

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

Departme	nt of the Treasury				ed as a Private i				2003
Internal R	evenue Service				e to use a copy of this re	turn to satisfy s	tate reportin	g requirements.	<u> </u>
	ndar year 2009, or				and ending	<del></del>			<del></del>
G Chec	k all that apply:	Initial retu		1	etum of a former publ			Final return	
		Amended	return	Add	dress change	Nam	e change		
Use the	1/73 T (11737)		HEIDE FAM	<b>.</b> T T	37		_	oloyer Identification nu	mber
label	••			771	ĭ			-6347383	
Otherw		ABLE TRU					-	phone number (see page	10 of the instructions)
print or type			number if mail is not de	elivere	ed to street address)	Room/suite		<u>5-282-6682</u>	
See Spe		tate, and ZIP code	<del> </del>				7	emption application is per	- · · · -
Instructi	J., G. 10111, G.	CENTER		70	66967-0307		l .	oreign organizations, che	
H Check	k type of organizatio							oreign organizations mee 5% test, check here and a	
					le private foundation		1	vate foundation status wa	. , _
	arket value of all ass		J Accounting met			crual		on 507(b)(1)(A), check he	
	r (from Part II, col. (c		Other (spec		Oash Ac	-Ci Gai	i	foundation is in a 60-mor	
			(Part I, column (d)		he on cash basis )	• • • • • • • • • • • • • • • • • • • •		r section 507(b)(1)(B), ch	
Part I	Analysis of	Revenue an	d Expenses (The	3	(a) Revenue and		<del></del>		(d) Disbursements
			may not necessarily equal		_ expenses per .	1 ' '	vestment	(c) Adjusted net	for chantable
	the amounts in column				books	inco	ome	income	purposes (cash basis only)
1	Contributions, gifts,	grants, etc., receiv	ed (attach schedule)				4. 4.	, ,	(923/1 223/3 01/1/
2			ot required to attach So	h. B		100.7		·	
3			ry cash investments		19,60	7	19,607	19,607	<b>""</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4	Dividends and int			•	3,72		3,726	3,726	
5a	Gross rents			• • •					
ay b	Net rental income				( )	ί,			
evenue evenue g e	Net gain or (loss) from sa	ale of assets not on lir	ne 10	[	2,648	3			
b S∰ p	Gross sales price for all a	assets on line 6a	245,93	0	3.7. L	, ,		-	, ,
<b>2</b> 2₹7	Capital gain net ir	ncome (from Pa	rt IV, line 2)	_ [			2,648		
<b>₹8</b>	Net short-term ca	pital gain			, <sup>(</sup> , (, (		)	2,649	
⊕ 9	Income modificati				1 11/2/11/2017	1 100 1			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>₹</u> 10a	Gross sales less retu	ıms & allowances			3				5
₽₽	Less: Cost of good	ds sold							
c	Gross profit or (los			[					
د 11			Stmt 1		48	+	48	48	
12					26,029	<del></del>	26,029	26,030	
S 14	Compensation of				5,541	,	4,987		554
ğ   14	Other employee s	alaries and wag	jes <sub></sub>						
j 15	Pension plans, em	ployee benefits	-	-					<u> </u>
ズ   16a	Legal tees (attach	⊧scueone)⊆∏V		J					<del></del>
6 p	Accounting fees (a Other professional fee Interest	attach schedule	stmt 2	-	233		23	<del></del>	210
£   °	Other professional re	estatado schedul	le) 14 a · · · <b>  3</b>   · · · · · ·	-					
17				├	0 4 7 7			····	
. <u>S</u>   18	Taxes (attach schedule)	see page 14 of the Ins	structions Stant 3	·· ⊦	2,175				· · · · · · · · · · · · · · · · · · ·
Ē   19	Depreciation (attach s	cuedries and deb	letien	·· ⊦	<del></del>				
P 20	Occupancy			·· ⊦					
21 E 22	Travel, conference Printing and public	-4!		·· ⊦				<del></del>	<del></del>
ल   <sup>22</sup> চ্য   23	Other expenses (att. sch.)		• • • • • • • • • • • • • • • • • • • •			·	<del></del>		<del></del>
E 24	Total operating ar			··⊦					<del></del>
[ **	Add lines 13 through	ah 22	•		7,949		5 010	1	764
Operating and Administrative Expension 12 16 16 17 18 19 15 15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Contributions, gifts	anne noid	• • • • • • • • • • • • • • • • • • • •		30,389		5,010		764
0 26			. Add lines 24 and 25		38,338	, , ,	5,010	0	30,389
27	Subtract line 26 fro		. Muu mios 24 dilu 20 .			- 37	2,010	<u> </u>	31,133
a			nd disbursements	-	-12,309	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		,	1 (A)
Ь	Net investment in	come (if neasti	ve euter √r)		( , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	1,019		3
C	Adjusted net inco			·		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	-/	26,030	<del></del>
	v Act and Panenvo			· - 20			1		- 000 DE

