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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

For cal	endar year 2009, or tax year beginning	, 2009	, and ending				
G Che	eck all that apply. Initial return Initia	al Return of a former p	ublic charity	Fina	al return		
	Amended return	Address	change Name o	me change			
Use t	he		Α	A Employer identification number			
IRS lab	bel. CLIFF & NINA FELL FOUNDAT	'ION		48-6332829			
Otherw	, recolumn bining bining	6 W 6TH ST	В	Telephone number (see the	instructions)		
prin or typ				620-285-6931			
See Spe			С	If exemption application is	pending, check here		
Instruct	ions		D	1 Foreign organizations, chec	_		
H C	theck type of organization. X Section 501	(c)(3) exempt private fo		2 Foreign organizations meet	ing the 85% test, check		
Γ	Section 4947(a)(1) nonexempt charitable tru		private foundation	here and attach computation			
I Fa		ounting method X C		If private foundation status under section 507(b)(1)(A)			
(f	from Part II, column (c), line 16)	Other (specify)	F	If the foundation is in a 60-			
▶\$	126,873. (Part I,	column (d) must be on		under section 507(b)(1)(B)			
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
	Expenses (The total of amounts in	expenses per books	income	income	for charitable		
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)				purposes		
	(see the instructions))				(cash basis only)		
	1 Contributions, gifts, grants, etc, received (att sch)		_				
	2 Ck ► X if the foundn is not req to att Sch B						
	3 Interest on savings and temporary	2 000	2 000.	2 000			
	cash investments	2,098:	2,098: 1,042:	2,098. 1,042:			
	4 Dividends and interest from securities	1,042.	1,042.	1,042.			
	5a Gross rents b Net rental income						
Ð	or (loss) 6a Net gain/(loss) from sale of assets not on line 10						
R E	b Gross sales price for all		DEMERVE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
E V	assets on line 6a		- VECEIVED	. 1			
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	(0)		70			
U	9 Income modifications		APR 9 B 2010	10"			
Ε	10 a Gross sales less returns and	[]	TO IN TO U CUIU	(v)			
	allowances	Į.		185			
	b Less Cost of goods sold		OGDEN, UT				
	c Gross profit/(loss) (att sch)		***************************************				
	11 Other income (attach schedule)						
	12 Total. Add lines 1 through 11	3,140:	3,140:				
	13 Compensation of officers, directors, trustees, etc	1,212:	1,212:	1,212:			
	14 Other employee salaries and wages						
	15 Pension plans, employee benefits	F00		F00 •			
A D	16a Legal fees (attach schedule) See St 1	500. 555:		500.	1002 7777		
M	b Accounting fees (attach sch) See St 2			1 500 1	1 500		
Ņ	c Other prof fees (attach sch) See St 3	1,500		1,500:	1,500.		
PS	17 Interest	74:			-		
P S T R	18 Taxes (attach schedule)(see instr.) See Stm 4	/4.					
A A	19 Depreciation (attach sch) and depletion						
- X G	20 Occupancy						
	21 Travel, conferences, and meetings						
A E N X D P	22 Printing and publications	36:			36.		
DP	23 Other expenses (attach schedule)	010.					
Ň	See Statement 5	210:					
E N S E S	24 Total operating and administrative	4,087:	1,212:	3,212:	1 536 '		
S	expenses. Add lines 13 through 23. 25 Contributions, gifts, grants paid Part XV	4,000:	1,414.	3,212.	1,536. 4,000.		
	26 Total expenses and disbursements.	4,000.			4,000.		
	Add lines 24 and 25	8,087:	1,212:	3,212:	5,536:		
	27 Subtract line 26 from line 12:						
	a Excess of revenue over expenses	. 4 047					
	and disbursements	-4,947:	1,928:		<u></u>		
	b Net investment income (if negative, enter 0)		1, 320.	0.			
	C Adjusted net income (if negative, enter 0)			<u> </u>			

