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Form **990-PF**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2009

		ndar year 2009, or tax year beginning		, and ending		
G	Check	call that apply: Initial return	Initial return of a fo		Final return	n
		Amended return	Address chang	Je	Name change	
l	e the label	Roy & Nellie Crawford		Trust	A Employer identification 48-6377824	
	nerwi	·		Room/suite		
	print r typ:	•	aivered to sheet address)	Nocityatita	B Telephone number 620-342-34	154
	Spe	<u> </u>			C If exemption application is i	
	ructi	Emporia, KS 66801			D 1. Foreign organization	s, check here
_	_	· · ·	empt private foundation	4 :	Foreign organizations m check here and attach co	omputation
<u> X</u>		ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J _ Accountii	Other taxable private founda	Accrual	E If private foundation sta under section 507(b)(1	itus was terminated
		* I -	her (specify)	Accidai	1	
	· \$	114,095. (C), line 10)		pasis.)	F If the foundation is in a under section 507(b)(1	
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	1,339.	1,339.		Statement 1
	4	Dividends and interest from securities	4,479.	4,479.		Statement 2
	5a	Gross rents				
	þ	Net rental income or (loss)		tandance or an administrative	1	-
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 30,000.	0.	······································		
Revenue	ן ני	assets on line 6a	1,411,111,111,111,111,111,111,111,111,1	0.		'
æ	8	Capital gain net income (from Part IV, line 2) Net short-term capital gain				
	9	Income modifications	***************************************			'1
	10a	Gross sales less returns			··········	
	١.	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income			_	
	12	Total. Add lines 1 through 11	5,818.	5,818.		
	13	Compensation of officers, directors, trustees, etc	904.	904.		0.
	14	Other employee salaries and wages				
S	15	Pension plans, employee benefits		•=		·
enses	100	Accounting the CEIVE 9tmt 3	335.	0.		0.
žĎ	"	Othersprofessional fees				
ve E	17	introl (0)				
rati	18	TAKE MAR 1 8 2010s + 10 4	133.	0.		18.
Operating and Administrative Exp	19	Deprectation and depletion				
Ë	20	Occupand GDEN, U.T				<u> </u>
ďβ	21	Travel, conferences, and meetings			<u> </u>	
aŭ	22	Printing and publications				
ting	23	Other expenses		····		-
era	24	Total operating and administrative expenses. Add lines 13 through 23	1 1 372	904.		18.
o	25	Contributions, gifts, grants paid	1,372. 5,760.	J 0 4 •		5,760.
	1	Total expenses and disbursements.				7,330
	-"	Add lines 24 and 25	7,132.	904.		5,778.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	-1,314.			
	I .	Net investment income (if negative, enter -0-)		4,914.		,
	1 6	Adjusted net income (if negative, enter -0-)			N/A	

