988 1988 1988 198		PER PROPERTY AND A SECOND PROPERTY AND A SEC
_				
		0	22	0
23		0	23	0
		0	24	0
		0	25	0
26	Total liabilities. Add lines 17 through 25			0
	Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,437,347	27	1,688,662
		0	28	0
		0		00
	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.		藤	
30	Capital stock or trust principal, or current funds		30	
			31	<u> </u>
- :			32	<u> </u>
_		1,437,347	33	1,688,662
	Total liabilities and net assets/fund balances		34	1,688,662
	4 5 6 7 8 9	Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments — publicly traded securities Investments — program-related. See Part IV, line 11 Intrangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured mortgages and notes payable to unrelated third parties Other liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Organizations that follow SFAS 117, check here Permanently restricted net assets Organizations that do not follow SFAS 117, check here Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 10 Total liabilities. Complete Part X of Schedule D 11 Organizations that follow SFAS 117, check here II and complete lines 27 through 29, and lines 33 and 34. 11 Agar,347 12 Unrestricted net assets 12 Organizations that follow SFAS 117, check here II and complete lines 30 through 34. 130 Capital stock or trust principal, or current funds 14 Paid-in or capital surplus, or land, building, or equipment fund 15 Retained earnings, endowment, accumulated income, or other funds 16 Total retained earnings, endowment, accumulated income, or other funds 17 Total retained earnings, endowment, accumulated income, or other funds 18 Retained earnings, endowment, accumulated income, or other funds 18 Retained earnings, endowment, accumulated income, or other funds 19 Paid-in or capital surplus, or land, building, or equipment fund 19 Paid-in or capital surplus, or land, bui	Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 0

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 48 1134341 Big Lakes Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/2 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🗌 Type I **b** Type II d Type III-Other e 🛮 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11<u>g(ii)</u> (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (lii) Type of organization (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (1) of your (i) organized in the (see instructions)) support? **U.S.?** Yes Yes No Nο Yes No **Big Lakes Dev** Center, Inc. 48-0795169 -**Total**

Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you chec					and 170(b)(1)(A)(vi)
	ion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				2		
4	Total. Add lines 1 through 3	, , , b, , , r		-1 who is 1 1 1 1 1	r This till a sign	are facilities at	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	、心學問題	" Charles Att Body	- P 3 - 1 7 (1882 . 11) 1	を記録があ	上の金属を	
	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	47 , 48 dis	The same	1. 12 1/2 1/2 pt.	7.9. 4 x 22.4	Silly designation of the f	
12	Gross receipts from related activities, et-	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop h	ere	<u> </u>	nd, third, fourth			
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		· ·			14	<u>%</u>
15	Public support percentage from 2008 Sc					15	
16a	33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33½% support test—2008. If the organ box and stop here. The organization qu						
17a	10%-facts-and-circumstances test—2 more, and if the organization meets the "organization meets the "facts-and-circumstances"	facts-and-circu	mstances" test	, check this box	and stop here	. Explain in Part	IV how the
b	more, and if the organization meets the organization meets the facts-and-circums	"facts-and-circur tances" test. The	nstances" test, e organization qu	check this box allifies as a publi	and stop here cly supported o	Explain in Part rganization .	IV how the ▶ [
18	Private foundation. If the organization di	io not check a b	ox on line 13, 10	oa, 160, 1/a, or	I / D, CRECK THIS	box and see ins	structions > L

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Organ (Complete only if you checke	nizations De	scribed in Soline 9 of Pa	ection 509(a rt l.))(2)		
Sect	ion A. Public Support			. ,			
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					:	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)					建筑	
	tion B. Total Support	() 0005	(L) 0000	(-) 0007	(4) 0000	(-) 0000	(6) Takal
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)					year as a section	
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2009 (lu Public support percentage from 2008			ne 13, column		15	<u>%</u> %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 200	•		-		17	%
18	Investment income percentage from 2					18	<u>%</u>
19a	17 is not more than 331/3 %, check this t	oox and stop h	ere. The organ	ization qualifie	s as a publicly	supported org	anization ► 📙
b	line 18 is not more than 331/3 %, check th	is box and stop	here. The orga	anization qualif	es as a publicly	supported orga	anızation 🕨 🔲
20	Drivate foundation If the organization	احجاء فمع مادا	a hay an line	14 100 0-10	h ahaali thia h	av and and inc	trustiana 🕨 🗔

