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990-PF

OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service

2009

For calendar	year 2009, or	tax year beginr	ning			and endin			, 20
G Check all th	nat apply:	Initial return		Initial return o		iblic chanty	_		Final return
		Amended re	eturn	Addres	s change			e change	
	Name of found	dation					^	Employer identific	cation number
Use the IRS	D			mpriom.				40	(225.660
label. Otherwise.		AMILY CHARI				D	. .		6335668
print	Number and s	treet (or PO box n	number it ma	il is not delivered to street a	idaress)	Room/suit	e B	Telephone number (see p	age 10 of the instructions)
or type.	0000 CDE	CIMPACO CIMP						,	,
See Specific		STWOOD CT				<u> </u>	- -	If exemption applicati)
Instructions.	City of town, s	tate, and ZIP code	E					pending, check here	· · · · · · · [
	いてつひてのみ	KC 67206					P	1 Foreign organization	
L Chack hina	WICHITA,		- F01/a\/	3) exempt private fou		-		2 Foreign organization 85% test, check he	ere and attach
$\overline{}$	-			Other taxable pn		on.	-	computation .	
	value of all a	cempt chantable t		ting method: X Ca		rual	E	If private foundation s	L
	m Part II, col.			er (specify)	2511 ACC	iluai		under section 507(b)(
16) ► \$		4,408.		olumn (d) must be on	cash basis)		F	If the foundation is in under section 507(b)(a 60-month termination
		ue and Expense		(4)				ander section ser (b)((d) Disbursements
total or	f amounts in coi	lumns (b), (c), and	d (d)	(a) Revenue and expenses per	(b) Net inve			djusted net	for chantable
may n	ot necessarily e n (a) (see page	equal the amounts 11 of the instructi	ons))	books	incom	ne	ı	ncome	purposes (cash basis only)
		_							(casii basis offly)
2 Check	If the fou	received (attach sche indation is not requ	ired to						
	allacino	ch B	I .	15.		1			ATCH 1
1	J	from securities		3,983.					ATCH 2
1				· · · · · · · · · · · · · · · · · · ·					111 011 2
1)							
1		e of assets not on lir		2,578.					
b Gross sa	ales price for all	17		·					
Z	n line 6a — gain net income	e (from Part IV, lin	ne 2)			2,578.			
/ I	•	•							
9 nicome	nt term capital (modifications								
10 a Gross sa	mounications ites less returns vances	ပါ							
					_				
c Gross r	orofit or (loss) (a	(Mach schedule)	L						
41 Other in	come (attach	enedule)	L						
12 Total 7	dig lines I throu	ugh 11		6,576.		2,578.			
13 Compen	sation of officers,	directors, trustees, e	etc L						_
14 Other e	mployee salane	es and wages .	_						
15 Pension	n plans, employ	ee benefits	L						
16 a Legal fe	ees (attach sche	edule)	L						
b Accoun	ting fees (attacl	h schedule) [3]]	1,491.		746.		0.	74
c Other p	rofessional fees	s (attach schedule	» [. 4]. L	1,602.		1,602.			
17 Interest									
15 Pension 16 a Legal fe b Accoun c Other p 17 Interest 18 Taxes (a 19 Depreci 20 Occupa 21 Travel, 22 Printing 23 Other e 24 Total of Add line	ittach schedule) (s	see page 14 of the instri	uctions)* *	57.		57.			
19 Deprec	ation (attach sc	chedule) and deple	etion .						
20 Occupa	incy								
21 Travel,	conferences, ar	nd meetings	_						
22 Printing	and publication	ns	_		•				
23 Other e	xpenses (attach	n schedule)	· · · · _						
24 Total o		dministrative exp	enses.	2 752		2 405		<u> </u>	_
Add line	es 13 through 2			3,150.	_	2,405.		0.	74
25 Contribi		ints paid		7,510.		2 405			7,51
		ements Add lines 24	and 25	10,660.		2,405.		0.	8,25
	t line 26 from lii								
		enses and disburseme		-4,084.		170			
-		e (if negative, en				173.			
c Adjuste		(if negative, enter						-0-	Farm 990 DE (200

