

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



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

2009

OMB No 1545-0052

14 Other employee salaries and wages 15 Pens out ans, employee benefits 16a Lega test MAR 0 1 2010 b Accounting fees c Other professoral fees 17 Interest 18 Taxes STMT 1 42. 0. 0.	For	calenda	ır year 2009, or tax ye	ar beginning			, and er	nding		
Use the IRS Table II THE MARKHALL FAMILY FOUNDATION, INC. THE MARKH	GC	G Check all that apply Initial return Initial return of a former public charity				harity	Final return	1		
THE MARSHALL FAMILY FOUNDATION, INC. THE MARSHALL FAMILY FOUNDATION, INC. Private and street 60°C to see number from a next decreased to street addresses) or type. 17.1 UPPER MILL, TERRACE SEE Specific Control of the seed of the seed addresses of the seed add	Amended return				Address char	ige	لييا	Name change		
Otherwise, PHE MARSHALL FAMILY FOUNDATION, INC. 174 UPPER MILL TERRACE Received to steep to charge and settles (19 for 19 to 19			Name of foundation	1					A Employer identification	n number
Part Interest and street P or the search			THE MARSH	ALL FAMI	LY FOUN	DATION, I	NC.	•	74-2832446	•
of type 1714 UPPER MILL TERRACE C 185 823-2374 C 1 terrampton application is according to the first full full to the first full to	_		' 					Room/suite		
See Specific City or town, state, and 2/9 code Instructions SALTINA , KS 67401 In Check type of organization Salting Market State Salting Sol (2) (3) exempt private foundation Section 391/(3)(1) molecampt charitable trust Office Tracable private foundation If arm market used of a lassests and of year I A ecounting method (2) Cash Accrual (from Part II, col (c), line 16) Set 487 , 274 , (Part I, counting of market be on cash bases) Fart II make of aroutes in counting to charitable in the second of second in counting of market be one cash bases.) I combibilities, gett, grants, sct., received 2 Creek II analysis of Revenue and Expenses 1 Comedia Solitable (1) (8), check here are expenses to all salting schools (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		•	1714 UPPE	R MILL T	ERRACE	•				2374
## Check type of aganzation Saction 501(5)(3) exempt provide foundation Tain market value of all assets at all not of year J Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c) (c), into 18 Accounting method Cash Accrual Term rained to (c), into 18 Accounting method Cash Accrual Term rained to (c), into 18 Term rained to (c), int			City or town state :						 	
H. Check bype of organization X Section 501(c)(3) exampt private foundation	Inst	ructions							D 1. Foreign organization:	s, check here
Section 497(a)(1) nonexempt chantable trust	H C	heck ty	pe of organization	X Section 501	(c)(3) exempt p	rivate foundation			Foreign organizations me check here and attach or	eeting the 85% test,
Fart market value of all assests at end of year Accounting method Compart Col (c), line 16 New Part Analysis of Revenue and Expenses The sold of Arounts in columns (s), (c), and (d) may not Control (c) must be on cash bases) Fit the foundation is in a 64-month termination Fit the foundation		Secti					ation			
Part I Analysis of Revenue and Expenses. (The stoat of amounts in columna (0), (u), and (or may not revenue and (a) Revenue and (b) Net investment (income (c), (u), and (or may not revenue and (a) Revenue and (b) Net investment (income (c), (u), and (or may not revenue and (a) Revenue and (b) Net investment (income (c), (u), and (or may not revenue and (a) Revenue and (b) N/A 1 Contributions, gifts, grants, etc., received (a) Revenue and (a) Revenue and (b) N/A 2 Check Employees and (a) Revenue and (a) Revenue and (b) N/A 3 Interest on axing and interest from securities 3 Contributions and interest from securities 3 Contributions and interest from securities 4 Dividends and interest from securities 5 Revenue and (a) R	I Fa	ır mark	et value of all assets at	end of year J /			Accr	ual		
Part I Analysts of Revenue and Expenses (a) part of control for a famous in colored (b) (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal the amounts of colored (c) may not recessary equal to a colored (c) may not recessa										
Check Chec					t I, column (d)	must be on cash	basis.)		under section 507(b)(1	T
2 Chook ▶ ☐ If the formation is not required to alturn Son 8 3 Internation of author and it temporary 3 4 Dividends and interest from securities 5a Gross rents 5 Rotes and of temporary 3 5 Rotes and 5 5	Pa	(The total of amounts in col-	umns (b), (c), and (d) n	nay not ex	penses per books			income	for chantable purposes
Interest on askings and temporary		1 C	ontribut <u>ions,</u> gifts, grar	nts, etc , received		36,624.		······································	N/A	
See A Investments See A Company See A					Sch B					
Sa Gross rents Determination process Determination or (lose)		3 In	terest on savings and temp ash investments	oorary						
B Net rental income or (coss) B Net pain or (loss) from sale of assets not on line 10 B Gross sales less sales income or (coss) Net short-term capital gain I norm modifications I carried an intermity from Part IV, line 2) Net short-term capital gain I norm modifications I carried an intermity from Part IV, line 2) Net short-term capital gain I norm modifications I carried an intermity from Part IV, line 2) Net short-term capital gain I norm modifications I carried an intermity from Part IV, line 2) Net short-term capital gain I norm modifications I		4 Di	ividends and interest fr	rom securities	<u> </u>					
Sa Not pair or fices from sale of assets not on line 10					ļ					
b Gross sales proce for all process on line 8 a Capticity span not unusure trom Part IV, line 2)	e	۱ ـ	-							
8 Net short-term capital gain 9 Income modifications 10a and allowances 10 Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 36,624. 0. 3,000. 0. 3,000. 3,000. 15 Pentago Jans, employee benefits 16 Lega Good MAR 0 1 2010 Ph Accounting fees c Other professing lega N. J. T. Intrinst. 17 Intrinst. 18 Taxes STMT 1 42. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		I . ი		f assets not on line 10	·		ļ		<u> </u>	
8 Net short-term capital gain 9 Income modifications 10a and allowances 10 Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 36,624. 0. 3,000. 0. 3,000. 3,000. 15 Pentago Jans, employee benefits 16 Lega Good MAR 0 1 2010 Ph Accounting fees c Other professing lega N. J. T. Intrinst. 17 Intrinst. 18 Taxes STMT 1 42. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Ven	u as	ssets on line 6a		——		<u> </u>	0	[. 	<u> </u>
