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Department of the Treasury

Return of Privă

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

OMB No 1545-0052

10a Gross first less returns to be seed to b				be able to use a copy of this	Teturi to satisfy state repo	ting requirements.	
Name of foundation Amenical return	Fore	calen	dar year 2010, or tax year beginning		, and ending		
Name of foundation TW KINZER FOUNDATION INC 27-1189623	3 (heck				Final return	1
JW KINZER FOUNDATION_INC. 27-1189623 1 elegibloin number (606 974-8041 (606 974-8041			X Amended return	Address chang	ge <u> </u>	Name change	
1.5. NEW KENTUCKY ROUTE 80 City or town, state, and 2/P code ALLEN, KY 41601 I Check type of departation: "XI Section 59 t(c/(3) exempt private foundation Section 59/7(6)(1) nemecampt charitable trust Other tasable private foundation Fair market state of all sassets at ord of year Accounting method: "XI Cash Other (respect) Fair market state of anisation and of year Accounting method: "XI Cash Other (respect) Fair market state of anisation and of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation and of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation anisation of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation anisation of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation anisation of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation anisation of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation anisation of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation of year Accounting method: "XI Cash Other (spectify) Fair market state of anisation of year Accounting method: "In the contract of anisation of year Accounting method: "I the foundation is in a SO-month termination of the state of year Accounting method: "I the foundation is in a SO-month termination of the state of year Accounting method: "I the foundation is in a SO-month termination of the state of year Accounting method: "I the foundation is in a SO-month termination of the state of year Accounting method: "I the foundation is in a SO-month termination of the state of year Accounting method: "I the foundation of year	Nar	ne of	foundation			A Employer identification	number
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City for fown, statts, and ZIP code ALLEN, KY 41601 1 Check type of organization: XI Section 501(c)(3) exempl private foundation Section 447(2)(1) none-semple fluentable trust Other tixable private foundation Fair market value of all assets at end of year Accounting method: XI Cash Accounting			JW KINZER FOUNDATION,	INC.		27-1189623	
City or town, state, and ZiP code ALLEN, KY 41601 1 Foreign organization:	Nun	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
Control to your of grantzation: Section 591(c)(3) exampt private foundation Control type of organizations, check here Control type of organizations (1 Section 391/(a)(1) nonecempt charitable trust Control tranship private foundation Control type of organizations (1 Section 391/(a)(1) nonecempt charitable trust Control tranship private foundation Control type of organizations research to be seen Control type organizations (1 Section 391/(a)(1) nonecempt charitable trust Control tr			155 NEW KENTUCKY ROUT	E 80		(606) 874-	8041
ALLEN, KY 41601 Check bye of grantation: Section 501(5)(3) exempt private foundation Section 4947(a)(1) nonexempt characteristic trust: Other taxable private foundation Fair market value of all assets at end of year J Accounting method: Carbon	City	or to	77.				
Check bype of organization X Section 601(c)(3) exempt private foundation							
Section 4947(a)(1) nonexempt charitable trust	нО	heck		empt private foundation		Foreign organizations me check here and attach co	eeting the 85% test,
Far market value of all assets at end of year 1 Accounting method: Cash Accrual Individual Accounting method: Cash Accrual Individual Accounting method: Cash Accrual Individual Individual		_		• •	ition		
Ither foundation is in a 60-month termination under (specify) Fit the foundation is in a 60-month termination under section 57(0)(1)(8), check the under section 67(0)(1)(8), check the under se					· "—	under section 507(b)(1)	(A), check here