48-6377824 End of year

Page 2

Don	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of yea	
Fall	column should be for end-or-year amounts only	(a) Book Value		(c) Fair Market Value
1,	Cash - non-interest-bearing	-3.	-4.	
2	Savings and temporary cash investments			· · · · · · · · · · · · · · · · · · ·
3	Accounts receivable			
	Less: allowance for doubtful accounts	3.		
4	Pledges receivable			
'	Less allowance for doubtful accounts ▶		İ	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
"				
١.	disqualified persons			
'	Other notes and loans receivable		1	
_	Less: allowance for doubtful accounts			
76 I	Inventories for sale or use			
<u>s</u> 9	Prepaid expenses and deferred charges		•	
10	a Investments - U.S. and state government obligations	07 210	110 010	99,073.
	b Investments - corporate stock Stmt 5	87,210.	110,919.	
	c Investments - corporate bonds Stmt 6	40,029.	15,010.	15,026.
11	Investments - land, buildings, and equipment basis			
	Less: accumulated depreciation			
12	Investments - mortgage loans			· · · · · · · · · · · · · · · · · · ·
13	Investments - other			
14				
	Less: accumulated depreciation			
15	Other assets (describe			
'				
16	Total assets (to be completed by all filers)	127,239.	125,925.	114,095.
	Accounts payable and accrued expenses			
18				
.9				
를 Z	Loans from officers, directors, trustees, and other disqualified persons			
te 21				
	Other liabilities (describe			
		0.	0.	
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here			
S	and complete lines 24 through 26 and lines 30 and 31.			•
Se 24	Unrestricted			
[25	i Temporarily restricted			
<u>iii</u> 20				
Net Assets or Fund Balance	Foundations that do not follow SFAS 117, check here			
띤	and complete lines 27 through 31.			
S 2	Capital stock, trust principal, or current funds	0.	0.	
te 2	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
S 2	Retained earnings, accumulated income, endowment, or other funds	127,239.	125,925.	
₹ 30		127,239.	125,925.	
2				
3	Total liabilities and net assets/fund balances	127,239.	125,925.	
Par	t III Analysis of Changes in Net Assets or Fund B	alances		
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		·
	ust agree with end-of-year figure reported on prior year's return)		1	127,239.
•	· · ·		2	127,239. -1,314.
	ter amount from Part I, line 27a		2	0.
	her increases not included in line 2 (itemize)		4	125,925.
-	d lines 1, 2, and 3		·············	0.
	creases not included in line 2 (itemize)	turn (h) line 00	5	125,925.
<u>6 To</u>	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numn (b), line 30		Form QQD-DF (2000)

Part IV Capital Gains a	and Losses for Tax on Ir	nvestment	Income					
(a) List and descri	be the kind(s) of property sold (e.g	., real estate,		l` Þ.	low acquired Purchase		e acquired	(d) Date sold
2-story brick warehouse; or common stock, 200 shs. MLC Co) a FNMA 2.45% 12/18/12			D	- Donation		day, yr.)	(mo., day, yr.)	
, u =					<u>P</u>		17/08	12/28/09
b FNMA 2.45% 12/1	18/12			<u> </u>	P	12/4	23/08	12/28/09
С					·			
_d								
<u>e</u>		(-10-	A	\vdash		(1-)	0 //	<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss us (f) minus	(g)
a 15,000.		<u></u>	15,00				<u>.</u>	0.
b 15,000.			15,00	0.				0.
C								
d				1				
е			· ·					
Complete only for assets showing	g gain in column (h) and owned by	the foundation	on 12/31/69				Col (h) gair	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		С		t not less tha s (from col.	
							•	0.
<u>a</u>								0.
<u>b</u>							-	
<u>c</u>		<u> </u>						
<u>d</u>								
8		<u> </u>		$\overline{}$				
2 Capital gain net income or (net cap	ortal loss) { If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	7 7	$ \cdot $	2			0.
, , ,	•			7 [
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, or		iiu (o)		1				
If (loss), enter -0- in Part I, line 8	country (c)				3		N/A	1
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estment Ir	come		
(For optional use by domestic private								
(For optional use by domestic private	Touridations subject to the section	4540(a) tax on	not myostmont in	001110	-,			
If section 4940(d)(2) applies, leave th	ıs part blank							
Was the foundation liable for the sect	on 4042 tay on the distributable an	nount of any ve	ar in the hace ner	choi				Yes X No
If "Yes," the foundation does not quali				.00		• • •		
	ach column for each year; see instr			es.				·- ·- · · · · · · · · · · · · · · · · ·
(a)	(b)		The state of the s	(c)		<u> </u>		(d) bution ratio
Base period years Calendar year (or tax year beginnin	مناه مشنبك المساه معمديناه المساهم	stributions	Net value of no		ıtable-use asse	ts		bution ratio vided by col. (c))
	ig III)	4,334.			111,74	5	(001 (0) 01	.038785
2008		4,505.			115,39			.039040
2007	1	0,205.			123,35			.082732
2006		4,076.			126,57			.032202
2005					130,03			.051665
2004		6,718.			130,03	<u> </u>		.031003
								244424
2 Total of line 1, column (d)				٠.		2-	<u> </u>	244424_
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ars			
the foundation has been in exister	nce if less than 5 years					3		.048885
4 Enter the net value of noncharitable	le-use assets for 2009 from Part X,	line 5				. 4		106,991.
								<u> </u>
5 Multiply line 4 by line 3						5		5,230.
· · · · · · · · · · · · · · · · · · ·				•				
6 Enter 1% of net investment incom	se /1% of Part I line 27h\					6		49.
Eitter 1 % of fiet mivestillent incom	ie (1 % 01 rait i, iiiie 270)					.		
7 Add lines 5 4 C						,		5,279.
7 Add lines 5 and 6						- 7	+	3,213.
	.					1_		5 770
8 Enter qualifying distributions from						8	<u> </u>	5,778.
	line 7, check the box in Part VI, line	e 1b, and comp	lete that part using	g a 19	% tax rate.			
See the Part VI instructions.								000 DF (0000)

