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Form **990**

Department of the Treasury Internal Revenue Service

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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

A I	For the	2009 cal	endar ye	ar, or tax y	ear beginnin	9				, and	d en	ding					
B C	heck if app	plicable	Please use IRS	C Name of	f organization	SENEC	A ARE	A STEP	FOUND	OITAC	N		D Employ	er Iden	ntification nu	mber	
□А	ddress c	hange	label or	Doing B	usiness As					•			48-114888	32			
\square	lame cha	inge	print or	Number	and street (or P	O box if mail	is not del	ivered to st	reet addn	ess)	Roo	m/surte	E Telepho	ne num	nber		
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∟ ,″	pplicatio	n pending	F N	ame and a	ddress of princ	cipai omcer					- 1	H(a) is t	his a group re	tum fo	or affiliates?	Yes	∐ No
			DOUG	CLARK 34	10 PARKVIE	W, SABET	HA, KS	66534				H(b) Are	all affiliates	ındude	ed?	Yes	No
ΙT	ax-exen	npt status	X 50)1(c) (3) ◄ (inser	rt no.)	4947	(a)(1) or	☐ 52	27	H	lf "	No," attach a	list. (se	ee instruction:	s)	
		: ► N/A									\neg	H(c) Gr	nun evemntini	n numb	her 🕨		
				rporation	Trust	Association	<u> </u>	ther ▶			Year	of forma	tion 198	5	M State of leg	al domicile	KS_
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20	1 .	as a res	source fo	or the ecor	nomic, educa	ational, hea	ilth, and	recreati	onal op	portuni	ıties						- -
Ē	1 .																
8	2	Check to	his box	▶ if t	he organizat	tion discont	tinued it	s operati	ons or	dispose	ed o	f more	than 25%	of its	net assets	3	
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enue JNN SActivities & Governance	b	Net unre	elated bu	usiness tax	kable income	e from Forn	19905	Line 341	. <i></i>	+				7	_		0
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Ŧī。					Part VIII, line		DEC 9	7 201	0.80	SI .	ŀ			40,53	35		92,386
					(Part VIII, lın	· · · · · · · · · · · · · · · · · · ·	•	•	i 🕜) l	·						0
~					/III, column (≦ لــــا		ļ.			5,5	39		<u>54,138</u>
>ĕ	11	Other re	evenue (Part VIII, c	∞lumn (A), li	ines 5, 6d(10938	±Ωςį aηd	11e)	1	L		<u>.</u>				0
<u>-</u> -	12	Total rev	enue ac	dd lines 8 th	rough 11 (mu	ist equal Par	t-VIII, co	lumn'(A),	line 12)	<u>.l</u>			1	46,07	74	1	146,524
_	13	Grants a	and simil	lar amoun	ts paid (Part	IX, column	i (A), lin	es 1–3)			Ŀ			98,75	54		99,156
೨	14	Benefits	paid to	or for mer	nbers (Part I	X, column	(A), line	4)		-	[0		0
ی _	15	Salaries	other o	compensat	ompensation, employee benefits (Part IX, column (A), lines 5-10					10) [13,373			73	3 13,548		
Expenses	16a	Professi	ional fun	ndraising fe	ees (Part IX,	column (A)), line 1 ⁻	1e)			Ė						
• 6				_	s (Part IX, o			-			ol	۷.,	· WINE	£ = 4	24.		
ŭ					column (A), I						†	11,020					
	18				13–17 (mus				line 25	5)	ı		1	23,14	_		117,263
	19				Subtract line	•		1411111 (73)	, 20	·) · ·	- 1			22,92			29,261
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13 o	20	Total as	eete (Da	art X, line 1	16)						ŀ	Dogini		20,9			258,524
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Net Assets Fund Baland	21			Part X, line	•	04 f	1: 0:				ŀ		. 4.5		28		628
					es. Subtract	line 21 from	n iine zi	<u>. </u>	• • •				1,2	20,3	9/-		257,89 <u>6</u>
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May	y the IF	RS discu	ss this re	eturn with t	the preparer	shown abo	ove? (se	e instruc	ctions) .			<u>.</u> .				Yes	No
For	Privacy	y Act and	Paperw	ork Reduc	tion Act Notic	ce, see the s	separate	instruct	ions.							Form 99	90 (2009)

