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Return of Private Foundation

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

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

ror	calen	dar year 2010, or tax year beginning	, 2010	, and endi	ng		, 20
G	Check a	all that apply Initial return Initial re	turn of a former publ	c charity	_ [Final return	
		Amended return Add	Iress change	Name	change		
Na	me of fo	undation			A Employer id	entification number	
El	MMA E	BALSIGER FOUNDATION			23-7111	.340	
Nı	ımber an	d street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephone n	umber (see page 10 of the II	nstructions)
P	э воз	¢ 589	į		(785) 21	0-5094	
Cı	y or tow	n, state, and ZIP code			 	n application is pending, che	ack horo
CI	HAPMA	AN, KS 67431			· ·		
		type of organization. X Section 501(c)(3) exempt pri	vate foundation			organizations, check here organizations meeting the 8 ere and attach computation	5% test,
· ˈ┌	٦		taxable private found	ation	check h	ere and attach computation	
 		arket value of all assets at J Accounting method	X Cash	Accrual	E If private fo	undation status was termina	ited under
		year (from Part II, col. (c), Other (specify)	∑ Casii _	Accidai	section 50	7(b)(1)(A), check here •	
	ne 16)		on one has l		F If the found	lation is in a 60-month termin	nation
			l cash basis)		under sect	on 507(b)(1)(B), check here	1
Pa	ırt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) No	t investment	(-) A ()-4-44	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	expenses per books		ncome	(c) Adjusted net income	purposes
	-						(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)				<u></u>	, r
	2	Check X if the foundation is not required to attach Sch B	10.10		12 100		<u> </u>
	3	Interest on savings and temporary cash investments · · · ·	13,12		13,129		12.00
	4	Dividends and interest from securities · · · · · · · · · · · · · · · · · · ·	4,84	1	4,841		
	5a	Gross rents · · · · · · · · · · · · · · · · · · ·				, 3u	* 21
R	b	Net rental income or (loss)	* 150 00 00	ig , (pr)	S. F. 186	1卷、3海、水平	
е	6a	Net gain or (loss) from sale of assets not on line 10 · STM139	(31,18	34) ;	es is with	14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1
v e	b	Gross sales price for all assets on line 6a 168, 331	* *, *, *, *, *, *, *, *, *, *, *, *, *,	<u> </u>	<u> </u>	4 	d
n	7	Capital gain net income (from Part IV, line 2) · · · · · · ·	2 2 2	<u> </u>		× * <u>-</u> <u>-</u>	4 2 4
u e	8	Net short-term capital gain	3. 2. 3. 7. 7.	* /	i.		. 2
5	9	Income modifications · · · · · RECEIVED · · ·	# \$ \$ 5 7	1	* , 51		
	10a	Gross sales less returns and allowances	* 3> × 1	1 · `	* 1/2 /2" -	3 1 2 3 3 3	
	b	Less Cost of goods sold 🔑 · · · · · D	1, 3		, ,	√ - 4 √si	\$ -
	С	Gross profit or (loss) (attach sched					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11 OGDEN 117	(13,21	.4)	17,970		
	13	Compensation of officers, directors, trustees, etc	11,70	0	2,925		8,775
Α	14	Other employee salaries and wages					
ď	15	Pension plans, employee benefits · · · · · · · · · · · · · · · · · · ·					
m	16a	Legal fees (attach schedule) · · · · · · · · · · · · · · · · · · ·					
ျ ဂi	b	Accounting fees (attach schedule) · · · · · · · · · · · · · · · · · · ·	1,00	0	1,000		
p.s.	, c	Other professional fees (attach schedule)					
ect: rcr\	17 18 19 20 21 22 23 24	Interest · · · · · · · · · · · · · · · · · · ·					
a a	₁18	Taxes (attach schedule) (see page 14 of the instructions) • •					
i	19	Depreciation (attach schedule) and depletion · · · · · · ·					
n∨ ¢æ	20	Occupancy · · · · · · · · · · · · · · · · · · ·		1			
Ž	21	Travel, conferences, and meetings · · · · · · · · · · · · · · · · · · ·					
a E n X	22	Printing and publications · · · · · · · · · · · · · · · · · · ·					1
ďρ	23	Other expenses (attach schedule) · · · · · · · · · · · · · · · · · · ·	1,75	0	1,750	- 	
⋛'n	24	Total operating and administrative expenses.		 	,		
⊵s ≓e		Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·	14,45	ol	5,675		8,775
Šs	25	Contributions, gifts, grants paid	147,04				147,040
2	26	Total expenses and disbursements. Add lines 24 and 25	161,49		5,675		155,815
	27	Subtract line 26 from line 12:	101,43	1	3,073		
	a	Excess of revenue over expenses and disbursements • •	(174,70	- dh			
	b	Net investment income (if negative, enter -0-) · · · · · ·	(2/4,70	7'	12,295		
	c	Adjusted net income (if negative, enter -0-)			12,293		
		work Reduction Act Notice, see page 30 of the instructions.	<u> </u>				Form 990-PF (2010)
r Ut	raper	work neutron Act Notice, see page 30 of the mstructions.			EEA		1 UIII 33U-FF (2010)