Part	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	fyear
-	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1.	Cash - non-interest-bearing			
2	Savings and temporary cash investments	2,385.	4,658.	4,658.
3	Accounts receivable			
	Less allowance for doubtful accounts			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts			
, 8	Inventories for sale or use	1		
Assets 0 0 0	Prepaid expenses and deferred charges			
ا الله على	Investments - U S and state government obligations (attach schedule)			
	nvestments - corporate stock (attach schedule) ATCH 6.	118,293.	113,744.	111,848.
	Investments - corporate bonds (attach schedule) ATCH 7	38,406.	36,612.	37,902.
11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	-		
12	Investments - mortgage loans			
13	Investments - other (attach schedule)	T T		
14	Land, buildings, and equipment basis Less accumulated depreciation			
15	(attach schedule) Other assets (describe ATCH 8)	129.	115.	119.
16	Total assets (to be completed by all filers - see the	2001	110.	
'0	instructions Also, see page 1, item I)	159.213	155,129.	154,527.
17			133,123.	134,327.
	Accounts payable and accrued expenses			
18	Grants payable			
Clabilities 02 12 12 12 12 12 12 12 12 12 12 12 12 12	Deferred revenue			
≣ 20	Loans from officers, directors, trustees, and other disqualified persons		···	
E 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here ► and complete lines 24 through 26 and lines 30 and 31.			
တို့ 24	Unrestricted			
일 25	Temporarily restricted			
26	Permanently restricted			
25 26 26 27 27 27	Foundations that do not follow SFAS 117,			
되	check here and complete lines 27 through 31.			
는 27	Capital stock, trust principal, or current funds	252,220.	252,220.	
超 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets 30 30 82	Retained earnings, accumulated income, endowment, or other funds	-93,007.	-97,091.	
¥ 30	Total net assets or fund balances (see page 17 of the			
ē e	instructions)	159,213.	155,129.	
_ ₃₁	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	159,213.	155,129.	
Part I	Analysis of Changes in Net Assets or Fund			
	al net assets or fund balances at beginning of year - Part II, co		ree with	
		olumin (a), line 50 (must ag	_	159,213.
			· · · · · · · · · 	-4,084.
			· · · · · · · · 	-4,004.
				155,129.
	lines 1, 2, and 3		-	133,129.
	reases not included in line 2 (itemize) ▶al net assets or fund balances at end of year (line 4 minus line	5) Port II column (h) lin	5	155,129.
0 10(2	inet assets of fund palances at end of year (line 4 minus line	: 5) - Part II, column (6), lin	ie 30 6	155, 129.

Part IV Capital Gains and Losses for Tax on Investment Income

	describe the kind(s) of property so ck warehouse, or common stock, 2		(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a SEE PART IV SCHED		OU SITS WILE CO)	D-Donation	()	
b					
C					
d					
e			 		<u> </u>
(e) Gross sales рпсе	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) mini	
а			ļ		
b					
C			 		
d					
e		10/01/00	 	_	
complete only for assets snow		ned by the foundation on 12/31/69		Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
a				·	
b			ļ		
<u>c</u>			_		
d					
e			 		
Capital gain net income or (r	net capital loss)	If gain, also enter in Part I, line 7			2 570
Not short torm conital gain o	tr (loss) as defined in costions 1	If (loss), enter -0- in Part I, line 7	2		2,578.
' '	or (loss) as defined in sections 1				
• .	ne 8, column (c) (see pages 13	•			
			3 [ome		
		e section 4940(a) tax on net investmen		\	
	e section 4942 tax on the distri ot qualify under section 4940(e)	butable amount of any year in the base	period?	🗆	Yes X N
		r; see page 18 of the instructions before	e makıng	any entries	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2008	10,089	. 169,012.	1	, , ,	0.059694
2007	9,680	. 202,519.			0.047798
2006	8,265	191,930.]		0.043063
2005	8,817	. 179,173.			0.049209
2004	8,295	174,079.			0.047651
Total of line 1, column (d)			2		0.247415
Average distribution ratio fo	r the 5-year base period - divid	e the total on line 2 by 5, or by the			
number of years the founda	ition has been in existence if le	ss than 5 years	3		0.049483
Enter the net value of noncl	hantable-use assets for 2009 fr	om Part X, line 5	4		138,843
Multiply line 4 by line 3			5		6,870
Enter 1% of net investment	income (1% of Part I, line 27b)		6	·	2
Add lines 5 and 6			7		6,872
Enter qualifying distribution	s from Part XII, line 4	ox in Part VI, line 1b, and complete	8	-	8,256
If line 8 is equal to or gre Part VI instructions on page		ox in Part VI, line 1b, and complete	tnat part	using a 1% tax	k rate. See th

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			2.
	nere ► X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			2.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 108.			
b	111111111111111111111111111111111111111			
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d				
7	Total credits and payments Add lines 6a through 6d]	.08.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		1	.06.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ► 106. Refunded ► 11			
Par	t VII-A Statements Regarding Activities		,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			_
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d				
	(1) On the foundation ►\$(2) On foundation managers ►\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			.,,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a_		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		v	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) •KS,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	_	v	
_	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	<u> </u>	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			v
	27)? If "Yes," complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			х
	names and addresses	10		