9 Income modifications 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 36,624. 0. 13,000. 0. 3,000. 14 Other employee stands and ways. 15 Pens on plans, employee benefits 16 Legal Ses WAR 0 1 2010 17 Interest. 3 Total part of the professory of the profeso	Ä	l .						<u> </u>		
10a and allowances be Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 36,624. 0. 13 Compensation profisers perspect, suppose the cost of		! _		ain		····				
b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 36,624. 0. 13 Commensation Appliess, experimentations, etc. 14 Other employee statistics and wages 15 Pension plans, employee benefits 16 Lega (Line 1) Accounting fees c Other professored legal (Line 1) Add (Line 1) Accounting fees c Other professored legal (Line 1) Add (Line 1) Accounting fees c Other professored legal (Line 1) Add (Line 1) Accounting fees c Other professored legal (Line 1) Add (Line 1) Accounting fees c Other professored legal (Line 1) Add (Line 1) Accounting fees c Other professored legal (Line 1) Add (Line		An G	ross sales less returns	1		·····	ļ	••••		
to Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 36,624 .						<u> </u>				
11 Other income 12 Total. Add lines 1 through 11 36,624. 0. 3,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		l	~							
12 Total. Add lines 1 through 11 36,624. 0. 3,000. 0. 3,000. 3,000. 14 Other employee Staines and waters 15 Pens on Jans, employee benefits 16 Legal St. MAR 0 1 2010 17 Interest 18 Taxes STMT 1 42. 0. 0. 0. 0. 3,000. 0. 3,000. 0. 3,000. 0. 3,000. 0. 3,000. 0. 3,000. 0. 3,000. 0. 0. 0. 0. 0. 0. 0. 0. 0		l				·				
13 Commensation purposes stands and waters 14 Other employee stands and waters 15 Pension plans, employee stands and waters 15 Pension plans, employee benefits 16 Legal & MAR 0 1 2010 Pension plans, employee benefits 18 Taxes STMT 1 42. 0. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, gifts, grants paid 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 b Net investment income (f negative, enter -0-) 20 Calgusted net income (f negative, enter -0-) 20 Calgusted net income (f negative, enter -0-) 21 Calgusted net income (f negative, enter -0-) 29 Calgusted net income (f negative, enter -0-) 20 Calgusted net income (f negative, enter -0-) 20 Calgusted net income (f negative, enter -0-) 21 Calgusted net income (f negative, enter -0-) 22 Calgusted net income (f negative, enter -0-) 23 Calgusted net income (f negative, enter -0-) 24 Calgusted net income (f negative, enter -0-) 25 Calgusted net income (f negative, enter -0-) 26 Calgusted net income (f negative, enter -0-) 27 Calgusted net income (f negative, enter -0-) 28 Calgusted net income (f negative, enter -0-) 29 Calgusted net income (f negative, enter -0-) 20 Calgusted net income (f negative, enter -0-)		l		ah 11		36,624.		0.		
15 Pens out ans, employee benefits 16a Lega WAR 0 1 2010 b Accounting fees c Other professional eggs, UT 1 Interest 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		13 c	ompensation et officera, du	rectors, trustees, etc	7	3,000.		0.		3,000.
15 Pension flans, employee benefits 16a Legal see MAR 0 1 2010 15 b Accomming fees 16 to the professored fees N, UT 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 27 Add lines 24 and 25 28 Subtract line 26 from line 12 29 Excess of revenue over expenses and disbursements 20 N/A 21 Total perating and disbursements 22 Subtract line 26 from line 12 23 Excess of revenue over expenses and disbursements 25 Net investment income (if negative, enter -0-) 26 Adjusted net income (if negative, enter -0-) 27 Cadjusted net income (if negative, enter -0-) 28 Cadjusted net income (if negative, enter -0-) 38 Cadjusted net income (if negative, enter -0-) 39 Cadjusted net income (if negative, enter -0-) 30 Cadjusted net income (if negative, enter -0-) 31 Cadjusted net income (if negative, enter -0-) 32 Cadjusted net income (if negative, enter -0-)		14 01	the employee salaries	and wages						
c Other profession of the prof		15 Pe	ens on plans, employee	e benefits 🛾 🖁 🗭						
c Other profession of the prof	Se		v v .	1 2010 # 오	``					
Interest 18 Taxes STMT 1 42. 0. 0. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 3,042. 0. 3,000. 25 Contributions, gifts, grants paid 24,850. 27,892. 0. 27,850.	þe	b A	ccounting fees	1 60		· <u> </u>				
The lates are serviced by the lates and depletion and depletion and depletion and depletion are serviced by the lates are	e E	c 01	the profesored fees	N. UT	`					
Printing and publications 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net Investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	aţi.	17 111	terest	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	[⊒] 1	42.		0 -		0.
Printing and publications 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net Investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	istr	1			_		 			
Printing and publications 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net Investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	ع . آغ		-							***************************************
22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net Investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C N/A			•	l meetings						
24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	E E			-						
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27, 892. 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	اقق		ther expenses							
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27, 892. 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	⊇; ਵ	24 To	otal operating and adm	ninistrative						
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		ex	kpenses. Add lines 13	through 23		3,042.		0.		3,000.
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)						<u>24,850.</u>				24,850.
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	3		•	bursements.		0.5.00		^		0.5.05.0
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ď.				ļ	<u>27,892.</u>	<u> </u>	0.		27,850.
b Net Investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A		27 Sı	ubtract line 26 from line	e 12		0.700			-	
c Adjusted net income (if negative, enter -0-)			· ·		F-11-11-11-11-11-11-11-11-11-11-11-11-11	8,732.				
						·····		0.	NT / 7	
	92350	CA (advisable of Birth Philip		<u> </u>			T 000 F: 1/0000