Part I Assyris of Revenue and Expenses (the fotal of amountain an ordinaries 0), (a), and (of may not necessary equal the amounts in ordinaries 0), (a), and (of may not necessary equal the amounts in ordinaries 0), (a), and (of may not necessary equal the amounts in ordinaries 0). (b) Net investment (c) Adjusted material (c) Adj			· 1 🖂	•			
Part I Aslysis of Revenue and Expenses (a) Revenue and expenses per books received annual ne cultures (b) (c) may not receive and annual ne cultures (b) (c) may not receive and annual ne cultures (b) (c) may not receive and annual networks (c) may not receive and networks (c) may not			15.962. (Part I, colu.	mn (d) must be on cash b	pasis.)		
1 Contributions, prifts, grants, etc., received 2 Cheek Interview Intervie							T'
1 Contributions, prifts, grants, etc., received 2 Cheek Interview Intervie			(The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
The state of the s		1	——————————————————————————————————————	100 000		N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Section and markets from securities 1 Dividends and interest from secur		,		200,000.	STATISTE LINE		
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8 Net Short-regressional Res D 2014 2015	ē				-		
8 Net Short-regressional Res D 2014 2015	Ģ		assets on line 6a		^		
10a Gross flotte critical process for the control of the control o	ě,	7			<u> </u>		
10a Gross flotte critical process for the control of the control o		8					
100		9	Income modifications — Cross sales less returns			1	
C Gloss Collinor (Loss) Collinor C	3	10a	and eliphwances 1 9 1 2014				
12 Total Add Lines Hereugh 1 100 000 0 0 0 0 0 0		1	10/1				
12 Total Add Lines Hereugh 1 100 000 0 0 0 0 0 0	(ئے الم	C					
The state of the s		1					
22 Printing and publications 23 Other expenses STMT 3 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	\bigcirc	12	Total, Add lines 1 through 11				
22 Printing and publications 23 Other expenses STMT 3 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	4	13	Compensation of officers, directors, trustees, etc	0.	<u> </u>		0.
22 Printing and publications 23 Other expenses STMT 3 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	Z	14	Other employee salaries and wages				
22 Printing and publications 23 Other expenses STMT 3 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	E	15	Pension plans, employee benefits				
22 Printing and publications 23 Other expenses STMT 3 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	Sec	16a					
22 Printing and publications 23 Other expenses STMT 3 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	Sef	b	Accounting fees STMT 1	3,075.	0.		0.
22 Printing and publications 23 Other expenses STMT 3 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	Ä	C	Other professional fees				
22 Printing and publications 23 Other expenses STMT 3 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	<u>×</u>	17					
22 Printing and publications 23 Other expenses STMT 3 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	rat	18	Taxes STMT 2	3,896.	0.		0.
22 Printing and publications 23 Other expenses STMT 3 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	ıist	19	Depreciation and depletion				
22 Printing and publications 23 Other expenses STMT 3 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	Ē	20	Occupancy				
22 Printing and publications 23 Other expenses STMT 3 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	A	21	Travel, conferences, and meetings				
23 Other expenses STMT 3 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	Ē						
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	Ď		_	153.	0.		0.
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	atir	24	Total operating and administrative				
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	ber			7,124.	0.		0.
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	ō	25	•				
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				-			
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			-	1,384,038.	0.		1,376,914.
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		27					
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		i		-1,284,038		1	
C Adjusted net income (if negative, enter -0-)		1	·		0.	<u> </u>	
023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions		1					
	0235	01		the instructions			Form 990-PF (2010)

