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

OMB No 1545-0052 201n

Inte	mal Re	venue Service Note. The foundation may	be able to use a copy of	this return to satisfy st	ate rep	orting requirements	<u> </u>
		endar year 2010, or tax year beginning	12/				11/30, 2011
_	Chec	ck all that apply Initial return	Initial return	of a former public c	harity		Final return
		Amended return	Addre	ss change		Name change	
Na	me of	foundation				A Employer identifi	cation number
M	UCHI	NIC FOUNDATION				48-	6102818
Nu	mber	and street (or P O box number if mail is not deliver	red to street address)	Room	/suite	B Telephone number	(see page 10 of the instructions)
				}			
7	04 1	NORTH 4TH STREET, P.O. BOX	329			() –
Cit	y or t	own, state, and ZIP code				C If exemption application pending, check here	
						D 1 Foreign organizat	►
<u>A</u>	TCH	ISON, KS 66002-2415				2 Foreign organiza	
Η	Che	ck type of organization X Section 50°	1(c <u>)(3)</u> exempt private f	oundation		85% test, check h	
\perp	Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr			E If private foundation	status was terminated
ı	Fair	market value of all assets at end JAco	ounting method X C	ash Accrual)(1)(A), check here .
	of ye		Other (specify)			F if the foundation is	in a 60-month termination
_	16)		I, column (d) must be or	cash basis)		under section 507(b)(1)(B), check here
P	art l	Analysis of Revenue and Expenses (Th	e (a) Revenue and	(b) Net investment		(c) Adjusted net	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	income		income	for charitable purposes
		column (a) (see page 11 of the instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					ļ
1	2	Check ► if the foundation is not required to attach Sch B			_		
	3	Interest on savings and temporary cash investments	316.	31	- 1		<u></u>
-	4	Dividends and interest from securities	277,477.	277,47	/ -		
-	5 a	Gross rents	.		-	-	ļ
	b	Net rental income or (loss)	01 160		-	REC	
-		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 689, 285	81,160.				EIVED
ا ہے		assets on line 6a	- 	01 16			72
Rev	7	Capital gain net income (from Part IV, line 2)		81,16	- -	FEB (
		Net short-term capital gain		<u> </u>	-	THE STATE OF	S COILS O
		Income modifications · · · · · · · · · · · · · · · · · · ·	•			1973	
		and allowances · · · · ·	 			LUCILLE	14, 14
		Less Cost of goods sold .					
}		Gross profit or (loss) (attach schedule)		19	8		ATCH 1
	11	Other income (attach schedule)	250 151				ATCH 1
\dashv	12	Total Add lines 1 through 11	2,880				
ļ	13	Compensation of officers, directors, trustees, etc	•	2,30	- 		
န္မ	14	Other employee salaries and wages	000				999
and Administrative Expenses	15	Pension plans, employee benefits	•	 			
xpe	16a	Legal fees (attach schedule)	5,200	5,20	0.	0.	0
ω ω	b	Other professional fees (attach schedule). *		10,24			ļ ———
ţį	1 - C	•	•		1		
tra	17	Interest		<u> </u>			
inis	18		·			 	
Ē	19	Depreciation (attach schedule) and depletion	69 230				69,230
Ă	20 21	Occupancy	·	 			32,230
Jug Tug	22	Printing and publications	,		_		
	23	Other expenses (attach schedule)			+		
Operating	24	Total operating and administrative expenses		-			
)er	~ *	Add lines 13 through 23	05 524	18,32	0.	0.	70,229
ō	25	Contributions, gifts, grants paid	· 200 E00		\top		300,500
	26	Total expenses and disbursements Add lines 24 and 2	306 034	18,32	0.	0.	
	27	Subtract line 26 from line 12	<u> </u>	<u> </u>			
	[Excess of revenue over expenses and disbursements	-36,883	-			
		Net investment income (if negative, enter -0-	· 	340,83	1.		
	1	Adjusted net income (if negative, enter -0-).					