Part Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	11,536.	19,018.	19,018.
2 Savings and temporary cash investments			
3 Accounts receivable ► 1,250.			
Less allowance for doubtful accounts		1,250.	1,250.
4 Pledges receivable ►	ı.		
Less allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less allowance for doubtful accounts ▶			
8 Inventories for sale or use			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
10a Investments - U S and state government obligations			
b Investments - corporate stock STMT 2	3,243.	3,243.	467,006
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
	Ì	•	
Less accumulated depreciation 12 Investments - mortgage loans	-	*****	
		·	
13 Investments - other			
14 Land, buildings, and equipment basis		1	
Less accumulated depreciation			
15 Other assets (describe ►)			
	14 770	22 511	407 274
16 Total assets (to be completed by all filers)	14,779.	23,511.	487,274.
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	14,779.	23,511.	
29 Retained earnings, accumulated income, endowment, or other folios	14,779.	23,511.	
30 Total net assets or fund balances	11/1/00	23/311.	
04 7.4.4.1.1.1.1.1.1.	14,779.	23,511.	
31 Total liabilities and net assets/fund balances		23,311.	
Part III Analysis of Changes in Net Assets or Fund Ba	lances		
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
(must agree with end-of-year figure reported on prior year's return)		1	14,779.
Enter amount from Part I, line 27a		2	8,732
		3	0,732
		4	23,511.
		 -	23,311.
Decreases not included in line 2 (itemize)	ump /h) line 20	5	23,511
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (D), line 30	6	23,311.

923511 02-02-10

Part IV Capital Gains	and Lo	osses for Tax on In	vestmen	t Income							
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			(b) D	How ac - Purc - Dona	quired hase ation		acquired day, yr)	(d) Date (mo , day			
1a											
b_ NO	NE				<u> </u>						
<u>C</u>					ļ_						
d											
е					<u> </u>						
(e) Gross sales price	(f) 	Depreciation allowed (or allowable)		st or other basis expense of sale					Gain or (loss s (f) minus		
<u>a</u>											
b				<u> </u>						-	
<u>C</u>	_	_		_							
<u>d</u>									_		
Complete cally for accets showing		saluma (h) and ausard hu t	ha farradatra	2 22 10/21/60					2 4 4 2	_ -	
Complete only for assets showing									Col (h) gain not less thai		
(i) F M V as of 12/31/69		(i) Adjusted basis as of 12/31/69	\ , ,	cess of col (i) col (j), if any					(from col (
<u>a</u>								. <u>.</u>			
ь											
C											
е							1				
2 Capital gain net income or (net ca	ıpıtal loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	ın Part I, line ın Part I, line	7 7	}	2		_	_		
3 Net short-term capital gain or (los	ss) as def	ined in sections 1222(5) and	d (6)								
If gain, also enter in Part I, line 8,	•	· , ,			1						
If (loss), enter -0- in Part I, line 8					للِـ	3	<u></u>				
Part V Qualification U	naer s	Section 4940(e) for	Reduced	lax on Net	Inv	estn	nent inc	ome			
(For optional use by domestic private	foundati	ons subject to the section 4	940(a) tax or	n net investment in	come	e)					
If section 4940(d)(2) applies, leave ti	his nart hi	lank									
ii section 4340(u)(2) applies, leave to	iiis pait bi	ank									
Was the foundation liable for the sec				•	rıod?					Yes L	X No
If "Yes," the foundation does not qua							-				
1 Enter the appropriate amount in	each colu	mn for each year, see instru	ictions before	making any entri				-т		(d)	
(a) Base period years	.	(b) Adjusted qualifying dist	ributione	Net value of no	(C)		uea accate			oùtion ratio	
Calendar year (or tax year beginni	ng in)				iliciia				(col. (b) div	ided by col (C)) 7456
2008		2	7,469. 2,150.				8,828			0.4	7456 0318
2007			9,600.				9,388 3,405				4203
2006			$\frac{9,000.}{1,050.}$				9,135				2739
2005			$\frac{1,030.}{7,080.}$				$\frac{9,133}{3,402}$				$\frac{2739}{1316}$
2004		<u>_</u>	7,000.			41	3,402	•	_	.04	1310
2 Total of line 1, column (d)								2		.22	6032
3 Average distribution ratio for the	5-vear ba	se period - divide the total o	n line 2 by 5.	or by the number	of ve	ars					
the foundation has been in existe	-				.,,			_3_		.04	5206
4 Enter the net value of noncharitat	ole-use as	sets for 2009 from Part X, II	ine 5					4		447,	881.
										20	247
5 Multiply line 4 by line 3								5	 -	20,	<u>247.</u>
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6			0.
7 Add lines 5 and 6								7		20,	<u>247.</u>
8 Enter qualifying distributions from	n Part XII,	tine 4						8		27,	850.
If line 8 is equal to or greater than See the Part VI instructions			1b, and comp	olete that part usin	g a 1	% tax r	rate			•	
See the Fait VI motifications										666 =	