	990 (2009) SENECA AREA STEP FOUNDATION	48-1148882	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission The Mission of the STEP Foundation is to enrich the life in Nemaha County by encouraging philantrophy to develop a permanent endowment that will respond to changing needs and serve as a resource for the	economic educa	ational, he
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services 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		nd
4a	(Code) (Expenses \$ 11,216 including grants of \$ 11,216) (Revenue Grants		
4b	(Code.) (Expenses \$ 22,250 including grants of \$ 22,250) (Revenue Scholarships		
	•		
4c	(Code.) (Expenses \$ 65,690 including grants of \$ 65,690) (Revenue Restricted and Pass Thru Distributions	\$	0)
	•••••••••••••••••••••••••••••••••••••••		

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ▶

(Expenses \$

0 including grants of \$

99,156

0) (Revenue \$

0)

48-1148882

Form 990 (2009)

Part IV

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
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	Ť		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ł
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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,"			
40	complete Schedule D, Part IV . Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		<u> </u>
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		-^-
••	VII, VIII, IX, or X as applicable	11		l
•	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.			į.
•	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.			
•	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	ŀ		
-	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			
12	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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	:	х
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		Х
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		X
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	L	X
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	 	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		X

Part 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			ļ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	<u> </u>
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	<u> </u>	
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			l
240	employees? If "Yes," complete Schedule J .	23	ļ	X
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			ŀ
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	 ^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	\vdash	
v	to defease any tax-exempt bonds?	24c		
d	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		x
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		Х
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		Х
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		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			١.,
_	Schedule L, Part IV	28b		X
C	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	200		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule will be organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		 ^-
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Ĥ
	Part I	31		x
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		X
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		Х
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	<u> </u>	X
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		X
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>	Χ.
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			"
20		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	20		"
	13. Note. All Form 330 mers are required to complete Scriedule O.	38	990	(2000)
		rom	フラリ	(ZUU9)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	}		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	x	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	F.,		
	Statements, filed for the calendar year ending with or within the year covered by this return.	ıl		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	- <u></u>	├~	
	Instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return?	3a		х
b	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	30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country:	<u>**a</u>	 	 ^- -
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			
E o	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	90		 ^-
С	Prohibited Tax Shelter Transaction?		ŀ	
6-	•	5c	_	X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ch		
7	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	i		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		l 🗸
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		ŀ	
		7e	-	X
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
0	required?	7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
		١.		
^	organization, have excess business holdings at any time during the year?	8	<u> </u>	X
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49562	0-		l
a	Did the organization make any taxable distributions under section 4966?	9a		-
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
10	Section 501(c)(7) organizations. Enter:			ŀ
a	Initiation fees and capital contributions included on Part VIII, line 12	1		ŀ
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	4		
11	Section 501(c)(12) organizations. Enter Gross prome from members or shareholders			
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them)	1		
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	12a	 	
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	1	I .	ı

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 12			\Box
b	Enter the number of voting members that are independent			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		ĺ
-	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			 ^-
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	١,		V
_		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			1
	of the governing body?	<u>7a</u>		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	1		1
а	The governing body?	8a	х	l
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		<u> </u>	\vdash
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		l x
Soot	ion B. Policies (This Section B requests information about policies not required by the Internal	Ja		
Keve	enue Code.)	•	V	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			1
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1
	form?	11	_X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b		х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c	1	x
13	Does the organization have a written whistleblower policy?	13	 	x
				-
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official.	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	L
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		[l
	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1	•	
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100	<u> </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o			
10		ııy)		
	available for public inspection. Indicate how you make these available Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е		
	organization. ► Doug Clark (785) 336-0)18		
	Sabetha, KS 66534			

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	or director	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
Sherri Alvorsen Director	ţ	5. X						0	0	0
Doug Clark Treasurer		5 x		x				0	0	0
Briana Evans Director		<u> </u>						0	0	0
Dan Korber Director		5 X						0	0	0
Don Lueger Director		5. X		L			_	0	0	0
Dale Olberding President		5. X		x				0	0	0
Matt Saylor Director		5 X	\perp	L	L			0	0	0
Michaela Schultejans Co-Treas		5 X	\perp	<u> </u> x	L			0	0	0
Bob Schuman Director		5 X	\perp					0	0	0
Steve Walker Director		5 X	\perp		_			0	0	0
Barb Vet Secretary		5. X		x				0	0	0
Donna Zinke Vice Pres		5 X		x				. 0	0	0
				L						

