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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052 2010

For	calendar yea	r 2010, or tax year beginning		, and ending			
G	Check all that	——————————————————————————————————————		ormer public charity		Fınal retur	rn <u> </u>
_		Amended return	Address chan	ge	Name change	<u> </u>	
Na	me of founda	tion			A Employer	r identificatio	on number
							•
l Ni		IE SERVANT LEADERSH		Room/suite	-	L40082	<u> </u>
INC		•	et address)	Room/suite	in Leichilois	e number - 231 – 1 (0.4.5
		50 E WESTGLOW LN Ite, and ZIP code					
6	-	TTLETON, CO 80121	-1375		I		pending, check here
H			exempt private foundation		2. Foreign	organizations n	neeting the 85% test, computation
Ϊ	_ · · ·	947(a)(1) nonexempt charitable trust	Other taxable private founda	ntion	1		
ı F	•		ting method: Cash	X Accrual			tatus was terminated 1)(A), check here
(i	rom Part II,	col. (c), line 16)	Other (specify)				a 60-month termination
<u></u>	▶ \$	2,860. (Part I, col	umn (d) must be on cash l	basis)			1)(B), check here
₹P		isis of Revenue and Expenses ital of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment		usted net	(d) Disbursements for charitable purposes
ත	T	sarily equal the amounts in column (a))	expenses per books	ıncome		come	(cash basis only)
N.		outions, gifts, grants, etc., received	250,450.		N/	<u>'A</u>	
Ī	2 Check Interest	on savings and temporary			-		
ì	o cash inv	vestments nds and interest from securities					
Ì	5a Gross						
		al income or (loss)					
多.	6a Net gair	or (loss) from sale of assets not on line 10		-			
	b Gross s	ales program EIVED					
D §	7 Capital	gam-net income (from Part IV, line 2)	-	().		
α	8 Net sp	oft-term capital gain 2011					
		e modifications (V) i					
	102 and allo	wances					
	b Less C	ost of Seperation					
		profit-or-(loss)	-				_
		ncome Add lines 1 through 11	250,450.	().		
_		nsation of officers, directors, trustees, etc	230,430.	(0.
		employee salaries and wages					
	1	on plans, employee benefits					
000	16a Legal 1	ees					
ģ	b Accou	nting fees STMT 1	2,425.	().		0.
2 2 2 2	c Other i	professional fees					
and Administrative	17 Interes	it					
į	18 Taxes						
	19 Depred	ciation and depletion					
Ę	20 Occup						
3	21 Itavel,	, conferences, and meetings g and publications	106.	(0.		
		expenses STMT 2	380.		0.		0.
Coccepting	24 Total	operating and administrative	300.	•			
Ì	expen	ses. Add lines 13 through 23	2,911.	(o .		0.
Ċ	25 Contri	butions, gifts, grants paid	246,200.				246,200.
		expenses and disbursements.					
_	Add lir	nes 24 and 25	249,111.		<u>) . </u>		246,200.
	27 Subtra	ct line 26 from line 12:					
	1	of revenue over expenses and disbursements	1,339.				
	1	vestment income (if negative, enter -0-)			0.		
_	c Adjust	ted net income (if negative, enter -0-)			N,	/A	

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Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

See the Part VI instructions.