Form 990-PF (2009)

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ►N/A			
14	The books are in care of ► BANK OF AMERICA Telephone no ► 214-209		54	_
	Located at ▶P.O.BOX 831041 DALLAS, TX ZIP+4 ▶ 75283-1	041	- -	
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			/-
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		N/A
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	1		
	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No			
	If "Yes," list the years ,,,,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			/
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		N/A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?		1 1	
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year penod (or longer penod approved by the	İ		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1.		NT / 7
	foundation had excess business holdings in 2009)	3b		N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<u> </u>

Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)		
5a	During the year did the foundation pay or incur any amount	to				
	(1) Carry on propaganda, or otherwise attempt to influence		945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election (se	ee section 4955), or to	carry on,			
	directly or indirectly, any voter registration drive?			Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or other	er sımılar purposes?		Yes X No	,	
	(4) Provide a grant to an organization other than a charitat					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	e page 22 of the instr	uctions)	Yes X No	,	
	(5) Provide for any purpose other than religious, charitable	· ·				ŀ
	purposes, or for the prevention of cruelty to children or			Yes X No	,	
h	If any answer is "Yes" to 5a(1)-(5), did any of the transi			• — —		
	Regulations section 53 4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disaster	_	· · -	, ' []		
_	If the answer is "Yes" to question 5a(4), does the foundation					
C				Yes No	.	
	because it maintained expenditure responsibility for the gra					
_	If "Yes," attach the statement required by Regulations secti	• •				
6 a	Did the foundation, during the year, receive any funds, direct		• •	Yes X No		
	on a personal benefit contract?			, res^ no		l x
D	Did the foundation, during the year, pay premiums, directly	or indirectly, on a per	sonal benefit contract?	• • • • • • • • •	6b	
_	If "Yes" to 6b, file Form 8870			Yes X No		
	At any time during the tax year, was the foundation a party	•	•	. — —		
	If yes, did the foundation receive any proceeds or have any Information About Officers, Directors			Highly Boid Emp	7b	^
Par	Information About Officers, Directors and Contractors	, Trustees, Four	idation managers	, nigiliy Faid Ellip	loyees,	
1	List all officers, directors, trustees, foundation man	agers and their co	mpensation (see pa	ge 22 of the instruct	ions).	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens other allo	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)		(e) Expens other allo	
		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances
AT	(a) Name and address TACHMENT 9	hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans	other allo	
AT		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances
AT		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances
AT		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances
ĀT		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances
AT		hours per week	-0-)	employee benefit plans and deferred compensation	other allo	wances
	TACHMENT 9	hours per week devoted to position	-0-	employee benefit plans and deferred compensation - 0	other allo	wances
	TACHMENT 9 Compensation of five highest-paid employees (other	hours per week devoted to position	-0-	employee benefit plans and deferred compensation - 0	other allo	wances
	TACHMENT 9	r than those include	-0-	employee benefit plans and deferred compensation - 0	other allo	0 -
2	TACHMENT 9 Compensation of five highest-paid employees (other	hours per week devoted to position	-0-	employee benefit plans and deferred compensation - 0 age 23 of the instruction to employee benefit	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE."	hours per week devoted to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation - 0 age 23 of the instruction (d) Contributions to	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE."	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE."	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –
2	TACHMENT 9 Compensation of five highest-paid employees (other if none, enter "NONE." Name and address of each employee paid more than \$50,000	r than those included to position	-0- ded on line 1 - see p	employee benefit plans and deferred compensation -0- age 23 of the instruction to employee benefit plans and deferred	other allo	o –

Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	oyees,	
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NC	NE."
	(a) Name and address of each person paid more than \$50 000	(b) Type of service		pensation
NONE				
		<u> </u>		
Total number	er of others receiving over \$50,000 for professional services	· · · · · · · · <u>· · · · · · · · · · · </u>	<u> ▶</u>	NONE
Part IX-A	Summary of Direct Charitable Activities			. <u></u>
	ation's four largest direct chantable activities during the tax year. Include relevant statistical informations and other beneficiaries served, conferences convened, research papers produced, etc.	ion such as the number	Expe	enses
1 N/A				
2				
3				
4				
	·			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instr	uctions)		
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2	Amo	ount
1 NONE				
2 	·			
All other prog	ram-related investments. See page 24 of the instructions			
3 NONE				