_	990-PF (2009) THE MARSHALL FAMILY FOUNDATION, INC. 74-2832			Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctio	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			0.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u>0.</u>
3				0.
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-	· · · · · · · · · · · · · · · · · · ·		0.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
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			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▷ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	igsquare	Yes	
	any political campaign?	1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.	i		
C	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers ► \$ O .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	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			
b	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 SEE STATEMENT 3	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)? 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

Form **990-PF** (2009)

Х

X

3b

4a

N/A

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?

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

orm 990-PF (2009) THE MARSHALL FAMILY FOUN	DATION, INC.		74-28324	46 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
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(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), (or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	s X 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)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for		
the prevention of cruelty to children or animals?	,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instri		3	N/A	5b
Organizations relying on a current notice regarding disaster assistance check i	·		▶	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption 1		ined		
expenditure responsibility for the grant?		√A	s No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			1	
a personal benefit contract?	pay promisens on	☐ Ya	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	narcanal hanefit contract?			6b X
If "Yes" to 6b, file Form 8870.	personal benefit contract.		<u> </u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax:	chelter transaction?	□ v _e	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribute		1C	· —, · ·	7b
		pagere Highly		,,,
Part VIII Paid Employees, and Contractors	lees, roundation Ma	mayers, mgm	7	
List all officers, directors, trustees, foundation managers and their	compensation.		· · · · · ·	
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other allowances
LARRY L. MARSHALL	to position PRESIDENT	enter -0-)	compensation	anowances
1714 UPPER MILL TERRACE	TRESIDENT			
SALINA, KS 67401	2.00	1,500.	0.	0.
BARBARA C. MARSHALL	SECRETARY/TRE			<u> </u>
1714 UPPER MILL TERRACE	DECKETAKI/ IKL	HOURLK		
	2.00	1,500.	0.	0.
	DIRECTOR	1,300.	•	
·	DIRECTOR			
1714 UPPER MILL TERRACE	- 00	0.	0.	0
SALINA, KS 67401	0.00	0.	0.	0.
STACIE A. CODER	DIRECTOR			
1714 UPPER MILL TERRACE				
SALINA, KS 67401	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in		enter "NOINE."	(d) Contributions to	(a) Evpance
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE				1
		ļ <u> </u>		
	1			
				_
		1		
		1		
	l			
	1			
Total number of other employees paid over \$50,000				0
			Form	990-PF (2009)

Form **990-PF** (2009)

All other program-related investments. See instructions

Total. Add lines 1 through 3

THE MARSHALL FAMILY FOUNDATION, INC.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	441,307.
	Average of monthly cash balances	1b	13,395.
	Fair market value of all other assets	1 c	
d	Total (add lines 1a, b, and c)	1d	454,702.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	454,702.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,821.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	447,881.
6	Minimum investment return. Enter 5% of line 5	6	22,394.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	id certain	I
1	Minimum investment return from Part X, line 6	1	22,394.
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	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	22,394.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	22,394.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	22,394.
P	art XII Qualifying Distributions (see instructions)	·····	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		05.050
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	27,850.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	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	27,850.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,850.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies 1	for the section
	4940(e) reduction of tax in those years		

Form **990-**PF (2009)

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				22,394.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			28,941.	
b Total for prior years		***************************************		, , , , , , , , , , , , , , , , , , ,
2006		8.		
3 Excess distributions carryover, if any, to 2009				······································
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 ► \$ 27,850.				
a Applied to 2008, but not more than line 2a			27,850.	
b Applied to undistributed income of prior		<u>"</u>		· · · · · · · · · · · · · · · · · · ·
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	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:		ne social	***************************************	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		8.		
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		8.		
e Undistributed income for 2008 Subtract line	•			
4a from line 2a Taxable amount - see instr			1,091.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				22,394.
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				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
		<u>,</u>		Form 990- PF (2009)

	RSHALL FAMIL				32446 Page 1
Part XIV Private Operating I	•••	-	-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective for			▶		
b Check box to indicate whether the foun		ng foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(5) 0000	Prior 3 years	(4) 0006	(a) Tatal
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for		İ			
each year listed		-			
b 85% of line 2a					
c Qualifying distributions from Part XII,			1		
line 4 for each year listed	-				
d Amounts included in line 2c not					1
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 3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets	'				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on		<u> </u>	i		İ
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 Info	rmation (Comple	te this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during					016 111 1133613
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w			ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000) (See s	section 507(d)(2))			
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large por	tion of the ownership of a p	artnership or
• • •	is a 1070 of greater interes	J.			
NONE		Cabalagashii		·-	
2 Information Regarding Contribut		-			t. f fde 16
Check here Lifthe foundation the foundation makes gifts, grants, etc					
				Complete iterris za, b, c, and	
a The name, address, and telephone nun	iber of the person to WNO	т аррисацонѕ ѕпоию ве	auuitootu		
SEE STATEMENT 4					
b The form in which applications should	be submitted and informa	tion and materials they sh	rould include		
c Any submission deadlines					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields,	kınds of institutions, o	r other factors	
923601 02-02-10					Form 990- PF (2009

3 Grants and Contributions Paid During the		 Pavment		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
			·	
CER CELEBRATION F				
SEE STATEMENT 5 Total			▶ 3a	24,850
b Approved for future payment			34_	24/030
,,				
NONE				
			<u> </u>	
Total				0.