None	

	•••••

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Big Lakes F	oundation,	Inc.
-------------	------------	------

Employer identification number

BIG I	akes roundation, inc.
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year
2	Aggregate contributions to (during year)
3	Aggregate grants from (during year) .
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
Par	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
	easement on the last day of the tax year.
	Held at the End of the Tax Ye
а	Total number of conservation easements
b	Total acreage restricted by conservation easements
С	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide t following amounts required to be reported under SFAS 116 relating to these items:
9	Revenues included in Form 990, Part VIII, line 1
	Accepte included in Form 990. Part Y

d Equipment . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

.							Page 2
	tule D (Form 990) 2009 Till Organizations Maintaini	na Collections o	of Art. Hi	storic	al Treasures	s. or Other Similar	
3	Using the organization's acquisition, collection items (check all that apply	accession, and o					
a b	Public exhibition Scholarly research	•	d e			ange programs	
C	Preservation for future generat	ions					
4	Provide a description of the organiz Part XIV.	ation's collections	and expl	ain ho	w they furthe	r the organization's e	exempt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	ined as pa	art of th	ne organizatio	n's collection?	. Yes No
Pai	Escrow and Custodial A IV, line 9, or reported an					answered "Yes" to F	Form 990, Part
						ions or other assets	not
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	follow	ing table:		A
C	Beginning balance					. 1c	Amount
d	Additions during the year						
е	Distributions during the year					. 1e	
f	Ending balance						
2a	Did the organization include an ame if "Yes," explain the arrangement in	ount on Form 990 Part YIV	, Part X, I	ine 21	?		. L Yes L No
	rt V Endowment Funds. Co		nanizatio	า ลกรง	vered "Yes"	to Form 990 Part	IV line 10
ı a	Endowniont Funds: 00	(a) Current year	(b) Prio		(c) Two year		· · · · · · · · · · · · · · · · · · ·
10	Beginning of year balance			.	ON MARKET	Park Springers	
1a b	Contributions		·				
	Net investment earnings, gains,				THE RES	CONTRACTOR OF STREET	
·	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						TO THE PERSON NAMED IN
f g	Administrative expenses End of year balance				Water Sal	内部はマッカンである。 本語を 本語を 本語を 本語を 本語を	STATE OF THE PARTY
2	Provide the estimated percentage of	of the year end ba	lance held	d as:			
а	Board designated or quasi-endown	nent ▶	%				
b	Permanent endowment ▶	%					
C	Term endowment ▶ 9	6					
3a	Are there endowment funds not in the organization by:	ne possession of th	ne organiz	ation t	hat are held a	and administered for the	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						. 3a(ii)
ь 4	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended u						. [3b]
Pa	rt VI Investments—Land, Bu	uildings, and Eq	uipmen	t. See	Form 990, F	Part X, line 10.	
	Description of investment	(a) Cost or o	ther basis	(b) (Cost or other asis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land						
b.u	Buildings						
c	Leasehold improvements						

Schedule	D	(Form	990)	2009

Cathor Countries	Sac Form 000 Port \	/ line 12
Part VII Investments—Other Securities		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	· · · · · · · · · · · · · · · · · · ·	
•••••		
	•	
		- · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments—Program Relate	d See Form 900 Part	
		·· ·· · · · · · · · · · · · · · · · ·
(a) Description of Investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
	 	- Cost of one of your market table
	 	
		
	<u></u>	
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		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		一方、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大
Part IX Other Assets. See Form 990, Pa	art X, line 15.	
	(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15.)	
Part X Other Liabilities. See Form 990		
1. (a) Description of liability	(b) Amount	CORNEL OF THE WIND WITH CHARLEST AND
Federal income taxes		
rederal income taxes	 	
	 	
	-	
	 	
	 	
	 	
	 	
	 	A STATE OF THE PARTY OF THE PAR
	 	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	· [The state of the s