Form **990-PF** (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foundation	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	135,810.
b	Average of monthly cash balances	1b	5,147.
C		1c	0.
d		1d	140,957.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	140,957.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	2,114.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	138,843.
6	Minimum investment return. Enter 5% of line 5	6	6,942.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ and do not complete this page.		
1	Minimum investment return from Part X, line 6	1	6,942.
2 a	Tax on investment income for 2009 from Part VI, line 5		· ·
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,940.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,940.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,940.
Pa	rt XII Qualifying Distributions(see page 25 of the instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0.056
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	8,256.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,	_	_
_	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:	_	_
a	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	8,256.
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 page 26 of the instructions)	5	2.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,254.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years.	ner the founda	ation

Form **990-PF** (2009)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI.	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				6,940.
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only			7,508.	
	Total for pnor years 20 07 20 06 20 05			.,	
3	Excess distributions carryover, if any, to 2009				
	i i				
ь	r 2005				
•	*****				
ن	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •				
	Total of lines 3a through e				· · · · · · · · · · · · · · · · · · ·
4	Qualifying distributions for 2009 from Part XII, line 4. > \$ 8,256.				
	4 -11000			7,508.	
а	Applied to 2008, but not more than line 2a			7,300.	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				748.
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
2	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
ŭ	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be				C 102
7	distributed in 2010				6,192.
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9.				
a	Excess from 2005				
	Excess from 2006				
С	Excess from 2007				
d	Excess from 2008				
ее	Excess from 2009 0 .				

Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and	d Part VII-A, questi	on 9) NOT APPLICABLE
	If the foundation has		· · · · · · · · · · · · · · · · · · ·			
	foundation, and the ruling	is effective for 2009, ente	r the date of the ruling		▶	
b	Check box to indicate whe	ther the foundation is a p	nvate operating foundation	on described in secti	on	4942(J)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Pnor 3 years	3	(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	For the minimum investment return from Part X for each					
	year listed	<u> </u>			· ·	
b	85% of line 2a	· · · · · ·			-	
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
_	used directly for active conduct					
e	of exempt activities					
•	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "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 invest- ment 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)			<u> </u>		
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)					
	port from an exempt					
	organization (4) Gross investment income	· -		-		
Pa		ary Information (C	omplete this part	only if the fo	oundation had \$5.	,000 or more in assets
		during the year - se			•	•
1	Information Regarding	Foundation Manager	s:			
а	List any managers of before the close of any					received by the foundation
	before the close of any	rtax year (but only if the	iey nave continuted i	more man \$5,000). (See Section 507(c	u)(2).)
	ATTACHME					
b	List any managers of ownership of a partner					equally large portion of the
	ownership of a partiter	Simp of Julier Chary) U	i minori die louiluador	as a 10 /6 01 gl	Cater miterest.	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs	s:	
	Check here ▶ If t	he foundation only i	makes contributions	to preselected	charitable organizati	ons and does not accept
					page 28 of the ins	structions) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	l d ————————————————————————————————————		
а	The name, address, an	•	the person to whom a	pplications should	d be addressed:	
	ATTACHME					
D	The form in which appli	cations should be subr	riitted and information	and materials the	y snould include:	
	NO SPECIAL	FORM OR MATERIA	ALS ARE REQUIRE	D		
С	Any submission deadlin	nes:				
	NONE					
d		mitations on awards,	such as by geogra	aphical areas, cl	nantable fields, kınd	s of institutions, or other
	factors.					•
	NONE					

3 Grants and Contributions Paid Durin	og the Year or Appr	oved for F	Future Payment	
3 Brants and Contributions Paid Durin	If recipient is an individual.	Soundation	ruture Payment	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial continuous	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		<u></u>
a Tala daming the year				
ATTACHMENT 12				
			:	
			1	
				B 510
Total	<u> </u>		▶ 3a	7,510.
b Approved for future payment				
		<u> </u>		
	<u> </u>	L		
Total	<u> </u>	<u> </u>	▶ 3b	