Roy & Nellie Crawford Irrevocable Trust

Form			3//8/4		Page 4
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	948 - 9	ee instr	uctio	ns)
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 letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			49.
	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)	, 1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3			49.
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-	5			49.
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009	.]			
	Exempt foreign organizations - tax withheld at source	.]			
	Tax paid with application for extension of time to file (Form 8868).	. 1			
	Backup withholding erroneously withheld	. 1			
	Total credits and payments. Add lines 6a through 6d	7			0.
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			49.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶	11			
-	art VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Yes	No
	any political campaign?		1a		Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	•	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	dor			
	distributed by the foundation in connection with the activities.	, 0,			
			10		Х
	Did the foundation file Form 1120-POL for this year?	-	16		
ų	(1) On the foundation \blacktriangleright \$ 0 • (2) On foundation managers \blacktriangleright \$ 0 •				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
t	managers > \$O.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
2	If "Yes," attach a detailed description of the activities.				1
,	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r			
3		1	3	1	х
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?		44		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/		-	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	117	5		Х
J		•	·		
c	If "Yes," attach the statement required by General Instruction T.				
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or By the first transfer that confirst with the state. By the first transfer that confirst with the state.	la			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	iaw		1	
_	remain in the governing instrument?	•	. 6	Х	<u> </u>
_7	Did the foundation have at least \$5,000 in assets at any time during the year?	·	7	Λ	
_	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	KS		<u> </u>		
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		-		
	of each state as required by General Instruction G? If "No," attach explanation		. <u>8b</u>	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 caler	ndar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X

Roy & Nellie Crawford Irrevocable Trust Form 990-PF (2009) FBO St. Mark's Lutheran Church 48-6377824 Page 5 Part 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 instructions) Х 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. $\triangleright 620-342-3454$ 14 The books are in care of ► ESB Financial Located at ▶ P.O. Box 807, Emporia, KS ZIP+4 ▶66801 Section 4947(a)(1) nonexempt charitable 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 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (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? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (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 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 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 Х 10 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(1)(3) or 4942(1)(5)) a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ... 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 instructions.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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 Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beguest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form **990-PF** (2009)