For Paperwork Reduction Act Notice, see page 30 of the instructions 9E1410 1 000 82396H 757L 12/22/2011 10:18:11 AM

*ATCH 3 JSA ATCH 4

Form 990-PF (2010)

28291

Б	art II	Attached schedules and amounts in the	Beginning of year	End of	year
<u>ئن</u> 	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	217,464.	149,270.	149,270.
		Savings and temporary cash investments	0.	0.	0.
-		Accounts receivable			
ļ		Less allowance for doubtful accounts ▶			
1		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 instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶	-		
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
\ss	_	Investments - U S and state government obligations (attach schedule).			
1		Investments - corporate stock (attach schedule) ATCH 5	1,854,436.	1,885,747.	7,837,524.
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation	20,000.	20,000.	20,000.
	12	(attach schedule)			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	(attach schedule) Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item l)	2,091,900.	2,055,017.	8,006,794.
	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	
	18				
٠,	19	Grants payable Deferred revenue	,		
`	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabı	21	Mortgages and other notes payable (attach schedule)			
:=	22	Other liabilities (describe)			
		Other madmites (describe P			
	23	Total liabilities (add lines 17 through 22)		0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
ž	25	Temporarily restricted			
39	26	Permanently restricted			
Ā	24 25 26 27 28 29 30	Foundations that do not follow SFAS 117,			
5		check here and complete lines 27 through 31.			
-	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
se	29	Retained earnings, accumulated income, endowment, or other funds	2,091,900.	2,055,017.	
Ř	30	Total net assets or fund balances (see page 17 of the			
Se		instructions)	2,091,900.	2,055,017.	
	31	Total liabilities and net assets/fund balances (see page 17			
	'	of the instructions)	2,091,900.	2,055,017.	
	art	Analysis of Changes in Net Assets or Fund		<u> </u>	
		I net assets or fund balances at beginning of year - Part		nust agree with	
•		of-year figure reported on prior year's return)			2,091,900.
2		er amount from Part I, line 27a			-36,883.
3	Othe				
		lines 1, 2, and 3			2,055,017.
٠		rosses not included in line 2 (itemize)			
o		I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b).		2,055,017.
_					5 000 DE (

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
, ,	d describe the kind(s) of property sold (erick warehouse, or common stock, 200 s	•	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
SEE PART IV SCHE			<u> </u>		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
a			ļ		
<u>b</u>			 		-
C			<u> </u>		
<u>d</u>			 		
e		d by the foundation on 12/21/60			
Complete only for assets	showing gain in column (h) and owned			Gains (Col (h) g (k), but not less	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>			 		
<u>b</u>			-	 -	
<u>c</u>			 		
d					
<u>e</u>		gain, also enter in Part I, line 7	 		
2 Capital gain net income or	(net capital loss)	(loss), enter -0- ın Part I, line 7	2		81,160.
	or (loss) as defined in sections 12:				
	line 8, column (c) (see pages 13 a		_		
or (loss), enter -0- in Part I, I	Ine 8	duced Tay on Not Investment I	3		
	private foundations subject to the			··	
	the section 4942 tax on the distrib not qualify under section 4940(e)	· · · · · · · · · · · · · · · · · · ·	ase perio	qs [Yes X No
1 Enter the appropriate amo	ount in each column for each year,	, see page 18 of the instructions be	efore mak	ing any entries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
2009	346,528.	7,684,499.			0.045094
2008	380,477.	7,309,895.			0.052050
2007	480,275.	9,009,967.			0.053305
2006	480,504.	10,068,692.	<u> </u>		0.047723
2005	466,978.	9,346,812.	<u> </u>		0.049961
2 Total of line 1, column (d)			2		0.248133
	for the 5-year base period - divide dation has been in existence if less	•	3		0.049627
4 Enter the net value of nor	ncharitable-use assets for 2010 fro	m Part X, line 5	4	7,	992,798.
5 Multiply line 4 by line 3			5		396,659.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		3,408.
Add lines 5 and 6			7		400,067.
8 Enter qualifying distribution	ons from Part XII, line 4	n Part VI line 1h, and complete	8	using a 1% to	370,729.
Part VI instructions on page			mat part	July a 170 ta	A TOLE DEE III