Pa	p+ 1	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	1 (column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
\top	1	Cash - non-interest-bearing		15,962.	15,962.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
- 1		Pledges receivable ▶			
		Less: allowance for doubtful accounts	<u> </u>		
		Grants receivable			
	-	Receivables due from officers, directors, trustees, and other			
	U	disqualified persons			
	_		<u> </u>		
	•	Other notes and loans receivable	}		
		Less; allowance for doubtful accounts			
ets	-	Inventories for sale or use		-	
Assets		Prepaid expenses and deferred charges			
٦	10a	Investments - U.S. and state government obligations			
	þ	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	'		•
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
1	14	Land, buildings, and equipment: basis ▶			
	•	Less accumulated depreciation	1,300,000.	0.	0.
	15	Other assets (describe)			
		other assets (assets) =			• •
	16	Total assets (to be completed by all filers)	1,300,000.	15,962.	15,962.
-		Accounts payable and accrued expenses	1,300,000	13,302.	13/3021
		· ·			
- 1		Grants payable			
.00	19	Deferred revenue			
<u>≅</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
ia	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
					•
\dashv	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ဖွ		and complete lines 24 through 26 and lines 30 and 31			
ĕ	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
[[Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ió I	29	Retained earnings, accumulated income, endowment, or other funds	1,300,000.	15,962.	
e	30	Total net assets or fund balances	1,300,000.	15,962.	
z	00	Total lict 255055 of fully buildings	2,000,000		
	31	Total liabilities and net assets/fund balances	1,300,000.	15,962.	
=				13/3021	
P	art	III Analysis of Changes in Net Assets of Fund B			
1 7	otal	net assets or fund balances at beginning of year - Part II, column (a), line	30		
(mus	at agree with end-of-year figure reported on prior year's return)		1	1,300,000.
		amount from Part I, line 27a		2	-1,284,038.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	15,962.
		eases not included in line 2 (itemize)		5	0.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	15,962.
					Form 990-PF (2010)