X

X

N/A

2b

3b

4a

Roy & Nellie Crawford Ir orm 990-PF (2009) FBO St. Mark's Lutheran Part VII-B Statements Regarding Activities for Which	Church		<u>48-63778:</u> ued)	24 Page	<u>6</u>
5a During the year did the foundation pay or incur any amount to:			"		·
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945/a\\2	□ v ₄	s X No		
(2) Influence the outcome of any specific public election (see section 4955); (18 (14)		
			. 🔽		
any voter registration drive?		====	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	L Y6	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		📙 Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A s	5b	
				-	
Organizations relying on a current notice regarding disaster assistance check to			· -		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			l		
expenditure responsibility for the grant?		「/A	s No		
If "Yes," attach the statement required by Regulations section 53.494	5 - 5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		🗀 Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X	
If "Yes" to 6b, file Form 8870.			<u></u>		-
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	[γ _ε	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Information About Officers Directors Trust					-
Part VIII Paid Employees, and Contractors	ccs, i ouridation ivia	inagers, mgm			
List all officers, directors, trustees, foundation managers and their	compensation.				_
		14.50	7.10.		
	(b) Title, and average	(c) Compensation	(C) Contributions to	(e) Expense	_
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, othe	— г
	hours per week devoted to position		(Q) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances	— г —
SB Financial	hours per week devoted	(If not paid,	and deterred	account, othe	- r -
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	r —
ESB Financial 307 Merchant	hours per week devoted to position	(If not paid,	and deterred compensation	account, othe	:r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	:r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	:r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	:r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	:r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	:r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	r —
	hours per week devoted to position Trustees	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	r —
ESB Financial 307 Merchant	hours per week devoted to position Trustees 2.00	(If not paid, enter -0-)	and deterred compensation	account, othe allowances	r —
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average	enter "NONE."	and deterred compensation O .	account, othe allowances O	• •
ESB Financial 307 Merchant Emporia, KS 66801	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • • • • • • • • • • • • • • • • •
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average	enter "NONE."	and deterred compensation O . (d) Contributions to employee benefit plans	account, othe allowances O	• •
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • • • • • • • • • • • • • • • • •
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• •
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• •
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • · · · · · · · · · · · · · · · · ·
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • · · · · · · · · · · · · · · · · ·
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • · · · · · · · · · · · · · · · · ·
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • · · · · · · · · · · · · · · · · ·
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • · · · · · · · · · · · · · · · · ·
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • · · · · · · · · · · · · · · · · ·
ESB Financial 307 Merchant Emporia, KS 66801 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position Trustees 2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	account, othe allowances O (e) Expense account, othe	• • • • • • • • • • • • • • • • • • •

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Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "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	· · · · · · · · · · · · · · · · · · ·	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses
Provide funds for religious use for the operation	ns of St.	
Mark's Lutheran Church		5 760
		5,760.
2		
· · · · · · · · · · · · · · · · · · ·		
3		· · · · · · · · · · · · · · · · · · ·
4		
Part IX-B Summary of Program-Related Investments	·	·
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12.	Amount
1 N/A		
	 -	
2		
All other program-related investments See instructions		

Total. Add lines 1 through 3

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	108,620.
b.	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	10	
ď	Total (add lines 1a, b, and c)	10	108,620.
е	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.
	Subtract line 2 from line 1d	3	108,620.
	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,629.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	106,991.
	Minimum investment return. Enter 5% of line 5	6	5,350.
Pa	Pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	5,350.
2a '	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.)		
C .	Add lines 2a and 2b	2c	49.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,301.
	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,301.
6	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,301.
Pa	rt XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,778.
	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 charitable, etc., purposes	2	 .
	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
þ	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	4	5,778.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ncome Enter 1% of Part I, line 27b	5	49.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,729.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualifies for th	e section

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Part XIII Undistributed Income (see instructions)

· .	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				5,301.
2 Undistributed income, if any, as of the end of 2009	**************************************		······································	
a Enter amount for 2008 only			4,424.	
h Total for prior years:	· · · · · · · · · · · · · · · · · · ·			
		0.		
3 Excess distributions carryover, if any, to 2009:	· · · · · · · · · · · · · · · · · · ·	W. C.		***************************************
a From 2004				
b From 2005				
c From 2006				
d From 2007				•
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ► \$ 5,778.				
a Applied to 2008, but not more than line 2a			4,424.	
b Applied to undistributed income of prior				, , , , , , , , , , , , , , , , , , ,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				······································
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				1,354.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		***************************************		
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.1			
b Prior years' undistributed income Subtract				·····
line 4b from line 2b		0.		
c Enter the amount of prior years'			•••••	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	······	· · · · · · ·		······································
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must	İ			
be distributed in 2010				3,947.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005	1			
b Excess from 2006	1			
c Excess from 2007				
d Excess from 2008	-			
e Excess from 2009				