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructi	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6,8	317.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		6 8	317.
3	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0,0	0.
4	Cabillity (income) tax (demostic desire) to the capital and taxable to taxable t		6.8	317.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
٥,	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 5,480.			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		5,4	180.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,3	337.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 0 · Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			l "
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	4.0		Х
ر 2	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1 c		
d	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
۰	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			Ì
-	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	- · · · · -	X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		X	
_	conflict with the state law remain in the governing instrument?	-	$\frac{X}{X}$	-
7	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	7		
8 a	KS.			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
•	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	<u> </u>	X
				_

Pai	rt 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?	🗀	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	ـا ا	13	N	A
	Website address N/A			-	
14	The books are in care of ► MS. SHARON MEIER Telephone no ► 91	3-367-	416	4	
	Website address ► N/A The books are in care of ► MS. SHARON MEIER Telephone no ► 91 Located at ►704 N. 4TH ST., ATCHISON, KS ZIP+4 ► 66 Section 4947(a)(1) proper mpt. charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	002-24	115		
15	Occident 4047 (a)(1) Homoxompt character many to an income to the first control of	1 1		▶	
	and enter the amount of tax-exempt interest received or accrued during the year				
16				Yes	
	over a bank, securities, or other financial account in a foreign country?		16		<u>X</u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes,"	enter			
Pai	the name of the foreign country rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
				Yes	No.
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	F		163	140
1 4	a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1	
	disqualified person?	No	1		
	· · · ·	No		Ì	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	į	l		
	the benefit or use of a disqualified person)?	No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		l	ł	
	foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days) Yes X	No	Ì		
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulati	ions			v
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	• • • •	1b		X
	Organizations relying on a current notice regarding disaster assistance check here				
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, to		1 c		Х
•	were not corrected before the first day of the tax year beginning in 2010?		10		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a privious operating foundation defined in section 4942(j)(3) or 4942(j)(5))	vale			
	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and				
		No			
	If "Yes," list the years ▶				
ı	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	N	<u>'A</u>
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	•	ĺ			
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?				
	at any time damig me year				
1	b if "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation				
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by	t t			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if foundation had excess business holdings in 2010)		3 b		Х
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize		-		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	,	4 b		X

orm 9	90-PF (2010)		48-610	2818	Page 6
Part	VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requ	ired (continued)	
(Ouring the year did the foundation pay or incur any amount 1) Carry on propaganda, or otherwise attempt to influent 2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? 3) Provide a grant to an individual for travel, study, or oth 4) Provide a grant to an organization other than a charm section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitat purposes, or for the prevention of cruelty to children or	ce legislation (section (see section 4955), context similar purposes? table, etc., organization see page 22 of the insole, scientific, literary, ranimals?	or to carry on, or described in structions) or educational	. Yes X No . Yes X No . Yes X No	
	f any answer is "Yes" to 5a(1)-(5), did any of the trans: Regulations section 53 4945 or in a current notice regard				5b NA
(Organizations relying on a current notice regarding disast	er assistance check h	ere	▶ X	
C I	f the answer is "Yes" to question 5a(4), does the founda	ition claim exemption	from the tax		
	pecause it maintained expenditure responsibility for the gr			YesNo	·
	if "Yes," attach the statement required by Regulations sect		Day promuimo		
	Did the foundation, during the year, receive any funds, don a personal benefit contract?	•		Yes X No	,
	Did the foundation, during the year, pay premiums, direc			. —	6b X
	If "Yes" to 6b, file Form 8870	ary or manoony, on a	personal benefit contrat	^	
	At any time during the tax year, was the foundation a pai	tv to a prohibited tax	shelter transaction?	Yes X No	,
	f "Yes," did the foundation receive any proceeds or have	•	=	. —	
	VIII Information About Officers, Directors				
4 i	and Contractors ist all officers, directors, trustees, foundation m	anagers and their	compensation (see	nage 22 of the inetri	uctions)
<u> </u>	100 411 01110010) 411001010, 11401000, 104110411011	(b) Title, and average			
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATI	(a) Name and address ACHMENT 6	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans	
ATI		hours per week devoted to position	-0-)	employee benefit plans and deferred compensation	other allowances
ATT	'ACHMENT 6	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation	other allowances
ATT	'ACHMENT 6	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation	other allowances
2 0	'ACHMENT 6	hours per week devoted to position	2,880.	employee benefit plans and deferred compensation 0.	other allowances
2 C	'ACHMENT 6 Compensation of five highest-paid employees (ot	hours per week devoted to position	2,880.	employee benefit plans and deferred compensation	other allowances
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,
2 C III (a)	Ompensation of five highest-paid employees (of none, enter "NONE."	her than those inc	2,880.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allowances 0 cructions) (e) Expense account,