		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	82,000:	65,000.	65,000.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons (attach schedule) (see the instructions) Other notes and loans receivable (attach sch).		· · · · · · · · · · · · · · · · · · ·	
Α	′		j		
A S E T		Less. allowance for doubtful accounts			
F	-	Inventories for sale or use			
Ţ		Prepaid expenses and deferred charges			<u> </u>
S		a Investments – U.S. and state government obligations (attach schedule)			
	l t	o Investments — corporate stock (attach schedule) Statement 6	854:	854.	
	٠ د	: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)		·-	
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule) Statement 7	55,445:	67,498:	61,873:
	ı	Land, buildings, and equipment, basis ▶			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe)			
	16	Total assets (to be completed by all filers -	138,299:	133,352:	126,873.
	4-	see instructions. Also, see page 1, item I)	130,233.	133,332.	120,073.
Ļ	17	Accounts payable and accrued expenses			
Ā	18	Grants payable			
В	19	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons			
i T	21	Mortgages and other notes payable (attach schedule)			
ı	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	·		
N E	24	Lineartestad			
N F U N	24	Unrestricted			
TN	25	Temporarily restricted			
A D	26	· · · · · · · · · · · · · · · · · · ·		_ 	
A B A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds	156,504.	156,504.	
	28	Paid-in or capital surplus, or land, building, and equipment fund			
o E	29	Retained earnings, accumulated income, endowment, or other funds.	-18,205.	-23,152:	
RS	30	Total net assets or fund balances (see the instructions)	138,299.	133,352.	
	31	Total liabilities and net assets/fund balances (see the instructions).	138,299:	133,352:	
Part	111	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total	net assets or fund balances at beginning of year — Part II, colum	ın (a), line 30 (must agre	ee with	
•	end-	of-year figure reported on prior year's return)	, ,, = == <u>\</u> = =: == 9	1	138,299.
2	Ente	r amount from Part I, line 27a		2	-4,947:
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	133,352:
5		ases not included in line 2 (itemize)			
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	30 6	133,352:
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Beginning of year

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<u>Li ai</u>	(a) List and describ	te the kind(s) of property sold (e.g., rise, or common stock, 200 shares ML	eal estate,	(b) How acquire P — Purchase	d (c) Date acquired (month, day, year)	(d) Date sold (month, day, year)		
	n/A			D — Donation				
	b							
	<u> </u>	 			-			
	d							
					-			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m			
	3							
t								
	<u> </u>							
	<u></u>			_				
	<u> </u>							
	 	ng gain in column (h) and owned by			(I) Gains (Col			
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (l than -0-) or Losses (fi			
	<u> </u>				· · · · · · · · · · · · · · · · · · ·			
	9	<u> </u>						
2	,	L If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2				
3	Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	and (6)					
	in Part I, line 8	8, column (c) (see the instructions)	If (loss), enter -0-	3				
Par	t V Qualification Under	r Section 4940(e) for Reduce	d Tax on Net Investme	ent Income	N/A			
Was	es,' the foundation does not qualif	ion 4942 tax on the distributable amo fy under section 4940(e) Do not com	plete this part.		Yes	No		
1	Enter the appropriate amount in	each column for each year, see the	instructions before making a	ny entries				
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (co	(d) Distribution ratio (column (b) divided by column (c))			
	2008							
	2007							
	2006							
	2005		 _					
	2004		<u> </u>					
2	Total of line 1, column (d)			2				
3		5-year base period – divide the tota has been in existence if less than 5		3				
4	Enter the net value of noncharite	able∙use assets for 2009 from Part X	, line 5	4				
5	Multiply line 4 by line 3	5						
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6				
7	Add lines 5 and 6			7				
8	Enter qualifying distributions from	m Part XII, line 4		8				
	If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI, li	ne 1b, and complete that par	t using a 1% t	ax rate See the			
<u> </u>								