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form 990-PF (2010) JW KINZER F	OUNDATION,	INC.		. <u> </u>	27-	1189	<u>623</u>		Page 4
Part VI Excise Tax Based on Inve				1940(e), or 4	1948	- see ii	nstru	ctior	าร)
1a Exempt operating foundations described in section	on 4940(d)(2), check he	ere 🕨 🔙 and ente	r "N/A" on line 1.)					
Date of ruling or determination letter:									
b Domestic foundations that meet the section 4940)(e) requirements in Par	t V, check here 🕒 上	and enter 1%	6)	1_1_				0.
of Part I, line 27b									
c All other domestic foundations enter 2% of line 2				ol. (b). 💚					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable f	oundations only. Othe	rs enter -0-)		2				0.
3 Add lines 1 and 2					3_	ļ. ———-			0.
4 Subtitle A (income) tax (domestic section 4947(a			ers enter -0-)		4	 			0.
5 Tax based on investment income Subtract line	4 from line 3. If zero or	less, enter -0-			5				0.
6 Credits/Payments:		1	. 1						
a 2010 estimated tax payments and 2009 overpay		-	6a		-				
b Exempt foreign organizations - tax withheld at so			6b		-				
c Tax paid with application for extension of time to	tile (Form 8868)	<u> </u>	6c		-				
d Backup withholding erroneously withheld		L.	6d		┨			-	^
7 Total credits and payments. Add lines 6a through					7				0.
8 Enter any penalty for underpayment of estimated			ed .	_	8				
9 Tax due. If the total of lines 5 and 8 is more than				•	9	 			0.
10 Overpayment. If line 7 is more than the total of li		mount overpaid		lp-64-4	10	<u> </u>			
11 Enter the amount of line 10 to be: Credited to 20 Part VII-A Statements Regarding				Refunded -	11	L			
1a During the tax year, did the foundation attempt to		state or local logicist	on or did it nortio	inate or interven				Yes	No
	minuence any nanonai,	State, or local legislati	on or the it partic	ipale of intervent	; III ,	•	10	103	X
any political campaign? b Did it spend more than \$100 during the year (eith	har directly or indirectly	for political nurnoces	/eas instructions	for definition)2			<u>1a</u> 1b		X
If the answer is "Yes" to 1a or 1b, attach a d			-		nd or		יוי		
distributed by the foundation in connection	•	the activities and c	opies or arry ma	iteriais publisiit	eu ur				
c Did the foundation file Form 1120-POL for this ye							1c		X
d Enter the amount (if any) of tax on political exper		mnosed during the ve	ar.				- 10		
(1) On the foundation. > \$				0.					
e Enter the reimbursement (if any) paid by the four					<u>-</u>				
managers. ► \$ 0 •	radion during the year.	or pointion or portains.	o lax imposso on	70000					
2 Has the foundation engaged in any activities that	have not previously bea	en reported to the IRS	7				2		X
If "Yes," attach a detailed description of the								:	
3 Has the foundation made any changes, not previ		S. ın its governing inst	rument, articles o	of incorporation.	or				
bylaws, or other similar instruments? If "Yes," a			,	, ,			3		X
4a Did the foundation have unrelated business gros							4a		X
b If "Yes," has it filed a tax return on Form 990-T fo					N	I/A	4b		
5 Was there a liquidation, termination, dissolution,		on during the year?					5		X
If "Yes," attach the statement required by 0	General Instruction T.								
6 Are the requirements of section 508(e) (relating	to sections 4941 throug	h 4945) satisfied eithe	er:						
 By language in the governing instrument, or 									
 By state legislation that effectively amends the 	governing instrument se	o that no mandatory d	irections that con	flict with the stat	e law				
remain in the governing instrument?							6	X	
7 Did the foundation have at least \$5,000 in assets	at any time during the y	/ear?					7	X	
If "Yes," complete Part II, col. (c), and Part I	XV.								
8a Enter the states to which the foundation reports	or with which it is registe	ered (see instructions)	▶						
KY									
b If the answer is "Yes" to line 7, has the foundation			rney General (or o	designate)					
of each state as required by General Instruction		· ·					8b	Х	
9 Is the foundation claiming status as a private ope	=	-		1942(j)(5) for cal	endar				
year 2010 or the taxable year beginning in 2010						_	9_		<u>X</u>
10 Did any persons become substantial contributors	s during the tax year? if	"Yes," attach a schedule I	isting their names an	d addresses	<u>TMT</u>	' 5	_10	X	