Form 990-PF (2009) THE MARSHALL F	AMILY FOU	JNDATION,	INC.	74-2	2832446 Page 1
Part XVI-A Analysis of Income-Produ	ucing Activitie	es	_	<u> </u>	
Enter gross amounts unless otherwise indicated	(a)	ousiness income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a					
b	_				
C					
d	_				
e	-	.	 -		
f	-		 		
g Fees and contracts from government agencies	 			<u> </u>	
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			+ + -		
5 Net rental income or (loss) from real estate					111111 111111 1111111 11111111 11111111
a Debt-financed property			1		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	! !	· · · · · · · · · · · · · · · · · · ·	 		
b	1 1				
c			1		
de	-	-			
12 Subtotal Add columns (b), (d), and (e)	-	0.		0.	0
13 Total. Add line 12, columns (b), (d), and (e)			<u>.</u>		0
(See worksheet in line 13 instructions to verify calculations)			,		
Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt P	urposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			A contributed	importantly to the accom	plishment of
	· · · ·				

923621 02-02-10

Form **990-**P = (2009)

Forr	n 990-l		MARSHALL FAMI				74-28			ige 13
Pa	art X			s To and	Transactions a	and Rel	ationships With Nonch	naritable	9	
		Exempt Organ				_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1		ne organization directly or ind	•				ed in section 501(c) of		Yes	No
	the C	ode (other than section 501(c	c)(3) organizations) or in sec	ction 527, re	lating to political orga	nızatıons?				
а	Trans	fers from the reporting found	lation to a noncharitable exe	empt organiz	ation of			- [
	(1) (Cash						1a(1)		X
	(2)	Other assets						1a(2)		X
b	Other	transactions								
	(1) 5	Sales of assets to a noncharita	able exempt organization					16(1)	[X
		Purchases of assets from a no		ation				1b(2)		X
		Rental of facilities, equipment,	, ,					1b(3)		X
		Reimbursement arrangements						1b(4)		Х
		oans or loan guarantees	•					1b(5)		Х
		Performance of services or ma	emhershin or fundraising so	olicitations				1b(6)		X
	. ,	ng of facilities, equipment, ma	•		200			10		X
ď						lwave chow	the fair market value of the good		eate	
u							ansaction or sharing arrangement		ocio,	
		nn (d) the value of the goods,			55 tilali lali illaiket vai	ide ili aliy ti	ansaction of sharing arrangement	t, 311047 III		
<u>/a\</u>	_ine no	(b) Amount involved	(c) Name of nonch		mot organization	(4)	Description of transfers, transactions, a	nd sharing as		
147		(b) Amount involved		1/A	mpt organization	(4)	Description of Haristers, Haristerioris, a	ina sharing ar	-	
				1/ 21						
_		_								
			 .							
_		[-			
_		 								
				· · · -						
_										
_								· ———		-
										
_						 -				
_										
					<u> </u>					
_										
2a		foundation directly or indirec	· ·			lizations de	scribed			٦
		ction 501(c) of the Code (othe		r in section :	5277			Yes	\Box	No
<u>b</u>	It "Ye	s," complete the following sch			\ -	<u> </u>	(a) December of volution			
_		(a) Name of or	ganization	(0)	Type of organization		(c) Description of relation	nisnip		
		N/A					·	_		
						_				
						 				
_			 							
		penalties of penury, I declare that I implete Declaration of preparer (oth					o the best of my knowledge and belief, i owledge	t is true, com	901,	
		1.11			1011.		0.0			
0	-	March (2/20/10		PHUSIUMY			
Signature of officer or trustee Preparer's signature Date Title Check if self-employed Preparer's signature										
돑	ø -	Preparer's	a. A Yhan			Date	self-	parer's identif	1.	HUCI
Šį	를 를 다 는	signature /	- 1 / / / /	, 			employed 🕨 📖	413/	10	
	Paid spare se On	Firm's name (or yours KENN		, LLC			EIN D			
ļ	Paid Preparer's Use Only	if self-employed). 3030	•				. = -	-		
		address, and ZIP code SAL	INA, KS 67402	2-1100	<u> </u>		Phone no (78	<u>5)825</u>	-15	ρΙ

Form **990-P**F (2009)

Schedule B (Form 990, 990 LEZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organizatio	n	Employer identification number
	THE MARSHALL FAMILY FOUNDATION, INC.	74-2832446
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	Rule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II.	money or property) from any one
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	•
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one con butions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary for children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one concuse exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000. vely religious, charitable, etc.,
but it must answer "No"	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act an		e B (Form 990, 990-EZ, or 990-PF) (2009)

THE MARSHALL FAMILY FOUNDATION, INC.