r gross am	ounts unless otherwise indicated	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Drogram se	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
-	ervice revenue			·		are mandellons)
ы <u>——</u> b						
~ C						-
_						
r						
g Feesan	nd contracts from government agencies					
Membershi	p dues and assessments					
interest on sa	avings and temporary cash investments					
Dividends a	and interest from securities			14	3,998.	
Net rental ır	ncome or (loss) from real estate					
a Debt-fir	nanced property					
b Not det	bt-financed property					
	come or (loss) from personal property					
Other inves	stment income					<u></u>
) from sales of assets other than inventory			18	2,578.	
Net income	or (loss) from special events				_	
Gross profit	t or (loss) from sales of inventory					
Other rever	nue a					
b						
c						
				1 1	i l	
d e						
d e Subtotal Add Total Add	dd columns (b), (d), and (e)	 verify calcula	tions)			6,57
d Subtotal Ad Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions on page 28 to v	verify calcula to the Ac	tions) complishment of E ch income is reporte	Exempt Purp	ooses (e) of Part XVI-A conf	tributed importantly
d Subtotal Ad Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte	Exempt Purp	ooses (e) of Part XVI-A conf	tributed importantly
d Subtotal Ad Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte	Exempt Purp	ooses (e) of Part XVI-A conf	tributed importantly
d Subtotal Ad Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte	Exempt Purp	ooses (e) of Part XVI-A conf	tributed importantly
d Subtotal Ad Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte	Exempt Purp	ooses (e) of Part XVI-A conf	tributed importantly
Subtotal Add Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte exempt purposes (Exempt Purpled in column other than b	ooses (e) of Part XVI-A conf	tributed importantly
Subtotal Add Total. Add e worksheet	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte	Exempt Purpled in column other than b	ooses (e) of Part XVI-A conf	tributed importantly
Gubtotal Ad Fotal. Add worksheet of XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte exempt purposes (Exempt Purpled in column other than b	ooses (e) of Part XVI-A conf	tributed importantly
Subtotal Add Total. Add e worksheet	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte exempt purposes (Exempt Purpled in column other than b	ooses (e) of Part XVI-A conf	tributed importantly
Subtotal Add Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte exempt purposes (Exempt Purpled in column other than b	ooses (e) of Part XVI-A conf	tributed importantly
Subtotal Ad Total. Add e worksheer rt XVI-B	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte exempt purposes (Exempt Purpled in column other than b	ooses (e) of Part XVI-A conf	tributed importantly
Subtotal Add Total. Add e worksheet	dd columns (b), (d), and (e)	verify calcula to the Ac	tions) complishment of E ch income is reporte exempt purposes (Exempt Purpled in column other than b	ooses (e) of Part XVI-A conf	tributed importantly

Form	990-PF ((2009)				40-63	33666			_ ₽	age 13
Pai	t XVII	Information Exempt Orga		Transfers To and	d Transact	ions and F	Relationship	s With N	lonc	hari	table
1	Did the	he organization directly	y or indirectly ode (other than	engage in any of the section 501(c)(3) o	he following	with any other	er organization 527, relating	described to political		Yes	No
a	organı Transf	zations? ers from the reporting fou	indation to a none	chantable exempt organi	zation of		, 0	•		Ī	
	(1) Ca	ash							1a(1)	ļ	X
	(2) O	ther assets			 .				1a(2)		X
b		transactions								ŀ	ì
		ales of assets to a noncha							1b(1)		X
		urchases of assets from a							1b(2)		X
		ental of facilities, equipme							1b(3)	<u> </u>	X
		eimbursement arrangeme							1b(4)	ļ	X
		oans or loan guarantees							1b(5)		X
		erformance of services or							1b(6)	ļ	X
С		g of facilities, equipment,							1c	<u> </u>	X
d		answer to any of			_			-			
		of the goods, other		•							
	value	ın any transaction o	r shanng arran	gement, show in col	umn (d) the	value of the	goods, other	assets, or	servic	es re	ceived
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exempt organ	ization	(d) Description of	transfers, transact	ions, and shari	ng arrar	ngemer	ıts
		N/A			. 1	N/A					
							· · · · · · · · · · · · · · · · · · ·				
						 -					
				· · · · · · · · · · · · · · · · · · ·							
											
			L								
2a		foundation directly or	•	•	•	e tax-exempt	organizations de	escribed in	_	_	_
	sectio	n 501(c) of the Code (oth	ner than section :	501(c)(3)) or in section :	527?			٠ ا	Y	es 🔝	X No
_ <u>b</u>	If "Yes	," complete the following		1							
		(a) Name of organization	1	(b) Type of org	ganization		(c) Descript	ion of relations	nıp		
							<u>-</u>				
							· · · · · · · · · · · · · · · · · · ·				
	Linder	penalties of perjury I declar	are that I have ov	ramined this return includ	ing accompany	n schedules and	t statements and	to the heet o	f my b	nowled	ne and
	belief,	it is true, correct, and com	plete Declaration	of preparer (other than tax	kpayer or fiduciar	y) is based on a	ill information of	which preparer	has a	ny kno	ye and wiedge
ĺ		T. 4.11.20.	hed 5	· Khill	1 3	2120110		Truste	\circ		
اره	<u></u>	anature of officer or trustee	.,, , 0			ate	Title	. 1 4/6	Ζ,		
Sign Here	- 31	/					· IIIE	Preparer's i	dentifi	unc	
핕		/	/ /	10 1	Date	Chec		number (Se	e Signa	ature o	n
. <u>ē</u>	Paid :parer's e Only	Preparer's	Theu X.	Calded Cha	- 3/16		mployed P	page 30 of th	ie instru	にtions) マ <i>ロー</i>	,
8	Paid spare	signature / Corveyes if	BKD 1	I.I.P	1 1 1 1 1 1		EINI N	44-01602	<u>ン/</u> 5	-716	