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	ule D (Form 990) 2009			Page 7
Par	XI Reconciliation of Change in Net Assets from Form 990	to Audited	Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		4	273,986
	Total expenses (Form 990, Part IX, column (A), line 25)			22,671
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1 4 1	251,315
4	Net unrealized gains (losses) on investments		I 🛦 I	(65,927)
5	Donated services and use of facilities		1 = 1	0
6	Investment expenses		1 4 1	0
7	Prior period adjustments			0
8	Other (Describe in Part XIV.)			0
9	Total adjustments (net). Add lines 4 through 8			(65,927)
10	Excess or (deficit) for the year per audited financial statements. Comb	ine lines 3 an	d 9 10	317,242
Par	XII Reconciliation of Revenue per Audited Financial Sta	tements Wi	th Revenue per Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statemer	nts	1	273,986
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		3537 J	
а	Net unrealized gains on investments	2a	<u> </u>	
b	Donated services and use of facilities	1 64 1	<u>0</u>	
C	Recoveries of prior year grants	2c	<u> </u>	
d	Other (Describe in Part XIV.)	1 - 1	0 1	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	273,986
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3.45	
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	o	·
h	Other (Describe in Part XIV.)	AL	0 Š	
č			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	273,986
Pai	t XIII Reconciliation of Expenses per Audited Financial St	tatements V	ith Expenses per Retu	m
1	Total expenses and losses per audited financial statements		1	22,671
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1885	
-а	Donated services and use of facilities	2a	o	
b	Prior year adjustments	2b	0	
c	Other losses	1 0-1	0	
d	Other (Describe in Part XIV.)	انما	22,671	
e	Add lines 2a through 2d		2e	22,671
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i i	251	
-	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	0	
h	Other (Describe in Part XIV.)	4b	22,671	
c	Add lines 4a and 4b		4c	22,671
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5	22,671
Pa	t XIV Supplemental Information			
Con	plete this part to provide the descriptions required for Part II, lines 3, 5	5, and 9; Part	III, lines 1a and 4; Part IV, I	ines 1b
and	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4	b; and Part X	III, lines 2d and 4b. Also co	mplete
this	part to provide any additional information.			
6-	n D, PtXIII, L2d - Admin Exp, \$900; Fiduciary Exp, \$16,506; Fund Ra	icina Evn ¢4	400: Other \$766	
36	1 D, Fixin, Lzu - Aumin Exp, 4500, Fluuciary Exp, 410,300, 1 und ha			
60	h D, PtXIII, L4b - Admin Exp, \$900; Fiduciary Exp, \$16,506; Fund Ra	ising Evn \$4	409: Other \$766	
	(All) Admini Exp, 4000; I iduolety Exp, 410,000; I did no	g = xp; + :		

Page 5 Part XIV Supplemental Information (continued)					
Part XIV	Supplemental Information (continued)				
		•••••			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047 20**09**

Open to Public Inspection

Employer identification number

48 1134341 Big Lakes Foundation, Inc Form 990, Pt VI, Sec A, L9: Tom Carlin, Chairperson, c/o AG Press, P.O. Box 1009, Manhattan, KS 66505; Phyllis Jones, Past Chairperson, 5410 Humboldt Crk Rd, Junction City, KS 66441; John Mullelman, Vice Chairperson, c/o Kansas State Bank, 1010 Westloop, Manhattan, KS 66502; Shon Robben, Secretary, c/o Arthur Green, LLP, 801 Poyntz Ave, Manhattan, KS 66502; Jim Shaver, Treasurer, 3113 Pinewood Circle, Manhattan, KS 66502; Lori B. Feldkamp, President, 1416 Hayes Dr, Manhattan, KS 66502 Form 990, PtVI, Sec A, L8b: There are no committees formed by the governing body. Form 990, Pt VI, Sec B, L11: The governing body is given the opportunity to review the 990 for 7 to 10 days prior to a meeting. They will vote their acceptance of the 990 at the meeting. In the case that the 990 is distributed at a meeting, the governing body will be given 7 to 10 days to express any questions on the 990. If there are no questions the 990 will be forwarded to the IRS. The minutes of the next meeting will reflect the governing body's acceptance of the 990. Form 990, PtVI, Sec C, Line 19: Big Lakes Foundation will make required documents available to the public upon written request as required by law. Big Lakes Foundation will respond to such questions in a reasonable time and may request reimbursement for copies.