Form **990-PF** (2010)

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

Form **990-PF** (2010)

X

3b

4a

N/A

Part WI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2010) JW KINZER FOUNDATION, IN	C.		<u> 27-11896</u>	23 Page 6
11) Carry on propagands, or otherwise attempt to influence legislation (section 4945(s))? (2) Influence the outcome of any specific public electron (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, etc., organization described in section \$509(a)(1), (2), or (3), or section 4940(6)(2)? (6) Provide for any purpose other than religious, charitable, scientlink, literary, or discastional purposes, or for the prevention of trutely to children or animals? (7) I sharp in the provided of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (a) Name and address of the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (a) Name and address of the foundation receive any processes of share any retire come attributable to the transaction? (b) If year, field the foundation, during the year, provided any processes of share any retire come attributable to the transaction? (a) Name and address of each employees, and other transactions and the provided of the provide		Form 4720 May Be F	Required (continu	ued)	
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 505(4); (2), or (3), or section 540(6)(2)? (5) Provide for any purpose other than reliapous, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? 1) If any answer is "Yes" to \$61(1)(5), \$61 any of the transactions fall to qualify under the exceptions described in Regulations section \$3.4945 or in a current inotice regarding disaster assistance check here 2 If the aniswer is "Yes" to dispession 56(4), does the foundation selection 52.4945-5(c) 8 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 8 Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 Yes IX No 1) If "Yes" to 60, tile Form 8870 7 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1) If Yes and the foundation review any proceeds or have any net income attributable to the transaction? 1) Information About Officers, Directors, Trustees, Foundation Managers, Highly 10 Eart VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly 11 List all officers, directors, trustees, foundation managers and their compensation. 10 If Yes IX No 11 List all officers, directors, trustees, foundation managers and their compensation. 11 List all officers, directors, trustees, foundation managers and their compensation. 12 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE" 12 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE" 13 None is IX Advanced to the propose of the pr	(1) Carry on propaganda, or otherwise attempt to influence legislation (section		ectly,		
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b If any answer is "Yes" to \$1,014,014 any of the transactions fail to qualify under the exceptions described in Regulations section \$3,4945 or in a current notice regarding desseter assistance (see instructions)? Organizations relying on a current notice regarding desseter assistance check here of lift the answer is "Yes" to question \$40,4,06 set the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3,4945-5(d) Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes "to \$6, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes "to \$6, the Form 8870 The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, coundation managers and their compensation (if not paid, enter "0-1) and the property of the transaction? WILLARD KINZER DIRECTOR DIRECTOR DIRECTOR DIRECTOR 155 NEW KENTUCKY ROUTE 80 ALLEN, KY 41601 0.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
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Diff Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b					
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(a) Name and address (b) Tirtle, and average hours per week devoted to position (f) thora paid, enter -0-) (c) Compensation (Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/	
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155 NEW KENTUCKY ROUTE 80 ALLEN, KY 41601 DIRECTOR 155 NEW KENTUCKY ROUTE 80 ALLEN, KY 41601 0.00			0.	0.	<u> </u>
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NONE (a) Name and address of each employee paid more trian \$50,000 NONE (c) Compensation and deferred compensation allowances		(b) Title, and average		(d) Contributions to	(e) Expense
			(c) Compensation	and deferred	account, other allowances
Total number of other employees paid over \$50,000	NONE				
Total number of other employees paid over \$50,000			-		
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000			 		
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000 ▶ 0					
Total number of other employees paid over \$50,000					
	Total number of other employees paid over \$50,000		L	•	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	1	Expenses
1 LAND DONATED WITH A FMV APPRAISAL OF \$1,300,000 TO WESLEY		
CHRISTIAN SCHOOL FOR FUTURE USE.	_	200 000
- PROVIDED COURT A CUITE FOR AM I FACM 10 CMUDENING AM MEGI EV		300,000.
2 PROVIDED SCHOLARSHIPS FOR AT LEAST 10 STUDENTS AT WESLEY CHRISTIAN SCHOOL.		
CHRISTIAN SCHOOL:		48,980.
3 SUPPORTED THE OPERATION OF THE MOUNTAIN ARTS CENTER, WHICH		10/3001
SERVES AS THE HOME OF THE KENTUCKY OPRY.		
		15,000.
4 SUPPORTED THE OPERATION OF HIGHLANDS FOUNDATION, WHICH	_	
SUPPORTS HIGHLANDS HEALTH SYSTEM TO IMPROVE THE	_	
ACCESSIBILITY OF HEALTHCARE FOR THE BIG SANDY AREA.		5,000.
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	$\overline{}$	Amount
1 N/A	-	Amount
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	>	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	
b		1b	665.
C		1c	0.
d	Total (add lines 1a, b, and c)	1d	665.
е	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	665.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	655.
6	Minimum investment return Enter 5% of line 5	6	33.
F	Part 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.)	nd certain	
1	Minimum investment return from Part X, line 6	1	33.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	33.
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	33.
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		-
1	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,376,914.
a b		1b	0.
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:	-	
o a		3a	
a b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,376,914.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	 	<u> </u>
J	income. Enter 1% of Part I, line 27b	5	٥.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,376,914.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.	1-400 101	and deduction

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Part XIII Undistributed Income (see instructions)

·	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				33.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		0.	-	
3 Excess distributions carryover, if any, to 2010:		0.		. , , . , . , . ,
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				•
Part XII, line 4: ►\$ 1,376,914.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		٠.		
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				33.
e Remaining amount distributed out of corpus	1,376,881.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,376,881.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		U •		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
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 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a	1,376,881.			
10 Analysis of line 9.	2/0/0/0021			
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 1,376,881.				
				5 000 DE (00.40)

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Part XIV Private Operating Fo			I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶ └		
b Check box to indicate whether the found		ig foundation described		4942(j)(3) or 494	¹²⁽¹⁾⁽⁵⁾
2 a Enter the lesser of the adjusted net	Tax year	(b) 2000	Prior 3 years	(4) 2007	(a) Tatal
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			-		
b 85% of line 2a				_	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly		=			
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	mation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during the	he year-see the i	nstructions.)			
Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed m WILLARD KINZER	have contributed more to ore than \$5,000). (See so	ection 507(d)(2).)			
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	on of the ownership of a par	tnership or
NONE	 				
2 Information Regarding Contribution Check here In the foundation of the foundation makes gifts, grants, etc. (nly makes contributions t	o preselected charitable	organizations and does n	ot accept unsolicited reque	
a The name, address, and telephone numb	-			<u> </u>	
	or the person to mion	n appribations should be	uodi 00000.		
SEE STATEMENT 6 b The form in which applications should be	e submitted and informat	ion and materials they sl	nould include:		
c Any submission deadlines:					
		· · · · · · · · · · · · · · · · · · ·			
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kinds of institutions, or o	other factors:	<u> </u>