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	(e), or 4948 –	see the instru	ıctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here	. 7				
	Date of ruling or determination letter (attach copy of letter if necessary - see ins	tr.)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V,		1			39:
	check here and enter 1% of Part I, line 27b					
(: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column	(b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					_
	foundations only. Others enter -0-)		2			0.
3	Add lines 1 and 2		3			39:
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Oth	ers enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	 ,	-	39:
6	Credits/Payments					
	a 2009 estimated tax pmts and 2008 overpayment credited to 2009		 -			
	Exempt foreign organizations — tax withheld at source Clay paid with application for extension of time to file (Form 8868) 6c					
	The parameter of extension of the control of the co					
	Bushap Williams Chorles and Williams		₇			0.
,	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here	shad	8			<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac. Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed.	ileu	▶ 9			39.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ 10			
10 11	·	Refunded	► 11			
	t VII-A Statements Regarding Activities	torandod				
					Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislessing participate or intervene in any political campaign?	lation or did it		1a		Х
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose (see the instructions for definition)?	es .		1ь		х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of or distributed by the foundation in connection with the activities.	any materials	published			
	Did the foundation file Form 1120-POL for this year?			1 c		Х
•	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	/ear.	,			
	(1) On the foundation \$\\ 0. \\ (2) On foundation managers	► \$		<u>) . </u>		
•	Enter the reimbursement (if any) paid by the foundation during the year for political expendition foundation managers \$ 0.\$	ure tax imposi	50 011			
2	Has the foundation engaged in any activities that have not previously been reported to the IR	RS?		2		Х
_	If 'Yes,' attach a detailed description of the activities.					
_	·	sctrumont arti	clac			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of	f the changes	cies	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a	<u> </u>	Х
ŀ	o If 'Yes,' has it filed a tax return on Form 990-T for this year?			4ь	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If 'Yes,' attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	er				
	● By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory with the state law remain in the governing instrument?	directions tha	t conflict	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and	d Part XV		7	Х	
8 8	Enter the states to which the foundation reports or with which it is registered (see the instruc	tions)				
	N/A					
t	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			_	,,	
	(or designate) of each state as required by General Instruction G^{2} if 'No,' attach explanation .			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of sector calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)?	tion 4942(j)(3) <i>If 'Yes,' comp</i>	or 4942(j)(5) lete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedard addresses	dule listing the	ır names	10		Χ

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Part VII-B Statements Regarding Activit	ies for Which Forr	n 4720 May Be Rec	uired (continued)		
5a During the year did the foundation pay or incur	-		c		
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	∐ Yes X	No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	X Yes	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section (3).	an a charitable, etc, org 4940(d)(2)? (see instruc	ganization described ctions)	Yes X	No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	ne transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b	x
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ _		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exe ability for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regu	ılatıons section 53 4945	-5(d).			
6a Did the foundation, during the year, receive an on a personal benefit contract?				No	
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefit	t contract?	6b	<u> </u>
If 'Yes' to 6b, file Form 8870.		hitad tau aballar transcoo	tion? Yes X	No	
7a At any time during the tax year, was the found b If yes, did the foundation receive any proceeds				7b	N/A
Part VIII Information About Officers, D	irectors, Trustees	, Foundation Mana	gers, Highly Paid		
and Contractors					<u> </u>
1 List all officers, directors, trustees, foundation				(1) 5	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
				1	
2 Compensation of five highest-paid employees	(other than those incl		ructions). If none, ente	r 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
None			<u> </u>		
Total number of other employees paid over \$50,000		·	•		0
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Part X Minimum Investment Return (All domestic foundations must complete this part. I see instructions.)	oreign fo	undations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1Ь	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)]	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope and certain foreign organizations check here ► ☐ and do not complete this p	rating fou art.)	ndations
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2009 from Part VI, line 5 2a 39:		
b Income tax for 2009 (This does not include the tax from Part VI)]]	
c Add lines 2a and 2b	2c	39.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	-39.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	-39:
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)	· -	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	5,536.
b Program-related investments — total from Part IX-B	1 b	_
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,536:
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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5,536.

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009.	•			······································
a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20		0.		1,221
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006 117.				
d From 2007 8,531.				
e From 2008 6,532.	15 100			
f Total of lines 3a through e	15,180.			·····
4 Qualifying distributions for 2009 from Part XII, line 4. ► \$ 5,536				
XII, line 4. ► \$ 5,536 a Applied to 2008, but not more than line 2a			0.	
a Applied to 2008, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·			
 Applied to undistributed income of prior years (Election required — see instructions) 		0.		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	5,536:			
5 Excess distributions carryover applied to 2009.	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
Same amount must be snown in column (a)				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	20,716:		.,	
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b		<u> </u>		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
		· · · · · · · · · · · · · · · · · · ·		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not	_	,		•
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	20,716:			
10 Analysis of line 9.				
a Excess from 2005			İ	
b Excess from 2006 117.				
c Excess from 2007 8,531.				
d Excess from 2008 6,532.			ļ	
e Excess from 2009 5, 536.				
3 A A				Earm 991-PE (2009)