F	orm 99	0-PF (2009) WALTER & OPAL HEIDE FAMILY	48-63473	83		Page
	Part	TE Palance Chaste Attached schedules and amounts in the description column	Beginning of year		End o	of year
	Park	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Va		(c) Fair Market Value
_	1	Cash—non-interest-bearing	152,838		306	30
	2	Savings and temporary cash investments		62	,652	62,65
	3	Accounts receivable ▶			`	
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶	1,552			. , , , , ,
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable		<u> </u>		· 
	6	Receivables due from officers, directors, trustees, and other				i
		disqualified persons (attach schedule) (see page 16 of the		i		
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less: allowance for doubtful accounts ▶			·	
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	investments—U.S. and state government obligations (attach schedule) Stmt 4	422,327	334	,695	334,333
Ì	ь	Investments—corporate stock (attach schedule) See Stmt 5	66,501	171	,644	177,778
	С	Investments—corporate bonds (attach schedule) See Stmt 6		73	,223	75,569
	11	Investments—land, buildings, and equipment basis		> ^	<u>, y</u>	X
		Investments—land, buildings, and equipment basis ►  Less accumulated depreciation (attach sch.) ►			^ `.	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	······································			
	14	Land, buildings, and equipment: basis ▶	ù . '	N: N		/ \
		Less, accumulated depreciation (attach sch ) ▶				
	15	Other assets (describe ► )				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	643,218	642	. 520	650,638
┪	17	Accounts payable and accrued expenses	<u>,</u>			
	18	Grants payable		<del></del>		
<u>e</u>	19	Deferred revenue				> 1 ×
bilities	20	Deferred revenue  Loans from officers, directors, trustees, and other disqualified persons				
ap	21	Mortgages and other notes payable (attach schedule)		·		March Section
إث	22					
	23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)	0		0	
$\dashv$	23	Foundations that follow SFAS 117, check here ▶				
တ		and complete lines 24 through 26 and lines 30 and 31.				
낈	24					
a		Unrestricted Temporally restricted			-	NO WAY
or rund Balance	25 26	Temporarily restricted				
8	26	Permanently restricted  Foundations that do not follow SFAS 117, check here ▶				
딝		and complete lines 27 through 31.	į			
늰			643,218	642	520	, , , , , , , , , , , , , , , , , , ,
- 1	27	Capital stock, trust principal, or current funds	043,210	072	, 520	
Sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund				22
SS	29	Retained earnings, accumulated income, endowment, or other funds				
AS		Total net assets or fund balances (see page 17 of the	643 010	640		````^\\
ē		instructions)	643,218	642,	520	•
	31	Total liabilities and net assets/fund balances (see page 17				
يِلــ		of the instructions)  Analysis of Changes in Net Assets or Fund Balances	643,218	642,	520	<u> </u>
	art II				· · · · · ·	
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	-			
		f-year figure reported on prior year's return)			1	643,218
2	Enter	amount from Part I, line 27a			2	-12,309
		amount from Part I, line 27a increases not included in line 2 (itemize) ► See Statement 7			3	11,611
		nes 1, 2, and 3			4	642,520
5	Decre	ases not included in line 2 (itemize) ▶			5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	), line 30	<u></u>	6	642,520