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	1 Hig	hes	t Co	mpensated Em	ployees (co	ntınue	d)	
	(A)	(B)			(6	C)			(D)	(E)		(F))
	Name and title	Average	Po	sition	·		hat ap		Reportable	Reportable		Estima	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	s	amour othe compens from to organiz and rel organiza	er sation the ation ated
						_							
							_				<u> </u>		
							<u> </u>						
	· · · · · ·												
					ļ			_					
	_												
<u>1b</u>	Total	 	·-					<u> </u>]0		0		0
2	Total number of individuals (including but no		e list	ed a		e) wh	ю ге	ceive	ed more than \$10	00,000 in			
	reportable compensation from the organizat	ION P			0							Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete Sci</i>					yee,	or h	ighe	st compensated		3	Tes	X
4	For any individual listed on line 1a, is the su					· nan/	d oth	or cc	· · ·	m	- ٽ	 	<u> </u>
•	the organization and related organizations g										4		X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo								ganization for		5		х
Ser	ction B. Independent Contractors	oo, complete e	01100	010 0	101	ou or	pon	3011				<u> </u>	
1	Complete this table for your five highest con compensation from the organization	npensated indep	pend	ent c	ontra	acto	rs tha	at rec	ceived more thai	n \$100,000 d	f		
	(A) Name and business a	address							(B) Description of ser	vices	Comp	(C) ensation	
													0
													0
													0
													0
²	Total number of independent contractors (in more than \$100,000 in compensation from t			ed to	thos	e lis	ted a		e) who received				

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	An other organizations must complete column	(A) but are not led			u (D).
	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) Fundraising expenses
1	Grants and other assistance to governments and				,
	organizations in the U.S See Part IV, line 21	76,906	76,906		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	22,250	22,250		
3	Grants and other assistance to governments,	22,200	22,200		
•	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16	ا			
4	Benefits paid to or for members	0			
4	•	<u> </u>			
5	Compensation of current officers, directors,				
_	trustees, and key employees .	0			
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	13,548		13,548	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions).	0			
9	Other employee benefits	0	-		
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	l ol		Ī	
b	Legal	0			
C	Accounting	0			
ч	Lobbying	0			
-	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	Ö			
,		0			
g 12		205		205	
12	Advertising and promotion			205	
13	Office expenses	3,071		3,071	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
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)				
а	Insurance	1,283		1,283	
ь		0			
C		0	`		
d		0		-	
e		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	117,263	99,156	18,107	0
		111,203	35,130	10, 107	U
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	<u></u>			

om 990 (2 Part X		 		48-1148882 Page 11
Part	Balance Sheet	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	6,871	1	5,830
2	Savings and temporary cash investments	1,211,877	2	1,250,467
3	Pledges and grants receivable, net	0	3	(
4	Accounts receivable, net	0	4	(
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	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		6	
2 7	Notes and loans receivable, net	0	7	C
Assets 8 8	Inventories for sale or use		8	1
8 S	Prepaid expenses and deferred charges		9	
10a	· · · · · · · · · · · · · · · · · · ·			
'	other basis Complete Part VI of Schedule D			
Ь		2,227	10c	2,227
11	Investments—publicly traded securities	0	11	0
12	Investments—other securities. See Part IV, line 11	0	12	C
13	Investments—program-related See Part IV, line 11	0:	13	C
14	Intangible assets	0	14	C
15	Other assets See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,220,975	16	1,258,524
17	Accounts payable and accrued expenses	628	17	628
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
စ္ထု 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
<u>=</u>	employees, highest compensated employees, and disqualified			
-	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities Complete Part X of Schedule D	0	25	0
26	Total liabilities. Add lines 17 through 25	628	26	628
ces	Organizations that follow SFAS 117, check here ►X and complete lines 27 through 29, and lines 33 and 34.			
<u>e</u> 27	Unrestricted net assets	625,036	27	651,749
<u>m</u> 28	Temporanly restricted net assets	595,311	28	606,147
[29	Permanently restricted net assets		29	
Net Assets or Fund Balances 27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
를 30	Capital stock or trust principal, or current funds		30	
§ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž 33	Total net assets or fund balances	1,220,347	33	1,257,896
34	Total liabilities and net assets/fund balances	1,220,975	34	1,258,524

Part	XI Financial Statements and Reporting			
			Yes	Nó
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	L		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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.

 20**09**

Open to Public Inspection

Name of the organization Employer identification number 48-1148882 SENECA AREA STEP FOUNDATION 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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 4 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 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 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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) 8 9 An organization that normally receives (1) more than 33 1/3 % 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 33 1/3 % 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 b Type II c Type III-Functionally integrated 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? . . 11g(i) A family member of a person described in (i) above?. 11g(ii) (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) h (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your organization in col the organization in support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? No Yes 0 0 0 0 0