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Part XIV Private Operating Foundat					N/A
1a If the foundation has received a ruling or is effective for 2009, enter the date of the	ruling			_	
b Check box to indicate whether the founda		rating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	42000	Prior 3 years	(4) 2000	/-> 7 - 4 - 1
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter.					
(1) Value of all assets(2) Value of assets qualifying under					
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income				L	
Part XV Supplementary Information	(Complete this	part only if the	organization h	ad \$5,000 or mo	ore in
assets at any time during t		istructions.)			
1 Information Regarding Foundation Manage a List any managers of the foundation who close of any tax year (but only if they have None	have contributed mo	ore than 2% of the to han \$5,000) (See s	otal contributions red ection 507(d)(2))	ceived by the founda	ation before the
b List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 10	the stock of a corpo % or greater interes	oration (or an equal st	ly large portion of th	e ownership of
2 Information Regarding Contribution, Gran Check here X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	makes contributions	to preselected char	table organizations		
a The name, address, and telephone number	er of the person to w	hom applications st	nould be addressed.		
See Statement 8					
b The form in which applications should be	submitted and inform	nation and materials	they should include	е.	
See Statement for Line 2a					
c Any submission deadlines					
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geograph	nical areas, charitab	le fields, kinds of in:	stitutions, or other fa	actors
See Statement for Line 2a					
BAA	TE	EA0310L 07/06/09		F	orm 990-PF (2009)

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year N\A 1,000: None Scholarship Stanelle Smith Local Larned, KS 67550 $N \setminus A$ Scholarship 1,000: Betsy Smith None Local Burdett, KS 67523 N\A 1,000: Olivia Terry None Scholarship Local Larned, KS 67550 1,000: Craig Schartz None N\A Scholarship Local Larned, KS 67550 4,000: Total За b Approved for future payment

► 3b

Total

Don't VI A	A		. Dun der stern	A -41141
Part XVI-A	Anaiysis	s or income	e-Producing	Activities

Enter gro	ss amounts unless otherwise indicated.	Unrelate	ed business income	Excluded by	section 512, 513, or 514	
	gram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
	gram service revenue:			code		(see the instructions)
					 	
					<u> </u>	
f						
_	es and contracts from government agencies					····
	mbership dues and assessments			 	0.000	
	est on savings and temporary cash investments			14	2,098:	
	idends and interest from securities			14	1,042:	
	rental income or (loss) from real estate			 		1. 1. 1
	ot-financed property		·	+		
	debt-financed property rental income or (loss) from personal property				· · ·	
	er investment income	l		 		
• • • • • • • • • • • • • • • • • • • •	or (loss) from sales of assets other than inventory					
	income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	1:		
	ss profit or (loss) from sales of inventory				···	
	er revenue					
a						
						
e						
	ototal. Add columns (b), (d), and (e)				3,140:	
	al. Add line 12, columns (b), (d), and (e)				13	3,140:
(See work	ksheet in the instructions for line 13 to verify calc	ulations.)		 		
Part XV	1-B Relationship of Activities to the	Accompli	shment of Exem	ot Purpose	es	
Line No	. Explain below how each activity for which income	ome is report	ed in column (a) of Pa	art XVI.A cont	tributed importantly to	the .
Eme No	accomplishment of the foundation's exempt p	urposes (oth	er than by providing fu	inds for such	purposes) (See the	nstructions)
N/A			· · · · · · · · · · · · · · · · · · ·			
		·				
					<u> </u>	
		<u> </u>				
			<u> </u>			
						
						
					 	
						
						
						
						
BAA		TEEA	0502L 07/06/09			Form 990-PF (2009)

Part XVII	Information Regarding Transfers To and Transactions and Relationships With None Exempt Organizations	haritable	
	Exempt Organizations	Yes	No