D	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	E	nd o	year	
LPS	art II	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fa	Market Value
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · ·	7,844	11,6	30		11,630
	2	Savings and temporary cash investments · · · · · · · · · · · · · · ·	662,215	385,0	00		385,000
	3	Accounts receivable ▶	,	~			
		Less allowance for doubtful accounts					
	4	Pledges receivable					
		Less allowance for doubtful accounts					
	5	Grants receivable · · · · · · · · · · · · · · · · · · ·					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the					
Α		instructions) · · · · · · · · · · · · · · · · · · ·					
s	7	Other notes and loans receivable (attach schedule)					
S	'	Less: allowance for doubtful accounts					
e t		Inventories for sale or use • • • • • • • • • • • • • • • • • • •					
s	8	<u> </u>					
	9	Prepaid expenses and deferred charges					
	1	Investments - U.S. and state government obligations (attach schedule)					
	1	Investments - corporate stock (attach schedule) · · · · STM137	390,348	544,8	20		569,107
	l .	Investments - corporate bonds (attach schedule) · · · · · · · ·					fa
	11	Investments - land, buildings, and equipment basis			·		
		Less accumulated depreciation (attach schedule)					
	12						
	13	Investments - other (attach schedule) • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·			
	14	Land, buildings, and equipment. basis	, , , , ,	, ,		ļ <u> </u>	
		Less accumulated depreciation (attach schedule)					
	15	Other assets (describe)					
	16	Total assets (to be completed by all filers - see the			i		
	l	instructions Also, see page 1, item i) · · · · · · · · · · · · · · · · · ·	1,060,407	941,4	50		965,737
Ļ	17	Accounts payable and accrued expenses					
ı a	18	Grants payable					1、1000 1000 1000 1000 1000 1000 1000 10
þ	19	Deferred revenue				門灣。	A. 100 M
i	20	Loans from officers, directors, trustees, and other disqualified persons					
į	21	Mortgages and other notes payable (attach schedule)				1.	
i	22	Other liabilities (describe ▶)				, *	
e s	23	Total liabilities (add lines 17 through 22) · · · · · · · ·	0		0	ĺ	, ,
_	 	Foundations that follow SFAS 117, check here · · · · · •		<u></u>			
	ŀ	and complete lines 24 through 26 and lines 30 and 31.					
NF	24	Unrestricted					,
e u		Temporarily restricted · · · · · · · · · · · · · · · · · · ·					ş -
'n		Permanently restricted · · · · · · · · · · · · · · · · · · ·					
_	-"	Foundations that do not follow SFAS 117, check here · · ▶ X					
A S D	1	and complete lines 27 through 31.					
s a	27	Capital stock, trust principal, or current funds				:	
e î	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
`a s n	29	Retained earnings, accumulated income, endowment, or other funds	1,060,407	941,4	50	-	
C	ι		1,000,407	341,4			٠.
o e	30	Total net assets or fund balances (see page 17 of the	1,060,407	041 4	EΛ	-	·
rs		instructions) · · · · · · · · · · · · · · · · · · ·	1,060,407	941,4	30	ł	
	31	Total liabilities and net assets/fund balances (see page 17				ļ	
	L	of the instructions)	1,060,407	941,4	50	L	
	art II						
1		net assets or fund balances at beginning of year - Part II, column (a), line				l	
		of-year figure reported on pnor year's return) · · · · · · · · · · · · · · · · ·		[1	ļ	1,060,407
		amount now rate, mo 27a			2_		(17 <u>4,</u> 70 <u>4</u>)
3		r increases not included in line 2 (itemize) STM115			3		55,747
4		lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		[4		941,450
		eases not included in line 2 (itemize)			5		
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, of	column (b), line 30 · · · ·	• • • • • • •	6	L	941,450
				_			10010

Ranti V. Capital Gains a	and Losses for Tax on Inve	stment Income			
(a) List and describe	the kind(s) of property sold (e.g., real estate, isse, or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo , day)	(d) Date sold (yr , mo , day)
1a					
b					
С					
d					
_е					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense			in or (loss) f) minus (g)
_a					
b					
С					
d					
<u>e</u>					
Complete only for assets show	wng gain in column (h) and owned	by the foundation or	12/31/69	(I) Gains (C	ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o over col (j),		col (k), but not	less than -0-) or rom col (h))
a					
b					··-
С					
d					
<u>e</u>					
2 Capital gain net income or (ne	et capital loss) { If gain, a If (loss),	lso enter in Part I, lin enter -0- in Part I, lin	ne 7 ne 7 }	2	
If gain, also enter in Part I, line	(loss) as defined in sections 1222(e 8, column (c) (see pages 13 and	17 of the instructions	s) · · •		
	e8 · · · · · · · · · · · · · · · · · · ·		3	3	
PartsV Qualification U	nder Section 4940(e) for Re	educed Tax on I	Net Investme	ent Income	
(For optional use by domestic prival If section 4940(d)(2) applies, leave	rate foundations subject to the sect ethis part blank.	ion 4940(a) tax on ne	et investment ind	come.)	
	section 4942 tax on the distributable qualify under section 4940(e) Do no		•	nod?	Yes No
	in each column for each year, see			akına any entres	
(a)	in each column for each year, see	page 16 of the instit	actions before m	aking any entities.	(d)
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of no	(c) nchantable-use asset		tribution ratio divided by col. (c))
2009					
2008					
2007					
2006					
2005					
2 Total of line 1, column (d) · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		2	
3 Average distribution ratio for t	he 5-year base period - divide the t	total on line 2 by 5, o	r by the		
number of years the foundation	on has been in existence if less that	n 5 years • • • • •	• • • • • • •	3	
4 Enter the net value of noncha	ritable-use assets for 2010 from Pa	art X, line 5 · · · ·		. 4	
5 Multiply line 4 by line 3 · · ·		• • • • • • • • • • • • • • • • • • • •		. 5	0
6 Enter 1% of net investment in	come (1% of Part I, line 27b) · · ·	• • • • • • • • • •		. 6	
7 Add lines 5 and 6 · · · · ·				. 7	0
	rom Part XII, line 4 · · · · · ·				o the
Part VI instructions on page 1	than line 7, check the box in Part V 8	i, line ib, and compl	ete that part usir	ng a 1% tax rate. Se	e uie