74-2832446

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LARRY MARSHALL 1714 UPPER MILL TERRACE SALINA, KS 67401	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
23452 02-0	1.10	Schedule B (Form	990, 990-FZ, or 990-2F) (2009)

FORM 990-PF	TAX	ES		STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ANNUAL FILING FEE TAX ON 06 UNDISTRIBUTED	40.	0	•	0.
INCOME	2.	0	•	0.
TO FORM 990-PF, PG 1, LN 18	42.	0	•	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 2
D-20		_		FAIR MARKET
DESCRIPTION		B	OOK VALUE	VALUE
CORPORATE STOCKS			3,243.	467,006.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		3,243.	467,006.
FORM 990-PF EXPLANATION CO	ONCERNING PA	RT VII-A, LI	NE 8B	STATEMENT 3

EXPLANATION

NOT REQUIRED IN KANSAS

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

4

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LARRY L. MARSHALL 1714 UPPER MILL TERRACE SALINA, KS 67401

TELEPHONE NUMBER

(785)823 - 2374

FORM AND CONTENT OF APPLICATIONS

WRITTEN REQUEST

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE MARSHALL FAMILY FOUNDATION WAS CREATED TO BENEFIT ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 5
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
AMERICAN RED CROSS SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	200.
ASHBY HOUSE SALINA, KS 67401	NONE . GENERAL FUND	PUBLIC	200.
BIG BROTHERS BIG SISTERS SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	250.
BOY SCOUTS OF AMERICA SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	350.
CHILD ADVOCACY AND PARENT SERVICES SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	300.
DOMESTIC VIOLENCE ASSOCIATION OF CENTRAL KANSAS SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	250.
FIRST UNITED METHODIST CHURCH SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	2,900.
SALINA REGIONAL FOUNDATION SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	550.

THE MARSHALL FAMILY FOUNDATION,	TNC	,	
KANSAS WESLEYAN UNIVERSITY SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	3,500.
MEALS ON WHEELS SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	200.
OCCK, INC. SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	1,000.
PRESBYTERIAN MANOR FOUNDATION SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	500.
ROLLING HILLS MUSEUM/ZOO SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	1,000.
SALINA EMERGENCY AID/FOOD BANK SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	300.
SALINA COMMUNITY THEATRE SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	1,000.
SALINA SYMPHONY SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	1,250.
SALINA UNITED WAY SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	1,900.
SALINE COUNTY 4-H SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	500.

THE MARSHALL FAMILY FOUNDATION,	INC.		74-2832446
SALVATION ARMY SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	200.
SPENCER MUSEUM OF ART LAWRENCE, KS 66045	NONE GENERAL FUND	PUBLIC	5,000.
UNITED EVANGEL METHODIST CHURCH SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	1,900.
GOLDEN BELT VOCAL FESTIVAL SALINA, KS 67401	NONE GENERAL FUND	PUBLIC	100.
CITY OF EFFINGHAM EFFINGHAM, KS 66023	NONE GENERAL FUND	PUBLIC	1,500.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	<u></u>	24,850.

Form .4720

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service (Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967)

See separate instructions.

For calendar ye	ar 2009 or other tax year beginning	, 2009, and	l ending	,
Name of organi	zation or entity			Employer identification number
THE MAR	SHALL FAMILY FOUND	DATION, INC.		74-2832446
Number, street,	and room or suite no (or P O box if ma			Check box for type of annual return
	PER MILL TERRACE			Form 990 Form 990-EZ
•	ate, and ZIP code			X Form 990-PF
<u>SALINA,</u>	KS 67401			Form 5227
A Is the orga B Has correc If "Yes," attr result of th Part 1	nization a foreign private foundation with tive action been taken on any taxable everage ach a detailed description and document e correction STAXES ON Organization (Section Indistributed Income - Schedule B, line 4 access business holdings - Schedule C, line excess business holdings - Schedule C, line excess business holdings - Schedule E, Part I, olitical expenditures - Schedule E, Part I, access lobbying expenditures - Schedule is qualifying lobbying expenditures - Schedule is qualifyi	ant that resulted in Chapter 42 taxes to ation of the corrective action taken-ai If "No," (i.e., any uncorrected ins 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4910 (a), 4911 (a), 4912 (a), 4910 (a), 4911 (a), 4912 (a), 4911 (a), 4912 (a), 4910 (a)	RECEIVED WAR 0 1 2010 OGDEN, UT	Yes No X N / A
12 Total (ad	id lines 1 - 11)			12 330.
Part II-A	Taxes on Managers, Self-	Dealers, Disqualified Pe	rsons, Donors, Donor Adv	isors, and Related Persons
T CHE PA	(Sections 4912(b), 4941(a), 4944(<u>a)(2), 4945(a)(2), 4955(a)(2), 4958</u>	3(a), 4965(a)(2), 4966(a)(2), and 49	
	(a) Name and	d address of person subject to tax		(b) Taxpayer Identification number
			.	identification number
a				-
<u> </u>				
<u> </u>				
<u> </u>	(c) Tax on self-dealing -	(d) Tax on investments that		(f) T
	Schedule A, Part II, col (d),	jeopardize charitable purpose -	(e) Tax on taxable expenditures - Schedule E, Part II, col (d)	(f) Tax on political expenditures - Schedule F, Part II, col. (d)
•	and Part III, col (d)	Schedule D, Part II, col (d)		
<u>a</u>				
<u>n</u>			 	
<u>. </u>	-			
u Total		· · · · · · · · · · · · · · · · · · ·	 	
IVIQI	(g) Tax on disqualifying lobbying	(h) Tax on excess benefit	(i) Tax on being a party to prohibite	d (j) Tax on taxable distributions -
	expenditures - Sch H, Part II, col (d)	transáctions - Sch I, Part II, col (d), and Part III, col (d)	tax shelter transactions - Schedule . Part II, col (d)	Schedule K, Part II, col (d)
<u> </u>		V=11		
b				
C				
d				
Total				
	(k) Tax on prohibited benefits - Sch L, Part II, col (d) and Part III, col (d)			(I) Total - Add cols (c) through (k)
 2				
b				
 C				
d .				
Total				
024061	For Privacy Act and Panerwork Redu	ction Act Notice see the senarate i	nstructions	Form 4720 (2009)