	1 04 16	o organization	diroctly (or indirectly or	asae in any o	f the following wi	th any off	ner organization		<u> </u>	res	NO
	descr	ie organization ibed in section ng to political oi	501(c) o	f the Code (otl	ner than section	n 501(c)(3) organ	nizations)	or in section 52	27,			
	a Trans	fers from the re	eporting	foundation to	a noncharitable	e exempt organiz	ation of.					
	(1) C	ash								1 a (1)		X
	(2) Other assets											Х
	b Other transactions											
(1) Sales of assets to a noncharitable exempt organization												Х
	(2) Purchases of assets from a noncharitable exempt organization											X
	` '	ental of facilitie			, -	, at the attention				1 b (2) 1 b (3)		X
		eimbursement		•	455015					1 b (4)		X
		oans or loan qu	•							1 b (5)		X
	• •	erformance of			n or fundraisin	a colicitations				1 b (6)		X
					-	s, or paid employ	,000			1c		X
	c Snam	ng of facilities,	equipme	ent, mailing iist	s, other assets	s, or paid employ	ee2			10		
	the a	oods, other ass	ets. or s	ervices given	ov the reportin	a foundation. If t	he founda	ation received le	ays show the fair iss than fair mark or services receiv	et value in	of	
_(;	a) Line no	(b) Amount in	volved	(c) Name o	f noncharitable exi	empt organization	(d) Description of tran	isfers, transactions, a	nd sharing arran	gement	<u>s</u>
N	/A				_							
_	•							-				
_		-								•		
_		-							·			
_												
_												
_												
	·						-					
											•	
_							-		······································			
				<u> </u>				-				
	2a Is the	foundation dire	ectly or ii	ndirectly affilia	ted with, or rel	lated to, one or no in 501(c)(3)) or in	nore tax-e	exempt organiza 527°	ations	∏Yes	X	No
		s,' complete the		•							_	
_	<u> </u>	(a) Name of or		*	(b) Tv	pe of organizatio	n	(0) Description of i	elationship		
N	/A	(4) (14)	5			<u> </u>			• •			
	/ **									-		
-	<u>-</u>											
_												
_								1				
-	I Inder pena	Ities of person I decl	are that I ha	ve examined this re	um including accor	npanying schedules and	statements.	and to the best of my	knowledge and belief, it	is true, correct, ar	nd	
	complete	Declaration of prepa	rer (other t	han taxpayer or fic	uciary) is based or	all information of whi	ch preparer	has any knowledge		,		
		-1-	1		ı		ı v i	ichelia	.	<i>66</i> 4		
S	-	/ Deal	<u>//,</u>	/elee	<i></i>			7/14/10	► Trust 0	rricer		
S I G N	Sign	ature of officer or tri	ustee				Date	·	Title	1.11		.
		Preparer's	1	1 Von	Elek CP	A	Date	e	Check if (S	reparer's Identify See Signature in		
H R E	Paid Pre-	signature	James		eldt CPA		3	3/29/10	self employed ► F	00060006	· ·	
Ë	parer's	Firm's name (or	VONFI		ER & VONF	ELDT, CHTD			EIN ► 48-0	889048		
	Use	yours if self employed),		18 Broadway								
	Only	address, and ZIP code		ed, KS 67	550				Phone no ► 6	20-285-2	107	
В	AA								-	Form 99		(2009)

2009	Page 1			
Client JLV01017	CLIFF & NINA FELL FOUNDATION			
3/29/10 Statement 1 Form 990-PF, Part I, Line 16a Legal Fees		03 44PI		
Smith, Burnett & Larson	(a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income Total \$ 500. \$ 500. \$ 500. \$ 500.	(d) Charitable Purposes \$ 0.		
Statement 2 Form 990-PF, Part I, Line 16b Accounting Fees				
VonFeldt, Bauer & VonFeldt	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income Chtd. \$ 555. \$ 0. Total \$ 555: \$ 0.	(d) Charitable Purposes \$ 0.		
Statement 3 Form 990-PF, Part I, Line 16c Other Professional Fees				
Scholarship Advisory Fees	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 1,500: \$ 1,500. \$ 1,500: \$ 1,500.	(d) Charitable Purposes \$ 1,500. \$ 1,500.		
Statement 4 Form 990-PF, Part I, Line 18 Taxes		,		
Federal Income Tax	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 74. Total \$ 74. \$ 0. \$ 0.	(d) Charitable Purposes 0.		