Roy & Nellie Crawford Irrevocable Trust FBO St. Mark's Lutheran Church Form 990-PF (2009) 48-6377824 Page 10 Part XIV | Private Operating Foundations (see Instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2009 (b) 2008 (d) 2006 (c) 2007 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a . c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities ... e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets ... (2) Value of assets qualifying under section 4942(j)(3)(B)(i) ... b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization . . . (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) None b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include.
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year St. Mark's Lutheran Church 1508 West 12th Emporia, KS 66801	or substantial contributor	Church	Religious	5,760.
Total	<u>. </u>		▶ 3a	5,760.
b Approved for future payment				
None				
				
Total		· · · · · · · · · · · · · · · · · · ·	> 3b Fo	0 . m 990-PF (2009)

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Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclud	led by section 512, 513, or 514	(a)
-	(a)	(b)	(c) Exclu-	(d)	(8)
4 Paramanananananananananananananananananan	Business	Amount	SION	Amount	Related or exempt function income
1 Program service revenue:	code		ebox	, another	Tanction income
a	<u> </u>	· - · · · · · · · · · · · · · · · · · ·	+		
b	<u> </u>				
C			ļļ		
ď					
e	ļ				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,339.	
4 Dividends and interest from securities			14	1,339. 4,479.	
5 Net rental income or (loss) from real estate			 		· n. n
a Debt-financed property			1		
b Not debt-financed property			1	· · · · · · · · · · · · · · · · · · ·	
			++		
6 Net rental income or (loss) from personal			1 1		
property			1		
7 Other investment income			+		
8 Gain or (loss) from sales of assets other			_		
than inventory			18		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.	ŀ				
a	<u> </u>		1 1		
b					·
C					
d					
е			+ +		
12 Subtotal. Add columns (b), (d), and (e)		0.		5,818.	0.
	· ···· · · · · · · · · · · · · · · · ·			13	
(See worksheet in line 13 instructions to verify calculations)		••• •	• •	10	370101
Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than be	ne is reported in c	olumn (e) of Part XVI-A			lishment of
		 			
					
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	. Exempt Organizations					
1	Did the organization directly or indirectly engage in any of the followin	g with any other organization	on described in section 501(c) of]	Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 52	7, relating to political organ	izations?			
а	Transfers from the reporting foundation to a noncharitable exempt org	ganization of				
	(1) Cash			1a(1)		Х
	(2) Other assets			1a(2)		X
b	Other transactions:			<u></u>		
_	(1) Sales of assets to a noncharitable exempt organization			16(1)	:	Х
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		X
	(3) Rental of facilities, equipment, or other assets			 		X
				1b(3)		X
	(4) Reimbursement arrangements		• • • • • • • • • • • • • • • • • • • •	1b(4)		$\frac{\Lambda}{X}$
	• • • • • • • • • • • • • • • • • • • •			1b(5)		
_	(6) Performance of services or membership or fundraising solicitation			1b(6)		X
	Sharing of facilities, equipment, mailing lists, other assets, or paid emi	· · · · · ·		10		X
q	If the answer to any of the above is "Yes," complete the following sche				ets,	
	or services given by the reporting foundation. If the foundation receive	eu iess than fair market valu	e in any transaction or snaring arrangement, sr	ow in		
(-)	column (d) the value of the goods, other assets, or services received.	avamet avaavatiaa	(4)			
(a)	Line no (b) Amount involved (c) Name of noncharitable	exempt organization	(0) Description of transfers, transactions, and s	naring arr	angeme	nts
	N/A					
		 				