1551 N WATERFRONT PKWY, STE 300

WICHITA, KS

Form **990-PF** (2009)

self-employed), address,

and ZIP code

67206-6601 Phone no. 316-265-2811

KHICHA FAMILY CHARITABLE TRUST FORM 990-PF - PART IV

Kınd of Property		AINS AND LOSSES FOR TAX ON INVEST			or P	Date	Date sold	
	•	0.04.7	<u> </u>		Excess of	D	acquired Gain	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	FMV over		l Gain	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	\perp	_(loss)	
								10/51/000
		COLUMBIA TO	TAL RETURN				08/14/2009	12/11/200
2,000.		1,959.					41.	
						ì		
		COLUMBIA MU	LT-ADVISOR				12/21/2006	01/20/200
280.		612.				1	-332.	
		COLUMBIA MU	LT-ADVISOR				12/21/2007	01/20/200
1,299.		2,859.					-1,560.	
		COLUMBIA MU	LT-ADVISOR				06/20/2007	01/20/200
421.		977.					-556.	
		COLUMBIA TO	TAL RETURN				12/07/1994	01/20/200
2,000.		2,108.				İ	-108.	
		AMGEN, INC.				ĺ	06/01/1992	08/14/200
6,007.		103.					5,904.	
						ļ	10/00/0005	10/11/000
		COLUMBIA MU	LT-ADVISOR			ļ	12/22/2005	12/11/200
51.		51.						
						1	06/10/0006	10/11/000
		COLUMBIA MU	LT-ADVISOR				06/19/2006	12/11/200
50.		62.					-12.	
			D 010 TUDEU				10/20/2002	12/11/200
500		COLUMBIA MI	D CAP INDEX				10/29/2003	12/11/200
500.		514.					-14.	
		COLUMBIA SM	אזד מאם			ļ	11/08/2005	12/11/200
312.		486.	ADD CAP			İ	-174.	12/11/200
312.		100.					1,4.	
		COLUMBIA SM	AT.T. CAP				10/12/2005	12/11/200
188.		267.	ADD CAL				-79.	12,11,200
100.		207.					',','	
		COLUMBIA DI	VIDEND INCOME				05/15/2006	12/11/200
1,257.		1,355.					-98.	12, 11, 11,
1,237.		1,555.						
		COLUMBIA MU	LT-ADVISOR				06/19/2006	12/11/200
57.		57.						
		COLUMBIA MU	LT-ADVISOR				12/22/2005	12/11/200
323.		323.						
		COLUMBIA MU	LT-ADVISOR				06/18/2008	12/11/200
264.		359.					-95.	
		COLUMBIA MU	LT-ADVISOR				12/21/2006	12/11/200
255.		377.					-122.	
		1				1	I	I

KHICHA FAMILY CHARITABLE TRUST FORM 990-PF - PART IV

Kind of P		INS AND LO		nption		P	D-1-	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	Ď		
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	+	(loss)	-
		COLUMBIA -	COLUMBIA				05/15/2006	12/11/200
1,173.		1,283.					-110.	
		COLUMBIA DI	VIDEND INCO	ME			05/15/2006	12/11/2009
243.		243.	COLUMBIA				10/10/0007	12/11/2009
327.		COLUMBIA - 434.	COLUMBIA				12/12/2007 -107.	12/11/2005
						ŀ		
						ŀ		
								}
						ŀ		
TAL GAIN(LO	oss)						2,578.	
0.11.11 (20								
						ŀ		
						ŀ		
						ŀ		
]
		1				1	I	1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

REVENUE AND

EXPENSES PER BOOKS

DESCRIPTION

BANK OF AMERICA MMK

15.

TOTAL

<u>15.</u>

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	REVENUE AND
PROGRAMMAN.	EXPENSES
DESCRIPTION	PER BOOKS
COLUMBIA - COLUMBIA DIV	127.
COLUMBIA MULT-ADVISOR	2.
COLUMBIA MID CAP - DIV	151.
COLUMBIA SMALL CAP - DIV	67.
COLUMBIA INCOME - DIV	806.
COLUMBIA TOTAL RETURN - DIV	1,610.
COLUMBIA HIGH INCOME - DIV	272.
COLUMBIA MULT ADVISOR - DIV	1.
COLUMBIA MID CAP INDEX - DIV	6.
COLUMBIA SMALL CAP - DIV	9.
COLUMBIA TOTAL RETURN - DIV	44.
COLUMBIA MULT-ADVISOR - DIV	442.
FORWARD GLOBAL EMERGING - DIV	31.
COLUMBIA MULT-ADVISIOR - FOREIGN DIV	382.
FORWARD GLOBAL EMERGING - FOREIGN DIV	33.
TOTAL	3,983.