Form 990-PF (2009) WALTER & OPAL HEIDE FAMILY 48-6347383 Capital Gains and Losses for Tax on Investment Income (b) How acquired P—Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D-Donation 12/31/08 08/19/09 DOW CHEMICAL CO P 12 04/10/09 P 09/11/08 FEDERAL HOME LOAN MORTGAGE b 04/27 FEDERAL NATL MORTGAGE ASSN P 09/08/08 01/20/09 08/19/09 P S & P SPDR ENERGY ď 09/14/09 P 07/01/08 FEDERAL HOME LOAN BANK (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 993 3,406 2,413 а 133 105,000 104,867 b 108,714 286 110,000 C 2,287 2,524 237 ď 25,001 25,000 е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (k) Excess of col. (i) (j) Adjusted basis (i) F.M.V. as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any 993 а 133 b 286 c 237 d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2,648 If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). 2,649 If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries. (d) (a) (b) (c) Distribution ratio Base period years Net value of noncharitable-use assets Adjusted qualifying distributions (col. (b) divided by col. (c)) Calendar year (or tax year beginning in) 629,496 2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 627,327 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 5 Multiply line 4 by line 3 210 Enter 1% of net investment income (1% of Part I, line 27b) 6 210 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 31,153 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions on page 18.

For	n 990-PF (2009) WALTER & OPAL HEIDE FAMILY 48-6347383		F	Page 4
*****	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	ıs)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	`	٠.,	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
ь				210
	here ▶ 🗓 and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	ie do	v	۸.
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
3	Add lines 1 and 2			210
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			210
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,088	•	,	
b	Exempt foreign organizations—tax withheld at source 6b			, · · · ·
Ç	Tax paid with application for extension of time to file (Form 8868)  6c	100	$\sqrt{\sqrt{2}}$	
d	Backup withholding erroneously withheld 6d 6d		, de la constante de la consta	
7	Total credits and payments. Add lines 6a through 6d	, , , , ,	ົ1,	088
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald			878
  1 <sup></sup>				878
	art VII-A Statements Regarding Activities			
<u> 1a</u>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	7	Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 <sub>1b</sub>	]	x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	7		1
	published or distributed by the foundation in connection with the activities.		f	1
С	Did the foundation file from 4400 DOI for this year?	10	1	x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
u	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		ĺ `.	1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		Ì	•
•	on foundation managers. > \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<b>2</b>	Ì	x
_		7.5	<u> </u>	<u> </u>
3	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	*		ł
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a h	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b	<del>                                     </del>	<u> </u>
b E	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5	If "Yes," attach the statement required by General Instruction T.	T		<del> </del>
	· ·		<b>,</b>	•
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		, I	
	By language in the governing instrument, or  By state legislation that affectively among the transporting instrument on that an among term directions that	/ ` \		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	X	
_	conflict with the state law remain in the governing instrument?	7	X	_
<i>(</i>	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		<u> </u>	
Ва	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			•
	instructions) ► KS			(
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	\rightarrow	•	′
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
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		X
υ	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	,,		y
	names ann anni'0000	. 70		

For	m 990-PF (2009) WALTER & OPAL HEIDE FAMILY 48-6347383		١	⊃age <b>5</b>
P	art 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		1	ł
	August 17, 2008?	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A	·2·2·2·	: نـ: نـ:	
14	The books are in care of ► THE PEOPLES BANK  Telephone no. ► 785-	282-	668	32
	136 S MAIN	-		
	Located at ► SMITH CENTER, KS ZIP+4 ► 6696	: <del>/.</del>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	• • • • • •		<b>&gt;</b>
	and enter the amount of tax-exempt interest received or accrued during the year			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	15.	V	T
	File Form 4720 If any Item is checked in the "Yes" column, unless an exception applies.	<del></del>	Yes	No
1a		ļ.,	ļ.,	1
			?/\`	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No	1.7	<b>.</b>	] .
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No		r ,	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		27	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		7	1 1
	the benefit or use of a disqualified person)?  Yes X No		ì	ļ.,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		2.7	1.4
	foundation agreed to make a grant to or to employ the official for a period after	1,380		<u> </u>
	termination of government convice if terminating within 90 days.)		· .	
b	If any any unit MV-sill to do/4\ (C\ did any of the acts fall to multi-under the proportions described in Development		٠.	Į. <i>1</i>
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A  Organizations relying on a current notice regarding disaster assistance check here	1b	٠	1
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			1
	were not corrected before the first day of the tax year beginning in 2009?	1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			Ι.
	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		ļ. w	<b>.</b>
	6e, Part XIII) for tax year(s) beginning before 2009?	$ \cdot\rangle$	۱۰,۲۱	37
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	188	2	
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1,	, ";	33.
	(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.)  N/A	2b		Ĺ
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 <sub></sub> , 20 <sub></sub> , 20 <sub></sub> , 20 <sub></sub>	1:		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			N/ N
	at any time during the year?		/ .	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		- 1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		٠,1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	]	. i.	
	foundation had excess business holdings in 2009.) N/A	3b		
la	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	} <b>!</b>	: <b>!</b>	·_·
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<u> </u>