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

(or designate) of each state as required by General Instruction G? If "No," attach explanation

Enter the states to which the foundation reports or with which it is registered (see page 19 of the

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

instructions)

7

8ь

X

Х

UIIII	23-7111.	94U		age 5
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		<u>X</u> _
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	<u> </u>		
	August 17, 2008?	12		<u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? • •	13	_X_	
	Website address N/A			
14	The books are in care of ▶ BETH BOLTZ-MORTON Telephone no. ▶ 785-2		094	
	Located at ► 2267 2450 AVE, PO BOX 529 CHAPMAN, KS ZIP+4 ► 674	31		 _
15	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 ••••••• 15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	1 .	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		_X_
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country	<u> </u>		
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly): (1) Faces on the color of expectation of property with a discussified passed.			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? · · · · · · L Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		-	
	disqualified person? · · · · · · · · · · · · · · · · · · ·			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? · · · · · Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? · · · · · Yes X No		,	.
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1 S	: 1	.
	the benefit or use of a disqualified person)? · · · · · · · · · · · · · · · · · · ·	1	-	1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	3, 4, 11	; ";	100
	foundation agreed to make a grant to or to employ the official for a period after	1	1 to	, ž _h +
	termination of government service, if terminating within 90 days.) · · · · · · · · · · · · Yes X No	1	2 300	kg,
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 22 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	10.	, #	- di
	were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	-		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			Ä,
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			,
	6e, Part XIII) for tax year(s) beginning before 2010? · · · · · · · · · · · · · · · Yes X No			
	If "Yes," list the years	1		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a	at any time during the year? •••••• Yes X No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or		, i	ļ
	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 bequest, or (3) the lapse of			}
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		~ _	
	foundation had excess business holdings in 2010) · · · · · · · · · · · · · · · · · · ·	3b	 	 -
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? • • • •	4a	<u> </u>	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		 ^
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

Form 990-PF (2010) EMMA BALSIGER FOUND	ATION					:	23-7111	.340	Page 6
Part VII-B Statements Regarding Activitie	es for \	Which Forn	1 4720	May Be F	Require	d (co	intinued)		
5a During the year did the foundation pay or incur any									
(1) Carry on propaganda, or otherwise attempt to ir	ifluence l	legislation (sed	tion 494	l5(e))? · ·	• • • [Yes	X No	'	,
(2) Influence the outcome of any specific public ele	ction (se	e section 4955	i), or to o	carry on,	_				-3
directly or indirectly, any voter registration drive	?				• • • [Yes	X No		3
(3) Provide a grant to an individual for travel, study	or other	sımılar purpos	es?・・		• • • [Yes	X No	1	
(4) Provide a grant to an organization other than a					_		دع		•
section 509(a)(1), (2), or (3), or section 4940(d)		•				Yes	X No		
(5) Provide for any purpose other than religious, ch	. , .			•					,
purposes, or for the prevention of cruelty to chil			•		[Yes	X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the tra					_		21	}	
Regulations section 53 4945 or in a current notice re)?	5b	
Organizations relying on a current notice regarding	-		-				. ▶ □	\ <u></u>	
c If the answer is "Yes" to question 5a(4), does the fo							, ,	1	۔ "
because it maintained expenditure responsibility for		•			[Yes	No		
If "Yes," attach the statement required by Regulation	•					163			
6a Did the foundation, during the year, receive any fun		•	,	nromume					
on a personal benefit contract? • • • • • • • •		•		•	г	Yes	X No	1 '	
b Did the foundation, during the year, pay premiums,					ontract?		X NO	6b	$\frac{1}{x}$
If "Yes" to 6b, file Form 8870.	unechy c	n munechy, or	a perso	mai benem c	OIMI act:			05	- ^ -
7a At any time during the tax year, was the foundation	a narty t	o a probibited	av chalt	or transactio	na - [7 Vac	X No	1	
					_			7b	
Part VIII Information About Officers, Directors	ectors,	irustees,	Found	iation Mai	nagers,	, Higni	y Paid i	Empio	yees,
and Contractors 1 List all officers, directors, trustees, foundation ma	nagore :	and their com	noncoti	on (see nor	o 22 of 4	ho inctr	uctions)		
List all officers, directors, trustees, foundation ma		le, and average		ompensation		Contribution		40.5	
See 990 OFOV (a) Name and address	hou	rs per week		paid, enter	employ	ee benefit	plans		ense account, illowances
JIM JOHNSON	PRESI	ed to position	 	-0-)	and defer	теd compe	nsation		
307 SUMMIT DR. ABILENE, KS 67410	1.201	1		4,500			اه		0
FAY JOHNSON	DIREC		-	4,500					
307 SUMMIT DR ABILENE, KS 67410		0	ľ	900			o		0
JAN EVANS	DIREC				ļ <u>-</u>				
208 N 11TH ST MANHATTAN, KS 66502	Direc	0	}	900			o		0
VERNA DETRICH	VICE								
318 W 8TH ST CHAPMAN, KS 67431	VICE.	0]	900			o		0
			<u> </u>		22 -6	Also in a			_
2 Compensation of five highest-paid employees (oth	ier than	triose include	a on iir	ie i - see pa	ge 23 or	the insi	tructions).	
If none, enter "NONE."		-		Τ					
(a) No are and address of each condense and are about \$50,000.		(b) Title, and				(d) Contra employee		(e) Expe	ense account,
(a) Name and address of each employee paid more than \$50,000		hours per w		(c) Compe	nsation	plans and comper		other a	illowances
NONE							13811011		
NONE									
				 				-	
		 		 					