		 				
2 a	Is the foundation directly or indirectly affiliated with, or related to, one	or more tax-exempt organiz	vations described			
	in section 501(c) of the Code (other than section 501(c)(3)) or in section	• •		٦ ٧٠٠	LX.	No
h	If "Yes," complete the following schedule		· ··· · · · · · ·	」Yes	41	1 1/10
	(a) Name of organization	(b) Type of organization	(c) Description of relationsh			
	N/A	(-) .)po or organization	(e) 2000 pto ii oi rollatonori	Р		
						
		-				
-1	Under penalties of penjury, I declare that I have examined this return, including according	manuage schedules and statem	and and to the beat of my leaved about the leaf the leave			
-	and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on a			ie; correc	τ,	
		, 26%				
اه	Circulation of officer as Assault	X 3/8/100	TRUSTEE			
힐	Signature of officer or trustee	Date	Title			
Sign Here	Preparer's		ate Check If Preparer	s identifyi	•	ber
3,	D E Signature			8305	556	
	Tim's name (or yours Agler & Gaeddert, C)	hartered	EIN ► 48-0894	999		
	Fireface s signature Rim's name (or yours Agrier & Gaeddert, C) It set employed, 1225 W. 6th Ave., P	.O. Box 704				
	address, and ZIP code Emporia, KS 66801		Phone no (620)	342-	-764	11
				n QQD.		

Form 99Q-PF	Tax	es 			Statement 4
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incor	
990-PF and 1041 STATE INCOME TAX	115. 18.		0.		0.
To Form 990-PF, Pg 1, ln 18	133.		0.		18.
Form 990-PF	Corporat	e Stock			Statement 5
Description			Вос	ok Value	Fair Market Value
Bank of America Pfd Citigroup Capital IX Pfd Goldman Sachs (Pplus) Pfd JP Morgan Chase Cap XI Morgan Stanley Cap Tr V Wells Fargo Cap VII Northern Trust MM Citigroup Capital XIV Morgan Stanley Pfd 6.45%				15,000. 14,418. 14,336. 8,047. 8,030. 7,994. 33,094. 5,000.	13,236. 10,688. 12,511. 7,414. 6,681. 7,231. 33,094. 3,928. 4,290.
Total to Form 990-PF, Part II	I, line 10b			110,919.	99,073.
Form 990-PF	Corporat	e Bonds			Statement 6
Description			Вос	k Value	Fair Market Value
Catepillar Fin Serv Crp FNMA FHLMC				10,010. 0. 5,000.	10,051. 0. 4,975.
Total to Form 990-PF, Part II	, line 10c			15,010.	15,026.

To Form 990-PF, Pg 1, ln 16b

		- = - <u>-</u>				
Form 990-PF Interest on Saving	gs and Tem	porary C	ash II	nvestments	Statement]
Source .					Amount	
Catepillar Fin Serv					54	41.
FHLMC						65.
FNMA					7:	33.
Total to Form 990-PF, Part I, line 3, Column A					1,339.	
Form 990-PF Dividends	and Inter	est from	Secui	rities ————	Statement	2
			Capi	ital Gains	Column (A)
Source	Gross	Amount		ividends	Amount	,
Bank of American Corp Pfd		825.		0.	82	25.
Citigroup Cap XIV		344.		0.		14.
Citigroup Capital IX Pfd		759.		0.	• -	59.
Goldman Sachs (PPlus) Pfd		760.		0.		50.
JP Morgan Chase Capital XI		492.		0.		92.
Morgan Stanley Cap Trust V		489.		0.		39.
Morgan Stanley Pfd 6.45%		323.		0.		23.
Northern Trust MM		12. 475.		0.		12.
Wells Fargo Capital VII		4/5.		0.	4.	75.
Total to Fm 990-PF, Part I, ln	4	4,479.		0.	4,47	79.
Form 990-PF	Accounti	ng Fees			Statement	3
						
	(a)			(C)	(d)	
	Expenses	Net Inve	est-	Adjusted		ole
Description F	Per Books	ment Ind	come	Net Incom	e Purpose	es
Accounting Fees	335.	335.				0.
						

335.

0.

0.