PART I - ACCOUNTING FEES FORM 990PF,

DESCRIPTION BKD-TAX PREPARATION FEES TOTALS REVENUE AND EXPENSES PER BOOKS 1,491.	NET ADJUSTED CHARITABLE INVESTMENT NET CHARITABLE INCOME INCOME PURPOSES 1. 746. 746. 1. 746. 746.
--	--

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

NET INVESTMENT INCOME	1,602.	1,602.
REVENUE AND EXPENSES PER BOOKS	1,602.	1,602.
DESCRIPTION	BANK OF AMERICA CUSTODIAN & MA	TOTALS

TAXES FORM 990PF, PART I

	NET	INVESTMENT	INCOME	. 57.	
REVENUE	AND	EXPENSES	PER BOOKS	57.	
			DESCRIPTION	FOREIGN TAXES	

TOTALS

57.

57.

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	19,445. 8,814. 33,178. 0. 13,680. 29,963. 6,768.	111,848.
ENDING BOOK VALUE	22,547. 10,437. 32,009. 0. 12,522. 29,229. 7,000.	113,744.
DESCRIPTION	COLUMBIA MULTI-ADVISORY INT'L COLUMBIA SMALL CAP INDEX FUND COLUMBIA MARSICO FOCUSED EQ FD AMGEN INC COM COLUMBIA MID CAP INDEX FUND COLUMBIA DIVIDEND INCOME FUND FORWARD GLOBAL EMERGING MKTS	TOTALS

00000

BONDS	
CORPORATE	
PART II -	
FORM 990PF.	,

DESCRIPTION

COLUMBIA TOTAL RETURN BOND FND COLUMBIA HIGH INCOME FUND

TOTALS

END	듸
ENDING	BOOK VALUE

ATTACHMENT

ING

34,013. 3,889.

32,698. 3,914.

37,902.

36,612.

KHICHA FAMILY CHARITABLE TRUST

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

OTHER RECEIVABLES-TIMING DIFF

TOTALS

ATTACHMENT 8

ENDING BOOK VALUE 115.

115.

ATTACHMENT 8

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990PF, PART VIII

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

GYANCHAND J KHICHA

8908 CRESTWOOD CT WICHITA, KS 67206

TRUSTEE

MANORAMA G KHICHA 8908 CRESTWOOD CT

TRUSTEE

WICHITA, KS 67206

GRAND TOTALS

ത ATTACHMENT

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GYANCHAND J. KHICHA MANORAMA G. KHICHA

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

GYANCHAND J. KHICHA 8908 CRESTWOOD CT. WICHITA, KS 67206

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THE YEAR	
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PATE DIRING	
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GRANTS AND CO	
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ART XV	
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FORM	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	MOUNT
KANSAS HUMANE SOCIETY 4218 SOUTHEAST BOULEVARD WICHITA, KS 67210	PUBLICH CHARITY	GENERAL SUPPORT	500
WICHITA CHILDRENS HOME 810 N HOLYOKE ST WICHITA, KS 67208	PUBLIC CHARITY	GENERAL SUPPORT	2,500.
GUADALUPE CLINIC 940 S SAINT FRANCIS ST WICHITA, KS 67211	PUBLIC CHARITY	GENERAL SUPPORT	1,510.
WICHITA COLLEGIATE SCHOOL 9115 E 13TH ST N WICHITA, KS 67206	PUBLIC CHARITY	GENERAL SUPPORT	1,000.
WICHITA ART MUSEUM 1400 W MUSEUM BLVD WICHITA, KS 67203	PUBLIC CHARITY	GENERAL SUPPORT	1,000
WICHITA GRAND OPERA 225 W DOUGLAS AVE WICHITA, KS 67202	PUBLIC CHARITY	GENERAL SUPPORT	1,000.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2009