Form 4720		THE MARSHALL FAM			INC.	14-283	32446	Page 2
Part II	-B Sumn	nary of Taxes (See Tax Payr	nents on pag	e 3 of the instruct	ions.)			
		n Part II-A, column (I), that apply to mai						
perso	ns, donors, dono	or advisors, and related persons who sig	gn this form If all	sign, enter the				
total a	amount from Par	t II-A, column (I)		•		1		
2 Total	tax. Add Part I, I	line 12, and Part II-B, line 1 (Make chec	k(s) or money or	der(s) payable		:		
to the	United States Tr					2		330.
···		SCHEDULE A -		s on Self-Dea	ling (Section 4941)			
Part I	Acts of	Self-Dealing and Tax Con	nputation		 			
(a) Act	(b) Date			(c) Description	n of act			
number	of act							
1								
2				 				
3								
4								
5		<u> </u>				/0)-		
(d)		er from Form 990-PF, Part VII-B, or art VI-B, applicable to the act	(e) Amoun	t involved in act	(f) Initial tax on self- dealing (10% of col (e))	(if applic	on foundation m cable) (lesser of \$ or 5% of col (e))	20,000
						 	-	
		-						
Part II	Cumana	ary of Tax Liability of Self-I	Dealors and	Droration of	Daymon*e		<u>.</u>	
raiti			<u>Dealers and</u>	(b) Act no from	(c) Tax from Part I, col (f),	(d) S	elf-dealer's tot	al tax
	(a)	Names of self-dealers liable for tax		Part I, col (a)	or prorated amount	liability (a	edd amounts ir e 6 of the insti	n col (c))
		- · · ·		 		(See pag	e o or the mate	idelloi <u>is)</u>
						-		
								
						-		
						\dashv		
							······································	
						7		
				···-				
	_						·····	
Part II	Summa	ary of Tax Liability of Foun	dation Man	agers and Pro	oration of Payments			
(•		(b) Act no from	(c) Tax from Part I, col (g),	(d) Man	ager's total tax amounts in co	k liability
	(a) Nam	es of foundation managers liable for tax	(Part I, col (a)	or prorated amount	(see pag	e 6 of the inst	ructions)
	•							
						-		
						_		
		COUEDINE	ial Tau au d	la ali attribut de la co	In a mark (0 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
1 Un	distributed incon	SCHEDULE B - Init ne for years before 2008 (from Form 99			Income (Section 4942)	1		8.
		ne for 2008 (from Form 990-PF for 2009		-		2	1,	091.
		income at end of current tax year begini		•				
		(add lines 1 and 2)	=====	-,		3 _	1,	099.
		line 3 here and on page 1, Part I, line 1				4		330.
924071					· -		Form 47	20 (2009)

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Rusiness	Holdings and	I Computation of Tax	OII EX				
		ps in more than one business enterprise,	attach a	separate schedule fo	or each er	nterprise Refer to the in	structions on page 7 for
	before making any						
Name and ad	dress of business en	terprise					
Employer ide	ntification number					.	
Form of onto	rorica (corporation r	vartnarchin truct joint venture cale aron	rietorehu	n etc.)		▶	
Form or enter	prise (corporation, p	eartnership, trust, joint venture, sole prop	netorsing	(a) Voting stock (profits interest beneficial interes	tor	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundati	on holdings in busin	ess enterprise	1				
2 Permitte	d holdings in busine	ss enterprise	2				
3 Value of	excess holdings in b	usiness enterprise	3				
	excess holdings disposition of excess other value of excess						
subject t	o section 4943 tax (a	attach explanation)	4	· · · · · · · · · · · · · · · · · · ·			
	excess holdings in bi se - line 3 minus line		5				
·							
	ter 10% of line 5 t - Add amounts on I	ine 6, columns (a), (b),	6				I
and (c),		on page 1, Part I, line 2	7				
		D - Initial Taxes on Investn	nents	That Jeopard	lize Ch	naritable Purpos	e (Section 4944)
Part I	Investments	s and Tax Computation					(f) Initial tax on foundation
(a) Investment number	(b) Date of investment	(c) Description of investment		(d) Amount of investment		(e) Initial tax on foundation (10% of col. (d))	managers (if applicable) - (lesser of \$10,000 or 10% of col (d))
1							
3							
5							
	nn (e) Enter here and	I on page 1, Part I, line 3					
Total - colum	nn (f) Enter total (or	prorated amount) here and in Part II, colu	ımn (c),	below			
Part II	Summary of	f Tax Liability of Foundation	n Man	agers and Pro	oration	of Payments	
	(a) Names of fo	oundation managers liable for tax		(b) Investment no from Part I, col (a)		x from Part I, col (f), prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)
							1
		. <u> </u>					
						<u> </u>	+
							