	990-PF	. ,		LEADERSHIP						1400			Page 4
	rt VI	Excise Tax Based		·		• • •		, or 4	948	- see i	nstru	ctior	1S)
1a	Exempt	operating foundations describ	ed in section	4940(d)(2), check here	and ent	er "N/A" o	on line 1.						
		ruling or determination letter: _		(attach cop									
b	Domest	c foundations that meet the se	ection 4940(e) requirements in Part V	, check here 🕨	and	d enter 1%	}	1				0.
		, line 27b											
		domestic foundations enter 2											_
		er section 511 (domestic secti	ion 4947(a)(1) trusts and taxable four	ndations only. Oth	ers enter	-0-)	ļ	2				<u>0.</u>
3	Add line	s 1 and 2			-			}	_3_				0.
		A (income) tax (domestic sect				iers enter	· -0-)	,	4				0.
		ed on investment income. Su	ıbtract line 4 f	from line 3. If zero or les	s, enter -0-			ļ	5				0.
		Payments:			ı								
		timated tax payments and 200				6a							
		foreign organizations - tax wit				6b							
		with application for extension		e (Form 8868)		6c							
		withholding erroneously withh				6d							_
		edits and payments. Add lines											0.
		y penalty for underpayment o				hed			8				
		. If the total of lines 5 and 8 is							9				0.
		ment. If line 7 is more than th			ount overpaid		۱		10				
		e amount of line 10 to be: Cree					Refund	ed 🖊	11				
_		A Statements Reg									1	V	NI-
1a	-	he tax year, did the foundation	n attempt to in	ifluence any national, st	ate, or local legisla	ition or di	d it participate or in	tervene	ın		 	Yes	
		tical campaign?									1a		<u>X</u>
b		end more than \$100 during th	- ,								1b		<u> </u>
		nswer is "Yes" to 1a or 1b, a			ie activities and	copies o	r any matenais pu	ubiisned	a or				ı
		ted by the foundation in co											
		foundation file Form 1120-POI									10		_X_
d		e amount (if any) of tax on pol						^					ı
		the foundation. 🕨 💲						0.				ŀ	
е		e reimbursement (if any) paid	_	ation during the year for	political expendit	ire tax im	posed on foundatio	on					i
_	-	rs. ▶ \$	0.			20							. 37
2		foundation engaged in any act			reported to the IH	5?					2		X
•		" attach a detailed descript				_44							
3		foundation made any changes or other similar instruments?					, articles of incorpol	ration, o	r		,		v
4-											3		X
		foundation have unrelated bus	-		re during the year	•			TA.T	/ 7	4a		
		has it filed a tax return on For			during the year?				1/	/A	4b 5		X
J		re a liquidation, termination, d * attach the statement requ	· · · · · · · · · · · · · · · · · · ·		during the year?						3		
6		requirements of section 508(e	-		1945) esticfied eit	ner•							ĺ
v		iguage in the governing instru		acciona 454 i ini ough 4	1040) Satisfied Cit	101.							
		ite legislation that effectively a		verning instrument so t	hat no mandatory	directions	s that conflict with t	the state	law				
	-	in in the governing instrument	-	vorning instrument so t	nat no mandatory	direction	5 that Commot With t	ino stato	1411		6		х
7		foundation have at least \$5,00		any time during the yea	nr?						7	Х	
•		" complete Part II, col. (c),											
82		e states to which the foundation			ed (see instruction	s) >							
	CO		- 1		- (-,						ļ	
b		swer is "Yes" to line 7, has the	foundation f	urnished a copy of Form	990-PF to the At	ornev Ge	neral (or designate))					
-		state as required by General				·, -	,	•			8ь	x	
9		oundation claiming status as a				tion 4942	2(j)(3) or 4942(j)(5)	for cale	ndar				
		10 or the taxable year beginnir									9		X
10		persons become substantial c						s S	TMT	3	10	Х	
										For	m 990	-PF(2010)

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orm 990-PF (2010) THE SERVANT LEADERSHIP I			<u>84-14008</u>	20 Page <u>6</u>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?			es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A L	ib
Organizations relying on a current notice regarding disaster assistance check	here			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		N/A ∐ Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494	15-5(d)			1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		- (Sb X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es 🗶 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				<u>'b </u>
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	<u> </u>	anagers, Highly	/	
List all officers, directors, trustees, foundation managers and their	, , , , , , , , , , , , , , , , , , , 	"I -		
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
JEFF NEWMAN	DIRECTOR			
1715 STAR RANCH				
COLORADO SPRINGS, CO 80906	0.00	0.	0.	0.
STEVEN G. SITTKO	DIRECTOR			
950 E WESTGLOW LANE				
LITTLETON, CO 80121	0.00	0.	0.	<u> </u>
DAN JESSUP	DIRECTOR			
5045 FARTHING				
COLORADO SPRINGS, CO 80906	0.00	0.	0.	
BOB POURCHOT	DIRECTOR			
2406 ROBINWOOD PL		i _	_	_
SHAWNEE, OK 74801	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in		, enter "NONE."	(d) Contributions to	(=) Evnance
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	1			
	<u> </u>			
	_			
				-
Total number of other employees paid over \$50,000			▶	0