LOU	n 990-PF (2009) WALTER & OPAL HEIDE FAMILY	48-6	<u> 5347383</u>		Page
7777777	art VII-B Statements Regarding Activities for Which Form	4720 May Be I	Required (con	ntinued)	
5a	During the year did the foundation pay or incur any amount to:				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		Yes X No	
	(2) Influence the outcome of any specific public election (see section 4955); or		····· —		
	11 - 14 to -t' 15		П	Yes X No	'
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No	
	(4) Provide a grant to an organization other than a charitable, etc., organization			_	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the inst		$\Box$	Yes X No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o		⊔		
			Π,	Yes X No	K   1.7
	purposes, or for the prevention of cruelty to children or animals?			163 [1] 110	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify undo			N/A	5b
	Regulations section 53.4945 or in a current notice regarding disaster assistance				30
	Organizations relying on a current notice regarding disaster assistance check he			<b>P</b> [_]	
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax	/- 🗆 .	. —	
	because it maintained expenditure responsibility for the grant?		₩/₩ □ ,	Yes No	
	If "Yes," attach the statement required by Regulations section 53,4945-5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums			
	on a personal benefit contract?		∐ `	Yes X No	h (\$1.2.1.2)
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit cont	ract?		6b X
	If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?	[] <b>,</b>	Yes X No	
b	If yes, did the foundation receive any proceeds or have any net income attributa	ble to the transacti	on?	N/A	7b
	Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,
, 105	and Contractors				•
1 1	ist all officers, directors, trustees, foundation managers and their compensation	tion (see page 22	of the instruction	ns).	
<del></del>				(d) Contributions to	
	(a) Name and address	(b) Title, and average	(c) Compensation	employee benefit	(e) Expense account
		i nours der week	f (if not baid, enter		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation	other allowances
		devoted to position		plans and deferred	
	E PEOPLES BANK SMITH CENTER	devoted to position	<del>-0-</del> )	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967	devoted to position		plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER	devoted to position	<del>-0-</del> )	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967	devoted to position	<del>-0-</del> )	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967	devoted to position	<del>-0-</del> )	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967	devoted to position	<del>-0-</del> )	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967	devoted to position	<del>-0-</del> )	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967	devoted to position TRUSTEE 1.00	5,541	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or	devoted to position TRUSTEE 1.00	5,541	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967	devoted to position TRUSTEE 1.00	5,541	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or	devoted to position TRUSTEE 1.00	5,541	plans and deferred compensation  Ctions).	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."	devoted to position TRUSTEE 1.00 line 1—see page	5,541	plans and deferred compensation  O  ctions).	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances
	E PEOPLES BANK SMITH CENTER 6 S MAIN KS 66967  Compensation of five highest-paid employees (other than those included or if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1.00  Line 1—see page  (b) Title, and average hours per week	5,541	plans and deferred compensation  O  Ctions).  (d) Contributions to employee benefit plans and deferred	other allowances

Form 990-PF (2009)

	6347383	Page /
Part VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional services (see page 23 of the ins	tructions). If none, enter "i	NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶
Part X-A. Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the number of	Expenses
1 N/A		
2		
3		
4		
		··
Part IX Summary of Program-Related Investments (see page 24 of the	instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See page 24 of the instructions.		
3		