O

Part					1)(A)(iv) and	170(1	b)(1)(A)	(vi)
	(Complete only if you checked t	the box on line	e 5, 7, or 8 of	Part I.)				<u></u>
	ion A. Public Support	·						
Cale	ndar 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")							0
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on	1						
	its behalf							0
3	The value of services or facilities						-	
	furnished by a governmental unit to the							
	organization without charge		· · · -					0
4	Total. Add lines 1 through 3	0	0	0	0		0	0
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							0
Sect	ion B. Total Support	- · · ·	·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
7	Amounts from line 4	o	0	o	0		o	0
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
9	sources							0
3	activities, whether or not the business is							
	regularly carried on							0
10	Other income Do not include gain or			_				
	loss from the sale of capital assets							
	(Explain in Part IV.)							0
11	Total support. Add lines 7 through 10							0
12	Gross receipts from related activities, etc (s					12	<u> </u>	
13	First five years. If the Form 990 is for the or	rganızatıon's fir	st, second, thir	d, fourth, or fift	h tax year as a	section	on 501(c)	(3)
	organization, check this box and stop here	<u></u>	•		• •	•		· <u> </u>
	ion C. Computation of Public Support			(0)			ı	0.000/
14	Public support percentage for 2009 (line 6, c			xolumn (t))		14		0 00%
15	Public support percentage from 2008 Schedule A, Part II, line 14							
16a	and stop here. The organization qualifies as				e 14 18 33 1/37	6 OI III	ore, chec	
b	33 1/3% support test-2008. If the organiza				nd line 15 is 33	1/3%	or more	check this
D	box and stop here . The organization qualified				iu iiile 13 is 30	1/3/0	or more,	LITECK UIIS
17a	10%-facts-and-circumstances test-2009.				ne 13. 16a. or 1	l6b. ar	nd line 14	l is 10%
	or more, and if the organization meets the "f							
	the organization meets the "facts-and-circum							
þ	10%-facts-and-circumstances test-2008.		_				-	
	or more, and if the organization meets the "f							
	the organization meets the "facts-and-circum	nstances" test	The organızatı	on qualifies as	a publicly supp	orted	organiza	ition 🕨 🔙
18	Private foundation. If the organization did not ch	eck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	e instr	uctions	. ▶□

20

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part 1.) Section A. Public Support Calendar 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 any "unusual grants") 280.486 150,948 209,686 140.535 92.386 874,041 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 0 organization's tax-exempt purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 5 280,486 150,948 209,686 140,535 92.386 874,041 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 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 0 0 Add lines 7a and 7b 0 0 ol 0 0 Public support (Subtract line 7c from 874,041 line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 280,486 Amounts from line 6. 150,948 209,686 140,535 92.386 874.041 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 49,882 sources 27,272 37,345 5,539 54,138 174,176 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 c Add lines 10a and 10b 27,272 37,345 49,882 5,539 54,138 174,176 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 0 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 13 Total support. (Add lines 9, 10c, 11, 307,758 188,293 259,568 146,074 1,048,217 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 83.38% 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 89 50% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . 17 16.62% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 10.50% 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	990 or 990-EZ) 2009 .	SENECA AREA	STEP FOUNDAT	ION		48-1148882	Page 4
Part IV	Supplemental	Information. Co	mplete this part	to provide the ex	planations required	by Part II. line	10:
	Part II line 17a	or 17h: and Bart	III line 12 Prov	ido any other ad	ditional information.	See instruction	
	raitii, lille 17a	or 170, and Fait	III, IIIIE 12. F10V	nue any other au	ultonal intornation.	See instruction	<u> </u>
		•••••					
						- 	
				1			
						·	

							• • • • • • • • • • • • • • • • • • • •

SCHEDULE (Form 990) Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Municipal GOlf Coursi Catholic Schools Supl <u>2</u> Concession Stand (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use × ×es Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 48-1148882 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 0 (e) Amount of non-cash Part IV and Schedule I-1 (Form 990) if additional space is needed 8,450 17,853 31,435 0 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations. the selection criteria used to award the grants or assistance?.... General Information on Grants and Assistance (c) IRC section if applicable Enter total number of other organizations. (P) EIN SENECA AREA STEP FOUNDATION Seneca Ball Association 1 (a) Name and address of organization Seneca Spring Creek Golf ocal Seneca, KS 66538 St. Peter & Paul Schools ocal Seneca, KS 66538 ocal Seneca, KS 66538 or government Name of the organization Part I

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) 2009

SENECA AREA STEP FOUNDATION

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 0 0 (d) Amount of non-cash assistance 22,250 O Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance Scholarships Part IV Part III

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
Federated Campaigns	1	
2 Membership dues	8,230 2	
Fundraising events	3	
Related organizations	4	
5 Government grants (contributions)	5	
6 All other contributions, gifts, grants, and similar amounts not included above		
Donations Received - Pledged	52,750	
Donations	30,542	
Annual Meal Reimb	864	
Other contributions total	84,156 6	
7 Total	92,386 7	