							_

924081 12-09-09 Form 4720 (2009)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

5	<u>'</u>		- Initial Taxes of Taxas				
Part I	Expenditures	and Computat	ion of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address o	f recipient			kpenditure and purposes hich made
_ 1							
2	<u></u>						
3	 	_	<u> </u>				
4			<u> </u>				
	ion number from Form 99 227, Part VI-B, applicable		(g) Initial tax imposed on (20% of col. (b)				undation managers (if applicable)- 000 or 5% of col (b))
	_						
page 1, Pa							
below	umn (h) Enter total (or pr						
Part II	Summary of 1	Tax Liability of	Foundation Managers				(d) Manager's total tax liability
	(a) Names of	foundation managers	liable for tax	Part I, col		c) Tax from Part I, col (h) or prorated amount	(add amounts in col. (c)) (see page 10 of the instructions)
		_					
					1		
		SCHEDULE F	- Initial Taxes on Politic	al Expen	ditur	es (Section 4955)	
Part I	Expenditures	and Computat	tion of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political ex	penditure	(e org	Initial tax imposed on janization or foundation (10% of col. (b))	(1) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
_1							
2							
3							
4			_		<u> </u>		
5							· · · · · · · · · · · · · · · · · · ·
Total - col	umn (e) Enter here and o	n page 1, Part I, line 5					
Total - col			nd ın Part II, column (c), below zation Managers or Foundati	n Manager		Proration of Payments	
TOIL		es of organization ma				(c) Tax from Part I, col (1
	found	lation managers liable	for tax	Part I, co		or prorated amount	(add amounts in col (c)) (see page 11 of the instructions)
_		<u></u>					
					<u>.</u>		

924091 12-09-09

Form 4720 (2009)

SCHEDULE G	- Tay on	Evence	Lobbying	Evpandituras	(Costion 4011)
OCHEDULE G	- Iax on	Excess	Lobbying	Expenditures	(Section 4911)

_		,	
1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See page 11 of the instructions before making entry)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See page 11 of the instructions before making entry)	2_	
3	Taxable lobbying expenditures - enter the larger of line 1 or line 2	3	
4	Tax - Enter 25% of line 3 here and on page 1. Part I. line 6	4	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

	Expenditures					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	ng expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))
1						
2						
3						
4						
5					1	
	-	n page 1, Part I, line 7				
	lumn (f) Enter total (or pro	orated amount) here a	ind in Part II, column (c), belo Organization Mana		Alian of Daymana	

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Excess Benefit Transactions and Tax Computation

Transaction number	transaction	(c) Description of transaction					
1							
2							
3							
4							
5							
(d) Amount of excess benefit		(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))				
	<u> </u>						
			Form 4720 (20				

Part I

orm 4720 (2		MARSHALL FA			(0 1 1050)	74-2832446 Page 6
Part II		DULE I - Initial Tax				Continued
raith	(a) Names of disqualified persons liable for tax			(b) Trans no from Part I, col (a)	(C) Tax from Part I, co	
Part III	Summary of 1	Tax Liability of 501	(c)(3) & (4) Org	anization Manage	rs and Proratio	
	(a) Names of 501(c)((3) & (4) organization managers lia	able for tax	(b) Trans no from Part I, col (a)	(C) Tax from Part I, co or prorated amoun	
···						
					<u>.</u>	
		J - Taxes on Bein				
Part I	Prohibited Ta (see page 13 of the	x Shelter Transact	ions (PTST) aı	nd Tax Imposed on	the Tax-Exem	pt Entity
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction			
1						
2						
3						
4						
5						
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the trans ? Answer Yes or No (f) Net income attribution (f)			utable to the PTST	to the PTST (g) 75% of proceeds attributable to the PTST (h) Tax imposed on the tax-exempt entity (see page 14 of the instructions		

Total - column (h) Enter here and on page 1, Part I, line 9 924102 12-09-09

Form 4720 (2009)

Form 4720 (2009)

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See page 14 of the instructions.									
Part I	Prohibited Be	nefits and Tax	x Computation						
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit							
1									
2	·								
3									
4									
5	·	<u> </u>			-, · 				
(d) Amount of prohibited benefit			(e) Tax on prohibited benefit (125% of col. (d)) (see instructions)		(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)				
									
									
					ļ <u>.</u>	- 			
									
Part II	Summary of 1	Γax Liability of	Donors, Donor Advis	<u>ors, Related Pe</u>	ersons and Proration	I .			
(a) Names of donors, donor advisor, or related persons liable for tax				(b) Item no from Part I, col (a)	(C) Tax from Part I, col (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col (c)) (see instructions)			
	_								
						<u> </u>			
Part III	Tax Liability of	of Fund Manag	gers and Proration of	Payments		···			
(a) Names of fund managers liable for tax				(b) Item no from Part I, col (a)	(C) Tax from Part I, col (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)			
						<u> </u> - 			
	·								
						1			
924104 12-09-09				1		Form 4720 (2009)			
						,			

KENNEDY AND COE, LLC

3030 CORTLAND, P.O. BOX 1100

KS 67402-1100

EIN 48-0567703

Phone no (785)825-1561

Form 4720 (2009)

Preparer's

Use Only

924105 12-09-09 Firm's name (or

yours if self-employed), address, and ZIP code