		Ţ		,	ļ				
				 					
					}				
		 		 					
					Ì				
Total number of other employees paid over \$50,000 · ·		<u> </u>		<u> </u>					
Total number of other employees haid over \$50,000	· ·		•					L	

All other program-related investments. See page 24 of the instructions

<u>Pa</u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign to see page 24 of the instructions.)	undations,	
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,	- 10/10	
	purposes:		
а	Average monthly fair market value of secunties	1a	699,526
b	Average of monthly cash balances · · · · · · · · · · · · · · · · · · ·	1b	11,000
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	710,526
е	Reduction claimed for blockage or other factors reported on lines 1a and	Hair .	
	1c (attach detailed explanation) · · · · · · · · · · · · · · le		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	710,526
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions) · · · · · · · · · · · · · · · · · · ·	4	10,658
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · ·	5	699,868
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	34,993
<u>Pa</u>	rt XI: Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	34,993
2a	Tax on investment income for 2010 from Part VI, line 5 · · · · · · · 2a 246		
b	Income tax for 2010. (This does not include the tax from Part VI.) • • • • 2b		
С	Add lines 2a and 2b	2c	246
3	Distributable amount before adjustments Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	3	34,747
4	Recoveres of amounts treated as qualifying distributions • • • • • • • • • • • • • • • • • • •	4	
5	Add lines 3 and 4	5	34,747
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	24 545
	line 1 · · · · · · · · · · · · · · · · · ·	7	34,747
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	Mr.	,
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 · · · · · · · · · · · · · · · · · ·	1a	155,815
b	Program-related investments - total from Part IX-B	1b	
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.	1,5	
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	155,815
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions) • • • • • • • • • • • • • • • • • • •	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4 · · · · · · · · · · · · · · · · · ·	6	155,815
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the foundation	
	gualifies for the section 4940(e) reduction of tax in those years.		

1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
2	Undistributed income, if any, as of the end of 2010				34,747
a	Enter amount for 2009 only • • • • • • • • •				
b	Total for prior years	<u> </u>			
3	Excess distributions carryover, if any, to 2010				
a	From 2005 · · · · · · ·				
h	From 2006 · · · · · · ·	-			
c	From 2007 · · · · · · ·	1			
4	From 2008	_			
u •	From 2009 · · · · · · ·	_			
f	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII,				
•	line 4: ▶\$ 155,815			-	
а	Applied to 2009, but not more than line 2a · · ·				
h	Applied to undistributed income of prior years				
~	(Election required - see page 26 of the instructions)				
	Treated as distributions out of corpus (Election				
·	required - see page 26 of the instructions) • • •				
d	Applied to 2010 distributable amount				
e	Remaining amount distributed out of corpus • • •	121 6) CO	, , , , , , , , , , , , , , , , , , , ,	34,747
5	Excess distributions carryover applied to 2010 •	121,0	, , , , , , , , , , , , , , , , , , , ,	* ' ' ' ' ' ' ' ' '	,
•	(If an amount appears in column (d), the same	B- 1 42 1 6-	8 50	1 32	
	amount must be shown in column (a))	S / Sar Sir	The second second	美元 黄江	
6	Enter the net total of each column as	3 7 37		- , , , , , , , , , , , , , , , , , , ,	
•	indicated below:	3	1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	۹۰ , ۱	£
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5 •	121,0	160		
b	Prior years' undistributed income. Subtract			, , ,	
~	line 4b from line 2b · · · · · · · · · · · · · · · · · ·	, , , , ,	4	< ₹ : -	, 14
С	Enter the amount of prior years' undistributed	** /	- 	ra 👊 🛵 , pst	¥., 1,,
ŭ	income for which a notice of deficiency has	,		, ,,	, ,,
	been issued, or on which the section 4942(a)	•	•	,	
	tax has been previously assessed			•	1
А	Subtract line 6c from line 6b Taxable				
•	amount - see page 27 of the instructions · · · ·				
е	Undistributed income for 2009 Subtract line				
·	4a from line 2a Taxable amount - see page	•			
	27 of the instructions · · · · · · · · · · · · · · · · · · ·	•			
f	Undistributed income for 2010 Subtract lines		- 		
•	4d and 5 from line 1 This amount must be				
	distributed in 2011 · · · · · · · · · · · · · · · · · ·	:			
7	Amounts treated as distributions out of corpus				0
-	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				ŧ
	instructions) · · · · · · · · · · · · · · · · · · ·				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions) · · · · · · · · · · · · · · · · · · ·			i !	
9	Excess distributions carryover to 2011.				
-	Subtract lines 7 and 8 from line 6a · · · · · ·	121,0	68		
10	Analysis of line 9	121,0	-		
	Excess from 2006 · · · · ·				1
	Excess from 2007 · · · ·				
	Excess from 2008 · · · ·				
	Excess from 2009 · · · ·				ı
	Excess from 2010 121,068				1