Total. Add lines 1 through 3

48-6347383 Form 990-PF (2009) WALTER & OPAL HEIDE FAMILY Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 549,998 Average monthly fair market value of securities 1a Average of monthly cash balances 86,882 Fair market value of all other assets (see page 24 of the instructions) 1c 636,880 Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and ٠, ٠ 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 11/2 % of line 3 (for greater amount, see page 25 of 627,327 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 31,366 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.) 31,366 Minimum investment return from Part X, line 6 210 Tax on investment income for 2009 from Part VI, line 5 2a Income tax for 2009. (This does not include the tax from Part VI.) |- 2b | 210 Add lines 2a and 2b C 31,156 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions ...... 4 5 ...... Deduction from distributable amount (see page 25 of the instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 31,156 line 1 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 31,153 Program-related investments---total from Part IX-B b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a

Cash distribution test (attach the required schedule) 3b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 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)

Adjusted qualifying distributions. Subtract line 5 from line 4 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.

Form 990-PF (2009)

Form 990-PF (2009) WALTER & OPAL HEIDE FAMILY

	art XIII Undistributed Income (see page 26 or	f the instructions) (a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI,		3 777 V		31,156
_	line 7 Undistributed income, if any, as of the end of 2009:	<del></del>		<del>{</del>	
2	<del>-</del>			30,388	
a	* *************************************	<del>[                                    </del>			
þ	Excess distributions carryover, if any, to 2009:		Y.W.,		
3 _	<b>5</b> 0004		May Market		`
a	5 0005		1897 335		
b	F 0000	[환경 기업 ]			
d				* * * * * * * * * * * * * * * * * * * *	,
u	From 2008				
ŧ	Total of lines 3a through e	1 27.1 17.3 .			, ,
4	Qualifying distributions for 2009 from Part XII,				
•	line 4: ▶ \$ 31,153	[14 Sec. 2]	,		
2	Applied to 2008, but not more than line 2a			30,388	, ,
	Applied to undistributed income of prior years	13x1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<del>                                      </del>
	(Election required—see page 26 of the instructions)				, , ,
_	Treated as distributions out of corpus (Election	<u> </u>		- 13 - 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
-	required—see page 26 of the instructions)		k08884446	, , , , , , , , , , , , , , , , , , , ,	
ď	A - the day occording the device by	: 787 / 78			765
e	Remaining amount distributed out of corpus				· · · · · · · · · · · · · · · · · · ·
5	Excess distributions carryover applied to 2009		V V 2 V V V V V V V V V V V V V V V V V	1000	
•	(If an amount appears in column (d), the same	· · · · · · · · · · · · · · · · · · ·			****
	amount must be shown in column (a).)	<u> </u>		, i	, , ,
6	Enter the net total of each column as		[ ** \$ s	N. E.	` ` `
•	indicated below:	Real Se	Y , · · ·		, · · ·
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		, , ;		` ` ` ` ` `
	Prior years' undistributed income. Subtract				· · · · · · · · · · · · · · · · · · ·
J	line 4b from line 2b	ka Kina		, ^ ',	
c	Enter the amount of prior years' undistributed	3 8 7			
Ū	income for which a notice of deficiency has	NO 300 1.03			17.3
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable	100 20 00 00 00 00 00 00 00 00 00 00 00 0			
_	amount—see page 27 of the instructions				
A	Undistributed income for 2008. Subtract line	**************************************			11.00
	4a from line 2a. Taxable amount—see page	1. 20,000	<b>性、注:                                    </b>		`\`
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines	(A)		· · · · · · · · · · · · · · · · · · ·	
•	4d and 5 from line 1. This amount must be	30 3		· (s. 2)	
	distributed in 2010	y 1 8/1			30,391
7	Amounts treated as distributions out of corpus	HI INGTHERMANIAN HITT DAY			, ,,,
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				<b>&gt;</b>
	inches ellene \				
В	Excess distributions carryover from 2004 not			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
_	applied on line 5 or line 7 (see page 27 of the		``\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1. 186
	!networklame\		13/2/2012 12/1/2012	(CON) 187	
	Excess distributions carryover to 2010.			7 Y 3 7 A	
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9:	7 1 1 5 1 1			*****
	Excess from 2005				,
	Excess from 2006			( ( ), ( )	• •
	Excess from 2007			$\sim 1$	S 7 S
	Excess from 2008		kiĝ(366)	- ,     ;     ; <b>1</b>	Carlotte Contract
	Excess from 2009	i onis 🕡			