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year	of Substantial Control			
SEE STATEMENT 7	<u> </u>		<u> </u>	1,376,914.
b Approved for future payment HIGHLANDS FOUNDATION 5000 KY RT 321 PRESTONSBURG, KY 41653			SUPPORT AUTISM CARE	20,000.
Total			▶ 3b	20,000.

Part XVI-A **Analysis of Income-Producing Activities**

	Official	Unrelated business income		ided by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b			 		
c			1	•	
d			<u> </u>		
_					
f			-		
g Fees and contracts from government agencies					
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash					
investments					į
4 Dividends and interest from securities			 		<u></u>
5 Net rental income or (loss) from real estate:					
		_	 		
a Debt-financed property 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					<u> </u>
11 Other revenue:					
a					
b		**************************************			
C				.,	
d					
e					
40 0 14 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	0.		0.	0.
12 Subtotal. Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)	1			13	0.
				13	0.
13 Total. Add line 12, columns (b), (d), and (e)	the Acco			13	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to		omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported i	omplishment of Ex	emp	t Purposes	0.

Unrelated business income

Form 990°PF (20	10) JW KINZE	K FOUNDATION,	INC.	2/-1169623	Page
Part XVII	Information Regar	ding Transfers To an	d Transactions and	Relationships With Noncharitable	
	Evemnt Organizati	one			

1					with any other organization		on 501(c) of		Yes	No
					7, relating to political organiz	zations?				
a	(1) Cash		ation to a noncharitable exe	ilipi org	anization of.			1a(1)		Х
	(1) Cash (2) Othe							1a(2)		X
ь	Other tran							14(=)		
_		s of assets to a noncharital	ble exempt organization					15(1)		X
	` '		ncharitable exempt organiza	ation				1b(2)		X
	(3) Rent	al of facilities, equipment, o	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						15(4)		X
	(5) Loan	s or loan guarantees						1b(5)		_X_
	(6) Perfo	ormance of services or me	mbership or fundraising so	dicitatio	าร			1b(6)		<u>X</u>
	-		iling lists, other assets, or p					1c		X
d		-			dule. Column (b) should alway				ets,	
		• • •			d less than fair market value	in any transaction	or sharing arrangement, s	how in		
(0):	ine no	(b) Amount involved	other assets, or services re-		exempt organization	(d) December				
(a) L	ine no	(b) Amount involved	` '	I/A	exempt organization	(u) Description	of transfers, transactions, and	snaring ar	angeme	mis
	-			1/ A		 			_	
						 				
			,							
						<u> </u>				
								-		
-		·····								
		1					•			
			,							
_			<u> </u>							
2a		•	•	•	or more tax-exempt organiza	ations described	Г	¬ _v	77	No
			r than section 501(c)(3)) or	'in secti	on 52/7		L	Yes	LA	_l NO
D	ii Yes, c	omplete the following sche (a) Name of org			(b) Type of organization		c) Description of relations	hin		
		N/A	amzation		(b) Type of organization		o possinguon en relatione	т.р		
	-						 			
										
					ng accompanying schedules and			lief, it is tri	је, согте	ct,
Si	gn	complete Declaration of prepa	rer tother than taxpayer or fiduci	ıary) ıs ba	sed on all information of which pr	reparer has any knowle	dge			
He	ere	(100. X	men		1/1-17	<u>-/4</u> ▶ DI	RECTOR			
		Sig nat ure of officer or tru			Date	Tı	tle			
		Print/Type preparer's na	ame Prena	arer's si	gnature	ふごり/タ//ター	Check if PTIN			
_		/	<i>(</i>)		11 1 K 61/	relai	self- employed			
Pa		DONALD B.		Ma	xor por 14					
	eparer		ETT FOSTER T	TOO!	HMAN PLLC		Firm's EIN			
US	e Only									
		1			SSIONAL ARTS	PLZ		\	~ ~	
		⊥ BU	CKHANNON, WV	26	ZUI		Phone no. (304			
							Fo	rm 990	(2010)