Part					on 9)	
1a	If the foundation has received a ruling of	or determination letter	that it is a private ope	rating		_
	foundation, and the ruling is effective for	or 2010, enter the date	of the ruling · · · ·	• • • • • • • • •	▶	
b	Check box to indicate whether the foun	dation is a private ope	erating foundation des	cribed in section	4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each year listed	(4) 20.10	(5) 2000	(6) 2500	(d) 200.	
b	85% of line 2a • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·				
С	Qualifying distributions from Part XII, line 4 for each year listed • • • • •					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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:					
а	"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					
С	"Support" alternative test - enter.					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on				1	
	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 · · ·		<u> </u>			
Part	XV Supplementary Information	tion (Complete th	nis part only if th	e foundation had	\$5.000 or more i	n assets at
	any time during the year				, , , , , , , , , , , , , , , , , , ,	
1	Information Regarding Foundation I					
а	List any managers of the foundation wh					
	before the close of any tax year (but or	ily if they have contrib	uted more than \$5,000)) (See section 507(d)	(2))	
b	List any managers of the foundation wh				rge portion of the	
	ownership of a partnership or other ent	ity) of which the found	lation has a 10% or gr	eater interest.		
2	Information Regarding Contribution	Grant, Gift, Loan, S	cholarship, etc., Pro	grams:		
	Check here ▶ ☐ If the foundation on	y makes contributions	to preselected charita	able organizations and	does not accept	
	unsolicited requests for funds. If the for					
	organizations under other conditions, c	omplete items 2a, b, c	, and d			
а	The name, address, and telephone nu	mber of the person to	whom applications she	ould be addressed		
	990APP					
b	The form in which applications should	oe submitted and info	mation and materials	they should include:		
		<u>-</u>				
С	Any submission deadlines:					
đ	Any restrictions or limitations on award	s, such as by geograp	phical areas, chantable	e fields, kınds of ınstitu	tions, or other	
	factors.					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye

Name and address (home or business) Or substantial contributor Need		ipient		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
MARIAN CLINIC 1 100PEKA KS 66601 NONE 50,4 GREAT PLAINS THEATRE 1 1 ABILENE KS 67410 NONE 25,4 BEISENHOWER FOUNDATION 1 1 ABILENE KS 67410 NONE 25,4 ABILENE KS 67410 NONE 16,4 ABILENE KS 67410 N		(home or	business)	or substantial contributor	reapient		
TOPEKA KS 66601 NONE 50,4 TOPEKA KS 66410 NONE 25,4 TOPEKA KS 67410 NONE 25,4 TOPEKA KS 67410 NONE 16,4 TOPEKA KS 67410 NO							
TOPEKA KS 66601 NONE GREAT PLAINS THEATRE 1 ABAILENE KS 67410 NONE EISENHOWER FOUNDATION 1 ABBILENE KS 67410 NONE ABILENE KS 67410 NONE ABILENE KS 67410 NONE TALMAGE HISTORICAL SOCIETY 1 TALMAGE HISTORICAL SCHOOLS 1 AMANHATTAN OGDEN PUBLIC SCHOOLS 1 CHAPMAN KS 66502 NONE DICKINSON COUNTY LIBRARIES 1 CHAPMAN KS 67431 NONE TALMAGE LIBRARY 1 TALMAGE LIBRARY 1 TALMAGE LIBRARY 1 TALMAGE KS 67482 NONE TOTAL TOTAL TOTAL Approved for fulture payment						NEEDS	
GREAT PLAINS THEATRE 1 ABILENE KS 67410 NONE EISSENBOWER FOUNDATION 1 NEED 1 ABILENE KS 67410 NONE ABILENE FUELIC LIERARY 1 NEED 1 ABILENE KS 67410 NONE ABILENE KS 67410 NONE 1 ABILENE KS 67410 NONE 1 ABILENE KS 67410 NONE 1 ABILENE KS 67482 NONE 1 ABILENE KS 67482 NONE 1 ABILENE KS 67482 NONE 1 ABILENE KS 67481 NONE 1 ABILENE KS 67431 NONE 1 ABILENE WS 67431 NONE 1 ABILENE FUELIC LIERARY 1 NEED 1 ABILENE KS 67482 NONE 1 ABILENE FUELIC LIERARY 1 NEED 1 ABILENE FUELIC LIERARY 1 NEED 1 ABILENE KS 67482 NONE 3 ABILENE FUELIC LIERARY 1 NEED 1 APProved for future payment		KG	66601	NONE			50.00
ABBILENE KS 67410 NONE EISENHOWER FOUNDATION 1 ABBILENE KS 67410 NONE ABBILENE FUBLIC LIBRARY 1 ABBILENE KS 67410 NONE TALMAGE HISTORICAL SOCIETY 1 TALMAGE KS 67482 NONE MANHATTAN OGDEN FUBLIC SCHOOLS 1 AMANHATTAN KS 66502 NONE DICKINSON COUNTY LIBRARIES 1 CHAPMAN KS 67431 NONE TALMAGE LIBRARY 1 TALMAGE LIBRARY 1 TALMAGE KS 67482 NONE TOTAL T	TOPENA	, Lus	66601	HOME			30,00
ABBILENE KS 67410 NONE 25,0 EISENHOMER FOUNDATION 1 ABBILENE KS 67410 NONE 25,0 ABBILENE FUBLIC LIBRARY 1 ABBILENE KS 67410 NONE 16,0 ABBILENE	GREAT PLAINS THEAT	RE				NEED	
ABILENE KS 67410 NONE ABILENE FUBLIC LIBRARY 1 ABILENE KS 67410 NONE ABILENE KS 67410 NONE TALMAGE HISTORICAL SOCIETY 1 TALMAGE KS 67482 NONE MANHATTAN OGDEN PUBLIC SCHOOLS 1 MANHATTAN KS 66502 NONE DICKINSON COUNTY LIBRARIES 1 TALMAGE LIBRARY 1 TALMAGE LIBRARY 1 TALMAGE KS 67482 NONE TOTAL TOTA	ABILENE	KS	67410	NONE			25,00
ABILENE FUBLIC LIBRARY 1 ABILENE KS 67410 NONE 16,6 TALMAGE HISTORICAL SOCIETY 1 TALMAGE KS 67482 NONE 10,6 MANHATTAN OGDEN FUBLIC SCHOOLS 1 MANHATTAN KS 66502 NONE 9,6 DICKINSON COUNTY LIBRARIES 1 CHAPMAN KS 67431 NONE 5,6 TALMAGE LIBRARY 1 TALMAGE KS 67482 NONE 3,6 TOTAL TOTAL Approved for future payment	EISENHOWER FOUNDAT:	ION				NEED	
ABILENE KS 67410 NONE TALMAGE HISTORICAL SOCIETY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ABILENE	KS	67410	NONE			25,00
ABILENE KS 67410 NONE TALMAGE HISTORICAL SOCIETY 1 TALMAGE KS 67482 NONE MANHATTAN OGDEN PUBLIC SCHOOLS 1 MANHATTAN KS 66502 NONE DICKINSON COUNTY LIBRARIES 1 CHALMAGE LIBRARY 1 TALMAGE KS 67482 NONE TALMAGE KS 67482 NONE 3,4 TOTAL Approved for future payment		RARY				NEED	
TAILMAGE KS 67482 NONE MANHATTAN OGDEN PUBLIC SCHOOLS I MANHATTAN KS 66502 NONE DICKINSON COUNTY LIBRARIES I CHAPMAN KS 67431 NONE TAILMAGE LIBRARY I TAILMAGE KS 67482 NONE Total	ABILENE	KS	67410	NONE	1		16,00
TALMAGE KS 67482 NONE 10,0 MANHATTAN OGDEN PUBLIC SCHOOLS 1 MANHATTAN KS 66502 NONE 9,0 DICKINSON COUNTY LIBRARIES 1 CHAPMAN KS 67431 NONE 5,0 TALMAGE LIBRARY 1 TALMAGE KS 67482 NONE 3,0 TOTAL 3 Approved for future payment		SOCIETY				NEED	
1 MANHATTAN KS 66502 NONE 9,6 DICKINSON COUNTY LIBRARIES 1 CHAPMAN KS 67431 NONE 5,6 TALMAGE LIBRARY 1 TALMAGE KS 67482 NONE 3,6 Approved for future payment	TALMAGE	KS	67482	NONE			10,00
MANHATTAN KS 66502 NONE 9, COLOR STATEMAN KS 67431 NONE 5, COLOR STATEMAGE LIBRARY 1 TOTAL STATEMAGE AS 67482 NONE 3, COLOR STATEMAG		BLIC SCHO	ools			NEED	
CHAPMAN KS 67431 NONE TAIMAGE LIBRARY 1 TAIMAGE KS 67482 NONE Total	1 MANHATTAN	KS	66502	NONE			9,00
CHAPMAN KS 67431 NONE 5,4 TALMAGE LIBRARY 1 TALMAGE KS 67482 NONE 3,4 Total		IBRARIES				NEED	
Total	CHAPMAN	KS	67431	NONE			5,00
Total	TALMAGE LIBRARY					NEED	
Approved for future payment	TALMAGE	KS	67482	NONE			3,00
						▶ 3a	
	Approved for future payments	ent					
					<u></u>		

Total

Pant XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation status of recipient Recipient show any relationship to Purpose of grant or contribution Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year CHAPMAN AREA HISTORICAL SOC NEED 1 CHAPMAN 1,000 KS 67431 NONE NEEDS 8 SMALL GRANTS 1 KS 67431 NONE CHAPMAN 3,040 Total За 147,040 **b** Approved for future payment