Fom	1 990-PF (2009) WALTER & OPA	L HEIDE FA	MILY	<u>48-63473</u>			Page 1
Pa	art XIV Private Operating For	undations (see p	page 27 of the inst	ructions and Par	<u>t VII-A, que</u>	stion 9	)
1a	If the foundation has received a ruling or	determination letter t	that it is a private opera	ting	1		
	foundation, and the ruling is effective for	2009, enter the date	of the ruling				
b	Check box to indicate whether the found	ation is a private ope	rating foundation descri	bed in section 4	942(j)(3) or	4942	?(j)(5)
2a	Enter the lessor of the adjusted net	Tax year	<u></u>	Prior 3 years			(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 200	6	
	investment return from Part X for					1	
	each year listed						
b	85% of line 2a			· 			
C	Qualifying distributions from Part XII,				İ		
	line 4 for each year listed						
d	Amounts included in line 2c not used directly		1				
	for active conduct of exempt activities						. <del></del>
е	Qualifying distributions made directly						
	for active conduct of exempt activities.				İ	i	
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
	alternative test relied upon:					į	
а	"Assets" alternative test—enter:				ŀ		
	(1) Value of all assets						
	(2) Value of assets qualifying under				1		
	section 4942(j)(3)(B)(i)						<del>-</del>
b	"Endowment" alternative test—enter 2/3					ľ	
	of minimum investment return shown in						
	Part X, line 6 for each year listed				<u> </u>		
С	"Support" alternative test-enter:				į	į	
	(1) Total support other than gross					Ì	
	investment income (interest,						
	dividends, rents, payments on securities loans (section				1	ŀ	
	512(a)(5)), or royalties)						
	(2) Support from general public						
	and 5 or more exempt					- 1	
	organizations as provided in				1		
	section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from				İ		
	an exempt organization						
	(4) Gross investment income		41.1	the formulation b			in constant
, Ka	Supplementary Inform				au \$5,000 c	ır more	ın assets at
_	any time during the ye		o or the matrucho	113.)			<del></del>
	Information Regarding Foundation Mar List any managers of the foundation who	-	m than 20% of the total (	contributions received	by the foundat	ion	
	before the close of any tax year (but only					1011	
	NONE	ii aley nave continuat	eu more dian 40,000).	(000 3000011 001 (0)(2	•1•1		
b	List any managers of the foundation who	own 10% or more of	the stock of a comorati	on (or an equally large	e portion of the		-
	ownership of a partnership or other entity						
	NONE	,	<b></b>				
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc., Progran	ns:			
	Check here ▶ X if the foundation only	makes contributions	to preselected charitab	le organizations and o	does not accep	t	
	unsolicited requests for funds. If the found						
	organizations under other conditions, corr			·			
	The name, address, and telephone numb			d be addressed:	-		
	N/A	•					
	The form in which applications should be	submitted and inform	ation and materials the	y should include:			
	N/A					<del></del>	
	Any submission deadlines:						
	N/A	uich ac hu accesses	eal areas, charitable f-	lde kinds of institution	ns or other fee	tore:	
	Any restrictions or limitations on awards, s <b>N/A</b>	ouch as by geographi	cai aleas, cliantable 116	เนอ, หมนอ บา เมรินเนนิป	na, or ourer rac	ws.	
	41/ 44						990-PF (2000)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PUBLIC HARLAN CHURCH RELIGIOUS 305 COMMERICAL 1,519 HARLAN KS 66967 SMITH COUNTY HOSPICE NONE PUBLIC MEDICAL % JANE KIRCHNER 1,519 SMITH CENTER KS 66967 AMERICAN RED CROSS NONE PUBLIC NORTH CENTRAL KS DIVISON CHARITABLE 760 SALINA KS 67401 THE SALVATION ARMY NONE PUBLIC CHARITABLE % CHUCK WILSON 760 SMITH CENTER KS 66967 NONE PUBLIC AMERICAN CANCER SOCIETY PO BOX 720366 CHARITABLE 760 OKLAHOMA CITY OK 73162 KANSAS MASONIC FOUNDATION PUBLIC NONE PO BOX 1217 CHARITABLE 760 TOPEKA KS 66601 SHRINERS HOSPITAL FOR CHI NONE PUBLIC TRUST & INVEST ACCTG MNGR MEDICAL 760 TAMPA FL 33631 RED BIRD MISSION NONE PUBLIC CHARITABLE 760 70 OUEENDALE CENTER BEVERLY KY 40913 UNITED METHODIST CHURCH NONE PUBLIC 301 E KANSAS AVE RELIGIOUS 22,791 SMITH CENTER KS 66967 ▶ 3a 30,389 b Approved for future payment N/A