Schedule B (Form 990, 990-EZ, 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

2010

Employer identification number Name of the organization 27-1189623 JW KINZER FOUNDATION Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

	4	4	
Page	⊥ of		of Part I

Schedule B	Form 990,	990-EZ,	or 990-PF)	(2010)
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Name of organization

Employer identification number

JW	KINZER	FOUNDATION,	INC.
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27-1189623

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES W KINZER PO BOX 155 ALLEN, KY 41601	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Omnocash 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)

of Part II

Name of organization

Employer identification number

JW KINZER FOUNDATION, INC.

27-1189623

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	

of Part III Employer identification number Name of organization <u> 27-1189623</u> JW KINZER FOUNDATION, INC. Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions) > \$ (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	ACCOUNTING FEES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,075.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	3,075.	0.		0.
FORM 990-PF	TAX	ES	S'	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROPERTY TAX	3,896.	0.		0.
TO FORM 990-PF, PG 1, LN 18	3,896.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S'	ratement 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
	153.	0.		0.
SUPPLIES				

FOOTNOTES

JW KINZER FOUNDATION DONATED THE LAND THAT WAS LISTED ON THE BOOKS TO WESLEY CHRISTIAN SCHOOL ON 4/12/10, BUT THE DONATION WAS NOT RECORDED IN 2010. RETURN WAS AMENDED TO SHOW AN ADDITIONAL \$1,300,000 CONTRIBUTION AND TO TAKE THE LAND OFF OF THE BALANCE SHEET AND DEPRECIATION SCHEDULE.

STATEMENT

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS JAMES W. KINZER PO BOX 155

ALLEN, KY 41601

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WILLARD KINZER 155 NEW KENTUCKY ROUTE 80 ALLEN, KY 41601

TELEPHONE NUMBER

606-874-8041

FORM AND CONTENT OF APPLICATIONS

GRANTS ARE MADE ON A CASE BY CASE BASIS. APPLICANTS SHOULD FILE THE FOUNDATION'S GRANT APPLICATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

		AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 7
RECIPIENT NAME AND ADDRESS		RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
WESLEY CHRISTIAN SCHOOL 105 METHODIST LANE ALLEN, KY 41601	Y	SCHOLARSHIPS		48,980.
MOUNTAIN ARTS CENTER 50 HAL ROGERS DRIVE PRESTONSBURG, KY 41653		OPERATIONS SUPPORT		15,000.
JENNY WILEY STATE RESORT PARE 75 THEATRE CT PRESTONSBURG, 41653		T-SHIRTS FOR OPERATION CLEAN SWEEP	•	4,003.
WESLEY CHRISTIAN SCHOOL BOOST 105 METHODIST LANE ALLEN, KY 41601		PROVIDE SHOES, WARMUPS, AND FOOD		1,000.
UNITED METHODIST RETIRMENT CO 1125 LEXINGTON ROAD WILMORE KY 40390		TRIPS FOR SENIORS		2,931.
HIGHLANDS FOUNDATION 5000 KY RT 321 PRESTONSBURG, 41653	, ку	SUPPORT AUTISM CARE		5,000.
WESLEY CHRISTIAN SCHOOL 105 METHODIST LANE ALLEN, KY 41601	Y	GIFTED LAND-FMV USED PER APPRAISAL-DONATED FOR FUTURE USE OF ORGANIZATION		1300000.
TOTAL TO FORM 990-PF, PART XV	V, L]	INE 3A	1	,376,914.