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Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If no	one, 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 release number of organizations and other beneficiaries served, conferences convened, research p		Expenses
1 N/A		
·		
2		
3	-	
4		
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the t	ax year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 183.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	183.
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	183.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	180.
6	Minimum investment return. Enter 5% of line 5	6	9.
P	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	9.
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	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9.
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	9.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	246,200.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	_3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	246,200.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	246,200.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section

4940(e) reduction of tax in those years.

THE SERVANT LEADERSHIP FOUNDATION	84-1400820	_ Page 9
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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				9.
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	:			
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: ► \$ 246,200	<u>.</u>			
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				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				9.
e Remaining amount distributed out of corpus	246,191.		-	
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	246,191.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
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		Î		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	246,191.			
10 Analysis of line 9:				
a Excess from 2006	_			
b Excess from 2007	_			
c Excess from 2008	_			
d Excess from 2009	_			
e Excess from 2010 246,191	•			

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Part XV Supplementary Information		_		
3 Grants and Contributions Paid During the Yo	ear or Approved for Future	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 SEE STATEMENT 4	or substantial contributor	recipient		
Total b Approved for future payment			▶ 3a	246,200.
NONE				
Total			▶ 3b	0.
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Part XVI-A Analysis of Income-Producing Activities

ter gross amounts unless otherwise indicated.		d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a	_			_	
b	_				
C					
d					
e	_				·
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments		. <u> </u>			
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
c	1				
d					
е					
Subtotal. Add columns (b), (d), and (e)		C).	0.	
Total. Add line 12, columns (b), (d), and (e)				13	·-
ee worksheet in line 13 instructions to verify calculations	s.)				
Part XVI-B Relationship of Activitie		mplichment of	Evemn	t Dumosos	
neiationship of Activitie	is to the Acct	inpusinient or	Exemp	it ruiposes	
ine No. Explain below how each activity for which	income is reported i	n column (e) of Part XV	I-A contril	outed importantly to the accon	nplishment of
▼ the foundation's exempt purposes (other to the foundation)	han by providing fu	nds for such purposes).	•		
		- ·-· - · · · · ·			

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Part XV	II Information Re Exempt Organ		and Transactions ar	nd Relationships With Nonch	naritable	9	
1 Did the		rectly engage in any of the follow	ving with any other organization	n described in section 501/c) of	1	Yes	No
		(3) organizations) or in section				103	110
		ation to a noncharitable exempt					
(1) Ca	, ,	and to a monomermanic onempt	or garried or		1a(1)		х
٠,	her assets				1a(2)		X
	ransactions;				1		
(1) Sa	les of assets to a noncharita	ible exempt organization			1b(1)		Х
(2) Pu	rchases of assets from a no	oncharitable exempt organization			1b(2)		Х
(3) Re	ental of facilities, equipment,	or other assets			1b(3)		X
(4) Re	embursement arrangements	3			1b(4)		X
(5) Lo	ans or loan guarantees				1b(5)		X
(6) Pe	erformance of services or me	embership or fundraising solicita	tions		1b(6)		X
	• • • • •	ailing lists, other assets, or paid e			1c		X
				ays show the fair market value of the good		sets,	
				e in any transaction or sharing arrangemen	t, show in		
		other assets, or services receive		T (4) =			
(a) Line no	(b) Amount involved	(c) Name of noncharital		(d) Description of transfers, transactions, a	nd sharing ar	rangeme	nts
		N/A					
				 			