F	KHICHA FAMILY CHARITABLE TRUST				48-63356	68	
Vote	: Form 5227 filers need to complete onlyPa	rts I and II					
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Y	ear or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other I (see page 4 of to instructions)	he	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·						
	<u> </u>						
							
b	Enter the short-term gain or (loss), if any, fro	m Schedule D-1	. line 1b			1b	41.
2	Short-term capital gain or (loss) from Forms					2	.,
			•				
3 4	Net short-term gain or (loss) from partnership Short-term capital loss carryover. Enter the a	•			• • • • • • • • •	3	
•	Carryover Worksheet			-		4	()
5	Net short-term gain or (loss). Combine line column (3) on the back	s 1a through 4 i	n column (f). Er	nter here and on line	13,	5	41.
Par	t II Long-Term Capital Gains and Losses						
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other I (see page 4 of t instructions)	he	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
						-	
	Enter the long term gain or (loss) if any from	n Schedule D 1	line 6h			6b	2,537.
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b						- 00	2,337.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824						7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts						8	
9 Capital gain distributions						9	·
0 Gain from Form 4797, Part I						10	
1 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss							(
2	Carryover Worksheet	6a through 11	n column (f). Ei	nter here and on line	14a,	11	
	column (3) on the back			· · · · · · · · · · · · · · · · · · ·		12	2,537.
or F	Paperwork Reduction Act Notice, see the Instructi	redule	D (Form 1041) 2009				

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Schedule D (Form 1041) 2009 Page 2 Summary of Parts I and II Part III (1) Beneficianes' (2) Estate's (3) Total or trust's Caution: Read the instructions before completing this part. (see page 5) Net short-term gain or (loss) 41. 13 14 Net long-term gain or (loss): a Total for year 2,537. **b** Unrecaptured section 1250 gain (see line 18 of the wrksht.) 28% rate gain 14c 2,578. Total net gain or (loss). Combine lines 13 and 14a ▶ 15 Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheets necessary **Capital Loss Limitation** Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000 16 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss CarryovefWorksheeton page 7 of the instructions to figure your capital loss carryover Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero Caution: Skip this part and complete the worksheet on page 8 of the instructions if • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero. Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) 17 17 Enter the smaller of line 14a or 15 in column (2) but not less than zero Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 20 Add lines 18 and 19 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-Subtract line 21 from line 20. If zero or less, enter -0-22 22 23 Subtract line 22 from line 17. If zero or less, enter -0-23 24 Enter the smaller of the amount on line 17 or \$2,300 24 Is the amount on line 23 equal to or more than the amount on line 24? 25 Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. No. Enter the amount from line 23 25 Subtract line 25 from line 24 26 26 27 Are the amounts on lines 22 and 26 the same? 27 Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22 Enter the amount from line 26 (If line 26 is blank, enter -0-) 28

Schedule D (Form 1041) 2009

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Subtract line 28 from line 27

Multiply line 29 by 15% (.15)

Add lines 30 and 31

Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts

Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts

(see the Schedule Ginstructions in the instructions for Form 1041)

SCHEDULE 0-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

KHICHA FAMILY CHARITABLE TRUST 48-6335668 Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) Subtract (e) from (d) (see page 4 of the acquired (mo , day, yr) (mo, day, yr) instructions) instructions) 1a COLUMBIA TOTAL RETURN 08/14/2009 12/11/2009 2,000. 1,959. 41.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

41.

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Employer identification number Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) (see page 4 of the acquired (mo, day, yr) Subtract (e) from (d) instructions) (mo , day, yr) 6a COLUMBIA MULT-ADVISOR 12/21/2006 01/20/2009 280. 612. -332. COLUMBIA MULT-ADVISOR 12/21/2007 01/20/2009 1,299. 2,859. -1,560. COLUMBIA MULT-ADVISOR 06/20/2007 01/20/2009 977. 421. -556. 2,000. COLUMBIA TOTAL RETURN 12/07/1994 01/20/2009 2,108. -108. AMGEN, INC. 06/01/1992 08/14/2009 6,007. 103. 5,904. 12/11/2009 COLUMBIA MULT-ADVISOR 12/22/2005 51. 51. 06/19/2006 12/11/2009 50. COLUMBIA MULT-ADVISOR 62. -12. COLUMBIA MID CAP INDEX 10/29/2003 500. 12/11/2009 514. -14. COLUMBIA SMALL CAP 11/08/2005 12/11/2009 312. 486. -174. COLUMBIA SMALL CAP 10/12/2005 12/11/2009 188. 267. -79. COLUMBIA DIVIDEND INCOME 05/15/2006 12/11/2009 1,257. 1,355. -98. COLUMBIA MULT-ADVISOR 06/19/2006 12/11/2009 57. 57 COLUMBIA MULT-ADVISOR 12/22/2005 12/11/2009 323. 323. COLUMBIA MULT-ADVISOR 06/18/2008 12/11/2009 264. 359. -95. 12/21/2006 12/11/2009 COLUMBIA MULT-ADVISOR 255. 377. -122. COLUMBIA - COLUMBIA 05/15/2006 12/11/2009 1,173. 1,283. -110. COLUMBIA DIVIDEND INCOME 05/15/2006 12/11/2009 243. 243. 12/12/2007 -107. COLUMBIA - COLUMBIA 12/11/2009 327. 434. 2,537. 6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b