3b

r gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded by section	on 512, 513, or 514	(e)
_	(a) Business	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
Program service revenue	code		code		the instructions)
·	- }				
·	·				
·	·				
·					
·			_		
	· 				
Fees and contracts from government agencies · ·	<u> </u>				
Membership dues and assessments · · · · · ·	\ 			12.500	
nterest on savings and temporary cash investments			14	13,560	
Ovidends and interest from securities · · · · · ·		**	14	4,841	
let rental income or (loss) from real estate	, , *	Į.F.		,,	
Debt-financed property · · · · · · · · · · · · · · · · · · ·					
Not debt-financed property · · · · · · · · · · · · · · · · · · ·					
let rental income or (loss) from personal property • •					
Other investment income · · · · · · · · · · · · · · · · · · ·					
Sain or (loss) from sales of assets other than inventory	′ 				
let income or (loss) from special events · · · · ·			 		
iross profit or (loss) from sales of inventory					
other revenue a	-				
	-		 		
	-				
				I	
ubtotal. Add columns (b), (d), and (e) · · · · · otal. Add line 12, columns (b), (d), and (e) · · · · worksheet in line 13 instructions on page 29 to verify	calculations)			13	18
Subtotal. Add columns (b), (d), and (e) · · · · · Total. Add line 12, columns (b), (d), and (e) · · · · worksheet in line 13 instructions on page 29 to verify TXVI-B: Relationship of Activities to the Explain below how each activity for which i	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
subtotal. Add columns (b), (d), and (e) · · · · · · otal. Add line 12, columns (b), (d), and (e) · · · · · worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which it	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
ubtotal. Add columns (b), (d), and (e) · · · · · · · otal. Add line 12, columns (b), (d), and (e) · · · · · worksheet in line 13 instructions on page 29 to venfy t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the
ubtotal. Add columns (b), (d), and (e) · · · · · · · otal. Add line 12, columns (b), (d), and (e) · · · · · worksheet in line 13 instructions on page 29 to venfy t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to venfy t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to venfy t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to venfy EXVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to venfy t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
tubtotal. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions on page 29 to verify Table No. Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions on page 29 to verify Table No. Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
tubtotal. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B: Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	calculations) e Accomplisincome is report	shment of Execution (e)	cempt Purpose of Part XVI-A contr	s Induction 13	the the

Part XVII	Information Exempt Orga		ansfers To and Tran	sactions and	Relation	ships With Nonch	arita	ble	
1 Did the or			age in any of the following	with any other o	rganization	described		Yes	No
ın section	501(c) of the Co	de (other than sec	tion 501(c)(3) organization	s) or in section !	527, relating	to political	,		
organizati	ions?								, }
a Transfers	from the reportin	g foundation to a r	nonchantable exempt orga	nization of					
			• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • •	1a(1)		X
(2) Other	assets · · · ·	• • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • •	• • • • • •	• • • • • • • • • •	1a(2)		X
b Other trans	nsactions								
(1) Sales	of assets to a no	onchantable exemp	ot organization · · · · ·	• • • • • • •		• • • • • • • • • •	1b(1)		X
(2) Purch	nases of assets fro	om a noncharitable	e exempt organization •	• • • • • • • •		• • • • • • • • • •	1b(2)		X
· ,	•	•	ssets · · · · · · · · ·				1b(3)		X
	-		• • • • • • • • • • • • •				1b(4)		<u>X</u>
` '	-		• • • • • • • • • • • • •				1b(5)		<u>X</u>
		· · · · · · · · · · · · · · · · · · ·	or fundraising solicitations				1b(6)		X
=		=	other assets, or paid emp	-			1c		<u> </u>
			mplete the following sche-	, ,					
			given by the reporting four						
	· · · · · · · · · · · · · · · · · · ·	~	ent, show in column (d) th						
(a) Line no (b) A	Amount involved	(c) Name of non-	chantable exempt organization	(d) Des	scription of trans	fers, transactions, and sharing	arrangen	nents	
									
									
									
								-	
						<u> </u>			
			d with, or related to, one o					_	7
			er than section 501(c)(3)) o	or in section 527	?		Ye	s X	J No
b If "Yes," o	complete the follo	wing schedule							
	(a) Name of organizati	on	(b) Type of organiz	ation	<u></u>	(c) Description of relations	hip		
									
					ļ				
·					<u> </u>				
					 				
Under n	enalties of penury I de	dare that I have examin	ned this return, including accompa	nynn schedules and	statements and	to the best of my knowledge as	nd		
Sign belief, it	is true, correct, and co.	mplete Declaration of p	preparer (other than taxpayer or fid	uciary) is based on a	Il information of	which preparer has any knowle	dge		
Here	Both B	Alti		Many	7011 N	SECRETARY - T	REAS	IRER	
	ature of officer or trust	ee /		Date		Title			
	Pnnt/Type preparer		Preparers signature	71	Date		PTIN		
Paid	WILLIAM H S		William	Hear	15/11/	self-employed		5703	154
Preparer	Firm's name		EARS CPA CHARTERE				9253		
Use Only	Firm's address	203 N BUCKE				Phone no	<u></u>	·	
	-	Abilene KS	67410			785-263-4	212		
									/00 4 S

Form 990_OfQv (2010) EMMA BALSIGER FOUNDATION 23-7111340 Page () 1 <u>Current Officers, Directors, Trustees, and Key Employees</u>