Total

**▶** 3b

Form 990-PF (2009) WALTER & OPAL HEIDE FAMILY
Part XVI-A Analysis of Income-Producing Activities

	Enter gross amounts unless otherwise indicated.		d business income	Excluded	by section 512, 513, or 514	(e)	
	-	ervice revenue:	(a) Business code	(b)	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions.)
•	_						
	b						
						·	
	d						
					<del>                                     </del>		
	f				1		
		nd contracts from government agencies	ļ		<del> </del>		
2	Membershi	ip dues and assessments			+	10.000	
3	Interest on	savings and temporary cash investments			14	19,607	
4		and interest from securities			14	3,726	
5		ncome or (loss) from real estate:	3	<u> </u>	<del>       </del>	<del></del>	<u></u>
	a Debt-fi	nanced property		-	╫		<del>.</del>
	b Not del	bt-financed property			╂╼╌╾┼		
6 7	Other inves	ncome or (loss) from personal property			18	48	
8	Cain or /los	stment income ss) from sales of assets other than inventory				2,648	
9	Met income	or (loss) from special events			+ = -		
10	Gross amfi	t or (loss) from sales of inventory			1 1	- <u></u>	<del></del>
		nue: a			†		
• •							
	^						
12	Subtotal. Ad	dd columns (b), (d), and (e)		0		26,029	
13	Total. Add l	line 12, columns (b), (d), and (e)					25,02
(Se	worksheet	in line 13 instructions on page 28 to venfy calculation	ns.)				
P	art XVI-B						
L	ine No. ▼	Explain below how each activity for which income i accomplishment of the foundation's exempt purpos instructions.)					of the
	N/A	instructions.)					
	IN/ A		<del></del>			·	<del></del>
	<del></del> -		<del></del>				
				,			
						·-· ·····	
		11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1 11.0.1					
						······································	<u> </u>
				·· <del>····</del>			
		· · · · · · · · · · · · · · · · · · ·					
DAA		——————————————————————————————————————					orm 990-PF (2009)

Form 990-PF (2009) WALTER & OPA

orm 990-PF (2:	009) WALTER & OPA	P HEIDE LUMITA	40-034/303
Part XVII	Information Regarding	Transfers To and Tran	sactions and Relationships With Noncharitable