			 =				
			·				
			·				
		_					
		_					
	<u>.</u> .						
		<u> </u>					
	•	tly affiliated with, or related to, or	· · · · · · · · · · · · · · · · · · ·	ations described			_
		r than section 501(c)(3)) or in se	ection 527?		Yes	LX	∐No
b It Yes,	complete the following sch (a) Name of org		(h) Tune of organization	(a) Department of relation	anahun.		
	<u>`</u>	Janization	(b) Type of organization	(c) Description of relation	insnip	-	
	N/A						
U	Inder penalties of perjury, I declar	e that I have examined this return, incl	uding accompanying schedules and	statements, and to the best of my knowledge and	belief, it is tr	ue, corre	ct,
Sign	nd complete Declaration of people	arer (other than taxtaa) er or fiduciary) is	s based on all information of which pr	reparer has any knowledge			
Here	- / Mm	× Mm	15/13	DIRECTOR			
	Signature of officer of tru		Date	Title			
	Print/Type preparer's na	arrie Preparer)s	signature	Date Check If PTI	N		
		K'ld	Vid I Dai	2 13 11 self- employed	A/A		
Paid	DAVID C. I		- Juling	d	1º/W		
Prepare		ENERSTONE CPA G		Firm's EIN ►	14		
Use On	· 	49 S SYRACUSE			2) 55		
	riiii s audress DE	ENVER, CO 80237	-2714	Phone no. (30	3) 69	2-8	333
	 				Form QQ ()_DE	2010

023622 03-04-11

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

Schedule of Contributors

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name of the organization	Employer identification number					
THE SERVANT LEADERSHIP FOUNDATION 84-1400820						
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 501(c) General Rule X For an organization contributor. Comp	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or 10, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or 11, (8), or 11, (9), or (10), or (1					
Special Rules						
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
aggregate contпbu	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.					
contributions for u If this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agoded, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because rise, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. Ply religious, chantable, etc ,				
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line and requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	· · · · · · · · · · · · · · · · · · ·				

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)

Page 1 of 4 of Part I

Name of organization

Employer identification number

Person Payroll

Noncash

3,000.

1,000.

3,000.

(c)

Aggregate contributions

THE S	ERVANT LEADERSHIP FOUNDATION	84	1-1400820
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LEPTAS FOUNDATION P.O. BOX 100427 DENVER, CO 80250-0427	\$201,500.	Person X 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
2	KITSY GREGORY 16707 16TH AVE NW SEATTLE, WA 98177	_ \$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

	GREENWOOD VILLAGE, CO 80121		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	JON SITTKO 2401 S DOWNING ST DENVER, CO 80210	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	SUZANNE SITTKO		Person X Payroll

023452 12-23-10

(a)

No.

6

3

STEVEN SITTKO

950 E WESTGLOW LANE

950 E WESTGLOW LANE

DYNAMIC AVIATION

BRIDGEWATER, VA 22812

GREENWOOD VILLAGE, CO 80121

Name, address, and ZIP + 4

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

Noncash

Person Payroll

Noncash

(Complete Part II if there

is a noncash contribution)

(d) Type of contribution

(Complete Part II if there

is a noncash contribution.)

P.O. BOX 7

Employer identification number

THE SERVANT LEADERSHIP FOUNDATION

84-1400820

THE S	SERVANT LEADERSHIP FOUNDATION 84-1400820				
Part I	Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
7	MONTIE RALSTIN 2205 N HICKORY WAY MERIDIAN, ID 83646	\$100.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
8	CHRISTY STUTZMAN 9774 SILVERTRAIL LANE ELK GROVE, CA 95624	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
9	NANCY STURDEVANT 17600 NE AVIATION NEWBERG, OR 97132	\$\$	Person X 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		
10	ROBERT SWANSON 8704 ENGLISH INN CT ELK GROVE, CA 95624	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
11	ANTHONY VAN SCHAICK 1015 OCEAN RIDGE DR WILMINGTON, NC 28405	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
12	JOHN CARLSON PO BOX 130875	\$\$	Person X Payroll Noncash (Complete Part II if there		
	ROSEVILLE, MN 55113	0.1.4 l. D.(F	is a noncash contribution)		