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated. (b) Title, and average (c) Compensation (If not paid, enter -0-) (d) Contributions to (e) Expense account, other allowances hours per week devoted to position (a) Name and address employee benefit plans deferred compensation BETH BOLTZ-MORTON SECRETARY - TRE 2267 2450 AVE, PO BOX 529, KS 67431 3 4,500 0

· 990	Overflow Statement	2010 Page 1
Name(s) as shown on return		FEIN
EMMA BALSIGER	FOUNDATION	23-7111340

INTEREST

Description		1	Amount
BANKS		\$	11,938
BERTHEL FISHER & CO			1,622
EARLY WITHDRAWL PENALTY			(431)
	Total:	\$	13,129

DIVIDENDS

Description		A	mount
AMERICAN ENTERPRISE		\$	1,536
WADELL AND REED			2,360
BERTHEL FISHER			945
	Total:	\$	4,841

		Federal Su	Federal Supporting Statements	nents	2010 PG 01	
Name(s) as shown on return EMMA BALSIGER FOUNDATION					Your Social Security Number 23-7111340	
	FORM 990P	FORM 990PF, PART I, LINE 23	- OTHER EXPENSES SCHEDULE	SCHEDULE	STATEMENT #103	
DESCRIPTION	REVENUE AND EXPENSES	NET	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
DIRECTORS MEETINGS	78	78	0	0		
OFFICE EXPENSE	984	7 86	0	0		
SECRETARY OF STATE FEE	40	40	0 (0 (
EXCLUSE TAX	048	048	0	0		
TOTALS	1,750	1,750	0	0		
					PG 01	
	FORM 990PF, PART I,		LINE 16(B) - ACCOUNTING FEES SCHEDULE	S SCHEDULE	STATEMENT #108	
DESCRIPTION TAX PREPARATION	REVENUE AND EXPENSES 1,000	NET INVESTMENT 1,000	ADJUSTED NET INCOME	CHARITABLE PURPOSE 0		
TOTALS	1,000	1,000	0	0		
				ļ		
STM-LD						

•	Federal Supporting Statements	2010 _{PG 01}
Name(s) as shown on return		FEIN
EMMA BALSIG	ER FOUNDATION	23-7111340
	EODY 000DE	CWAMPAWW #115

FORM 990PF, PART III, LINE 3 OTHER INCREASES SCHEDULE

MARKET FULX

55,747

TOTAL

55,747

FORM 990PF, PART II, LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDULE

PG 01 STATEMENT #137

CATEGORY	воу	BOOK VALUE	EOY FMV
STOCKS AND BONDS	390,348	544,820	569,107
TOTALS	390,348	544,820	569,107

Federal Supporting Statements 2010 PG 01 Name(s) as shown on return FEIN EMMA BALSIGER FOUNDATION 23-7111340

STATEMENT #139

FORM 990PF, PART I, LINE 6(A) GAIN(LOSS) FROM SALE OF OTHER ASSETS SCHEDULE

WYANDOTTE CNTY KS BONDS NAME DATE ACQUIRED 2009-08 HOW ACQUIRED PURCHASED DATE SOLD 2010-06 **PURCHASER** \$5,000 GROSS SALES BASIS \$5,076 ACCUMULATED DEPRECIATION SALES EXPENSE TOTAL NET \$ (76) WASHINGTON MUTUAL INVS FD INC NAME DATE ACQUIRED 2007-10 HOW ACQUIRED PURCHASED DATE SOLD 2010-03 **PURCHASER** GROSS SALES \$18,535 \$29,000 BASIS ACCUMULATED DEPRECIATION SALES EXPENSE TOTAL NET \$(10,465) NAME WASHINGTON MUTUAL INVS FD INC DATE ACQUIRED 2007-10 HOW ACQUIRED PURCHASED DATE SOLD 2010-03 **PURCHASER** GROSS SALES \$18,614 BASIS \$29,000 ACCUMULATED DEPRECIATION SALES EXPENSE \$(10,386) TOTAL NET WI SERVICES COMPANY NAME DATE ACQUIRED VARI-OU HOW ACQUIRED PURCHASED DATE SOLD 2010-09 **PURCHASER** GROSS SALES \$126,182 BASIS \$136,439 ACCUMULATED DEPRECIATION

\$(10,257)

SALES EXPENSE

TOTAL NET

,	Federal Supporting Statements	2010 _{PG01}
Name(s) as shown on return		FEIN
EMMA BALSIG	ER FOUNDATION	23-7111340

FORM 990PF, PART VIII COMPENSATION EXPLANATION

NAME

EXPLANATION

Federal Supporting Statements

2010 PG 01

Name(s) as shown on return

Your Social Security Number

EMMA BALSIGER FOUNDATION

23-7111340

FORM 990PF, PART XV, LINE 2 APPLICATION SUBMISSION INFORMATION

990APP

GRANT PROGRAM NON SPECIFIC

APPLICANT NAME BETH BOLTZ

ADDRESS P O BOX 589

CHAPMAN KS 67431

TELEPHONE 785-210-5094

FORM & CONTENT

NO SPECIFIED FORM - APPLICANT NEEDS TO WRITE A LETTER OF REQUEST

SUBMISSION DEADLINE

RESTRICTIONS ON AWARD NONE