			xempt Organiz						<del> </del>	<b>F11 1111111</b>		,
1					ge in any of the followi						Yes	No
	in secti	ion 501	(c) of the Code (other	er than sect	ion 501(c)(3) organizat	ions) or in se	ction 527, relati	ng to political				`.,
	organiz	zations	?							130		
	a Transfe	ers fron	n the reporting found	dation to a n	oncharitable exempt or	rganization o	f:				<i>"</i> \	A) o
	(1) Ca	sh								1a(1)		X
										1a(2)	L	X
	<b>b</b> Other t											
	(1) Sal	les of a	ssets to a noncharit	able exemp	t organization					1b(1)		X
	(2) Pui	rchases	s of assets from a no	oncharitable	exempt organization					1b(2)		X
					sets					1b(3)		X
										1b(4)		X
										1b(5)		Х
	(6) Per	rformar	nce of services or me	embership o	r fundraising solicitatio	ns			• • • • • • • • • • • • • • • • • • • •	1b(6)		X
					other assets, or paid en					1c		X
					nplete the following sch							
					iven by the reporting for							
					nt, show in column (d)							
	(a) Line no		(b) Amount involved		of nonchantable exempt o			ion of transfers, transac		g arrange	ements	
N	/A										•	
/												
		_										
		-	·			•						
-							<del></del>					
		-+										
		$\dashv$	· ·									
								·				
											-	
		$-\vdash$			· · · · · · · · · · · · · · · · · · ·							
	<del></del>								<del></del>			
				<del>.</del>	<del></del>				<del></del>			
		-					····		<del></del>			
_	_								<del></del>			
	<del></del>					1	<del></del>					
28					with, or related to, one					$\Box$	<b>₽</b>	
					than section 501(c)(3)	) or in section	1 527?			Ye	s A	NO
b	o If "Yes,"		ete the following sch	nedule.					<del> </del>			
		(a) Na	me of organization		(b) Type of organi	zation		(c) Description of	of relationship			
	N/A											
									<del></del>			
	Under pe	nalties c	of perjury, I declare that	F paya axaoit	ped this return, including action in the second second in the second second in the second second in the second second in the second second in the second sec	ccompanying s	chedules and state	ments, and to the best	of my knowledge	and		
	belief, it is	s true, co	orrect, and complete IL		reperer (other than taxpay			rmation of which prepa	rer nas any know	eage.		
			dano	TRUSTEE	$\mathcal{L}$	V04-2	9-2010	TRUSTE	E			
ු	Sign	ature of	officer or trustee			Date		Title				
위		-	11		$\bigcirc$ 4.4		Date	Oh a alu if		r's identify (see Sigr		n
ਵ	s >	Prepa	rer's	$\mathcal{D}$	$\subseteq V \cap \Omega$		}	Check if self-employed		of the ins		
Sign Here	Dr. July	signat			Lukimas		04/2	7/10	509	-54	<u>- 07</u>	40
<b>"</b>	Paid Preparer's Use Only	Firm'e	name (or yours if	GAREN	L KUHLMANN	CPA CH						
	P. J.		Harre tur vuuta II .	PO BOX	265				EIN ▶			
		and Z	IP code	SMITH		6696	7-0265		Phone no. 785	-282	2 - 68	367
						<del></del>				m 990		

312000 WALTER & OPAL HEIDE FAMILY

48-6347383

**Federal Statements** 

FYE: 12/31/2009

## Statement 4 - Form 990-PF, Part II, Line 10a - US and State Government investments

Description						
		Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
US GOVT AGENCIES/STATE EXEMPT	\$	153,540	\$ 151,523	Market	\$	154,128
US GOVT AGENCIES/STATE TAXABLE	_	268,787	 183,172	Market	_	180,205
Total	\$_	422,327	\$ 334,695		\$_	334,333

### Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description							
	_	Beginning of Year	<u> </u>	End of Year	Basis of Valuation	<u>-</u>	Fair Market Value
COMMON STOCKS	\$	66,501	\$	171,644	Market	\$	177,778
Total	\$_	66,501	· : —	171,644		\$_	177,778

## Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description						
	Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
CORPORATE BONDS	\$	\$	9 614	Market	Ś	10,415
CORPORATE SECURITIES	Y	Ÿ	J, 014	Market	٧	10,113
			63,609	Market	_	65,154
Total	\$	0 \$	73,223		\$_	75,569

#### Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount		
REIMBURSEMENT OF DISTRIBUTION IN ERROR IN 2008 INCOME TIMEING ADJUSTMENT	\$	10,000 1,611	
Total	\$	11,611	

312000 WALTER & OPAL HEIDE FAMILY 48-6347383 <b>Feder</b> FYE: 12/31/2009	ral Statements 4/27/2010 1:45	PM
	Managers Who Contributed Over 2% or \$5,000	
Name of Manager NONE	Amount \$	
Total	\$ \$0	
Form 990-PF, Part XV, Line 1b	o - Managers Who Own 10% or More Stock	
Name of Manager	Amount	
NONE Total	\$ \$0	