023452 12-23-10

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

Employer identification number

THE SERVANT LEADERSHIP FOUNDATION

84-1400820

THE S	SERVANT LEADERSHIP FOUNDATION 84-1400820			
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
13	BARBARA DAHL 6279 E. 6TH ST LONG BEACH, CA 90803	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
14	JULIE SHIMER 2122 TERRACE LN S SKANEATELES, NY 13152	\$ <u>1,000.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
<u>15</u>	RICHARD GARDNER 63899 E. LOMA BONITA RD TUCSON, AZ 85739	\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
<u>16</u>	GREGG PRICKETT 8141 13TH ST WESTMINSTER, CA 92683	\$\$	Person X 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	
17	DAVID BIXBY 220 GRAND OAKS DR GLENDORA, CA 91741	\$500 .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
18	SITTKO FAMILY TRUST 950 E WESTGLOW LANE GREENWOOD VILLAGE, CO 80121	\$1,500.	Person X Payroll	

023452 12-23-10

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

Employer identification number

THE SERVANT LEADERSHIP FOUNDATION

84-1400820

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>	VALENCIA FOUNDATION 4616 25TH AVENUE NE #614 SEATTLE, WA 98105-4183	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II of 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 of 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

THE SERVANT LEADERSHIP FOUNDATION

84-1400820

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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 12-23-	10	Schedula P (Form	990, 990-EZ, or 990-PF) (2

Page of Part III Name of organization Employer identification number THE SERVANT LEADERSHIP FOUNDATION 84-1400820 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 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 (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 (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 AC		ACCOUNTING FEES S		PATEMENT 1	
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	2,425.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	2,425.	0.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 2		
DESCRIPTION		(B) NET INVEST- MENT INCOME			
AUTO PAYROLL FEES MISC EXPENSES	71. 239. 70.			0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	380.	0.		0.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	ratement 3	
NAME OF CONTRIBUTOR	ADDR	ESS			
LEPTAS FOUNDATION		P.O. BOX 100427 DENVER, CO 80250-0427			
KITSY GREGORY		16707 16TH AVE. NW SEATLE, WA 98177			
VALENCIA FOUNDATION	4616 25TH AVENUE NE #614 SEATLE, WA 98105-4183				

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	
YOUNG LIFE 6610 S BOULDER ROAD BOULDER, CO 80303		2,000
RESTORATION OUTREACH PROGRAMS 1540 BOSTON STREET AURORA, CO 80010		2,000
AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE. AZUSA, CA 91702		10,000
CARPTENTERS CUPBOARD 9170 W 44TH AVE. WHEAT RIDGE, CO 80033		1,000
MILLIE CLINE 2559 HIGH ST. DENVER, CO 80205		13,000
DANIEL AND SHARI MESERVE 738 W. VALLEYVIEW AVE LITTLETON, CO 80120		26,000
DOUG AND VICTORIA JOHNSON 8844 SOUTH INDIAN CREEK ST HIGHLANDS RANCH, CO 80126		26,000
DENISE VAUGHN 13005 E. ELGIN DR. DENVER, CO 80239		13,000

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THE SERVANT LEADERSHIP FOUNDATION	84-1400820
BRAD PEARCE 7225 OAK GROVE BLVD RICHFIELD, MN 55423	9,500.
BRIAN W BRENNT AND CHRISTY MCGEE 75-6009 ALII DR. S-2 KAILEA KONA, HI 96740	25,000.
MARK SANDERS 2049 DIOSD HUNGARY	2,500.
LACEY KINGSTON 2718 W. 28TH AVE #117 DENVER, CO 80211	4,000.
TRUDY SWAIN 2483 EATON ST. EDGEWATER, CO 80214	13,000.
JOHN AND LINDA SHEPPARD 2404 GLENDALE LANE BEAUFORT, SC 29902	26,000.
ROXANNE LLOYD 3276 W. FAIRVIEW PLACE DENVER, CO 80211	13,000.
MARLIN AND CHARLOTTE BENDER 2560 W. 109TH AVE WESTMINSTER, CO 80234	26,000.
JOHN BOYD PO BOX 47 NAMPA, ID 63653	8,200.
LUIS VILLAREAL AND NANCY VILLAREAL 2880 SO PENNSYLVANIA ST. ENGLEWOOD, CO 80113	26,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	246,200.