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2009	Federal Statements	Page 2
Client JLV01017	CLIFF & NINA FELL FOUNDATION	48-6332829
3/29/10		03.44PM
Statement 5 Form 990-PF, Part I, Line 23 Other Expenses		
Transaction Fees	(a) (b) Net Occupant (Net of the per Books) Net of the per Books Income Net Income Total \$ 210. \$ 0. \$	(c) (d) sted Charitable acome Purposes 0. \$ 0.
Statement 6 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks Corporate Stocks Enron Stock	Valuation Book Method Value Cost \$ 8 Total \$	Fair Market Value 354: \$ 0. 854: \$ 0.
Statement 7 Form 990-PF, Part II, Line 13 Investments - Other Other Investments	Valuation Book <u>Method</u> Value	Fair Market Value

Statement 8 Form 990-PF, Part XV, Line 2a-d Application Submission Information

Vanguard Windsor II Fund Vanguard Group S&P Fund

Name of Grant Program:

Cliff & Nina Fell Foundation

Name:

Care Of:

Federated Fund

Jerry Larson 111 E 8th St Larned, KS 67550

Street Address: City, State, Zip Code: Telephone:

Form and Content:

See Copy of Attached Application

Submission Deadlines:

Restrictions on Awards:

May 1st of each year.
Scholarships are limited to Kansas colleges and

Cost

Cost Cost

Total 🕏

13,326: \$ 31,730: 22,442:

67,498.\$

13,326: 26,354: 22,193:

61,873.

universities.

THE CLIFF AND NINA FELL FOUNDATION POST OFFICE BOX 360 LARNED, KANSAS 67550

APPLICATION FOR SCHOLARSHIP

(Applicant <u>MUST</u> be a resident of Pawnee County, Kansas, have maintained a grade point average of not lower than a 3.0, and enroll in at least fifteen (15) hours as a first semester freshman.)

Date:						
Name:						
Last Home Address:		riist		Middle City:		
	Telephone Number:					
Name of High School from which you will Graduate:			Date of Graduation	мм/дд/ү ү ::		
	::Your Rank in the Class:					
FAMILY INFORMATION						
Parent(s) / Guardian(s):						
Number of Brother(s):	Their age(s):		Broth	er(s) now attending colle	ege:	
Number of Sister(s):	Their Age(s):		Sister	(s) now attending college	e:	
Marital Status:	Name of Sp	ouse:				
FINANCIAL STATUS						
Approximately how much money	have you saved f	or your col	lege educati	ion? \$		
Do you plan to have college loans? Do you plan to work part-time while attending college?						
THIS INFORMATION MUST BE COMPLETED BY APPLICANT'S PARENTS						
The undersigned parents of the applicant hereby certify that the adjusted gross income shown on the federal income returns for the last three (3) years is as follows:						
Year Amount	Year		Amount	Year	Amount	
\$		\$		\$		
I/We further certify that I/we will contribute \$each semester to the applicant for college expenses.					expenses.	
Signed this day of		, 20	•			
Parent			Parent			
If married, will your spouse be w	orking?					
What full or part-time employment have you had during high school or since graduation?						
Will you have other scholarships or grants? If yes, nature and amount:						

FUTURE PLANS						
What college do you plan to attend?						
Years you plan to attend college: What major course do you plan to follow?						
ACTIVITIES						
Distinguished Honors & Awards:						
Distinguished Community Service:						
Leadership Positions:						
Please attach a list of other activities.*						
Please attach your high school transcript.						
REFERENCES						
List at least three (3) people who can testify to	your eligibility for a sc	holarship. DO NOT USE RELATIVES.				
NAME	POSITION	ADDRESS				
(Attach letters of reference from each of the about	ve. Letters of reference m	nust be submitted in a sealed envelope.)				
AUTOBIOGRAPHICAL SKETCH						
Write a paragraph telling why you are making your college education.*	; application for this sch	olarship and what you hope to do with				
* Please include "The Cliff and Nina Fell I attachments.	Foundation", your name	e and address as the heading of any				
PLEASE INCLUDE A COLOR PHOTOGRAPH OF YOURSELF. The photograph will not be returned to you.						
I am not addicted to or using any drugs and free" at the time the scholarship is awarded.	I will provide a doctor	's certificate showing that I am "drug				
	Applicant	's Signature				
	bb					

RETURN TO: High School Principal or Counselor in either Larned or Pawnee Heights High School or Trust Department at The First State Bank & Trust Co. of Larned