Form **990-PF** (2010)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five h	ighest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		
Total numb	er of others receiving over \$50,000 for professional services	NONE
		<u></u>
Part IX-A	Summary of Direct Charitable Activities	
List the four	dation's four largest direct charitable activities during the tay year. Include relevant statistical information such as the number of	1
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NOT 4	APPLICABLE	
2		
3		
4		
		
Part IX-B	Summary of Program-Related Investments (see page 24 of the instructions)	L
		Amount
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other pro	gram-related investments. See page 24 of the instructions	
3 NONE		
		1
Total Add	lines 1 through 3	
i otal. Add	mics (mioughts	1

Form 990-PF (2010)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	gn foundation	·S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	ırposes		
а	Average monthly fair market value of securities	1a	1,523,200.
b	Average of monthly cash balances	1 b	273,376.
C		1c	6,317,940.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1 d	8,114,516.
е			
	1c (attach detailed explanation)	ļ	
2	Acquisition indebtedness applicable to line 1 assets	2	· 0.
3	Subtract line 2 from line 1d	3	8,114,516.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	121,718.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	7,992,798.
6	Minimum investment return. Enter 5% of line 5	6	399,640.
Pa	The property of the instructions and certain foreign organizations check here ■ and do not complete this property or an arrangement of the property or arrangement of the property of the property of the property of the property or arrangement of the property of		
1	Minimum investment return from Part X, line 6	1	399,640.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 6, 817.		
b		Į	
С		2c	6,817.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	392,823.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	392,823.
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,		
	line 1	7	392,823.
	Qualifying Distributions (see page 25 of the instructions)	<u></u>	
	Qualitying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	370,729.
b	i i agrami i a lata a militara manta a	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	370,729.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	370,729.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating whet	ner the foundation

Form 990-PF (2010)

Pa	t XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				392,823.
2	Undistributed income, if any, as of the end of 2010				
	Enter amount for 2009 only				
	Total for prior years 20 08 20 07 20 06				
3	Excess distributions carryover, if any, to 2010	 			
	From 2005				
þ	From 2006				
c	From 2007 929.				
d	From 2007 929. From 2008 22, 996.	,]		
е	From 2009	22 22			
	Total of lines 3a through e	23,925.			
4	Qualifying distributions for 2010 from Part XII,	•	15	*	
	line 4 ▶ \$370,729.				
а	Applied to 2009, but not more than line 2a		,		
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
А	Applied to 2010 distributable amount				370,729.
	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2010	22,094.			22,094.
	(If an amount appears in column (d), the same	· · · · · · · · · · · · · · · · · · ·			
6	amount must be shown in column (a)) Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,831.			
b	Prior years' undistributed income Subtract		0		
_	line 4b from line 2b Enter the amount of prior years' undistributed		0.		
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		0.1		
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
_					
T	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) (see page 27 of the				
•	instructions)				<u> </u>
8	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2011.	1,831.			
10	Subtract lines 7 and 8 from line 6a				
	Excess from 2006				
b	Excess from 2007				
c	Excess from 2008				
d	Excess from 2009				
e	Excess from 2010			<u> </u>	<u> </u>

Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has					
b	foundation, and the ruling Check box to indicate wh				1 1)(3) or 4942(J)(5)
Ü	Check box to indicate wit	Tax year	private operating round	Prior 3 years	1 4042()	
a	Enter the lesser of the ad-	-	(b) 2000	T	(d) 2007	(e) Total
	justed net income from Part I or the minimum investment	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	return from Part X for each					
	year listed				ļ	
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	1				
3	2d from line 2c	· · · · · · · · · · · · · · · · · · ·				
	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)				<u> </u>	
Þ	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment 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 securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942	<u> </u>				
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income	1 5 11 10	l	1 :6 11 6 1	1: 1 1 05 000	
Pa		ary information (C during the year - se			ation had \$5,000	or more in assets
1	Information Regardin	g Foundation Manage	rs:			
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the tota	al contributions receive	ed by the foundation
	before the close of any	y tax year (but only if th	ney have contributed i	more than \$5,000) (S	ee section 507(d)(2))	
	NONE			· · · · · · · · · · · · · · · · · · ·		
b	List any managers of					large portion of the
	ownership of a partne	rship or other entity) o	f which the foundation	n has a 10% or greate	rinterest	
	NONE				·	
2	Information Regarding	ig Contribution, Grant	t, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ▶ If					
	unsolicited requests				e 28 of the instruction	ns) to individuals or
	organizations under o	ther conditions, compl	ete items 2a, b, c, and	ld		
a	The name, address, a	and telephone number	of the person to who	m applications should b	e addressed	
	ATTACHM	•	·			
b	The form in which app		bmitted and informati	on and materials they	should include	
	A mm A CLIM	mam o				
	ATTACHM					
С	Any submission dead	ines				
	OCTOBER 31					
	Any restrictions or I		such as by geogr	aphical areas charita	able fields, kinds of	nstitutions, or other
u	factors	andio on amaido	, 322 20 0) googii			

Part XV Supplementary Information (3 Grants and Contributions Paid Duri	continued) ng the Year or Appl	oved for F	uture Payment	
Recipient	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation		Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	
a Paid during the year				
	}			
ATTACHMENT 9				
•				
	}	ļ	ļ	
	16	}		
		ļ		
	+			
		Ì		
		1		
		1		
		}		
		1		
Total			▶ 3a	300,500.
b Approved for future payment				
	-	ļ		
				4, 4, 4
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3b	NONE Form 990-PF (2010

or gross amounts upless of Income-Producted	1		Excluded h	section 512 513 or 514	(e)
er gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	section 512, 513, or 514 (d) Amount	Related or exemp function income (See page 28 of
Program service revenue					the instructions)
ab	-				
c					
d	1				
Р					
Fees and contracts from government agencies	s				
Membership dues and assessments				016	
nterest on savings and temporary cash investments			14	316.	
Dividends and interest from securities	• ———		14	277,477.	
let rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property		<u> </u>	 		
et rental income or (loss) from personal property Other investment income			-		
iain or (loss) from sales of assets other than invento			18	81,160.	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory.					
Other revenue a	•				
ATTACHMENT 10				198.	
				359,151.	
Fotal. Add line 12, columns (b), (d), and (e) eworksheet in line 13 instructions on page 2	29 to verify calci	ulations)			359,1
rotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions on page 2 rt XVI-B Relationship of Activitie No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
t XVI-B Relationship of Activities e No. Explain below how each activities Explain below how each	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
t XVI-B Relationship of Activities Explain below how each activations of the foundations	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien Relationship of Relationship	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien Relationship of Relationship	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien Relationship of Relationship	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2 to XVI-B Relationship of Activitien No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
t XVI-B Relationship of Activities Explain below how each activations of the foundations	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
t XVI-B Relationship of Activities Explain below how each activations of the foundations	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
t XVI-B Relationship of Activities Explain below how each activations of the foundations	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
t XVI-B Relationship of Activities Explain below how each activations of the foundations	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
rotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions on page 2 rt XVI-B Relationship of Activitie No. Explain below how each activation accomplishment of the foundation.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
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rotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions on page 2 rt XVI-B Relationship of Activities No. Explain below how each activation accomplishment of the foundations.	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	
rotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions on page 2 rt XVI-B Relationship of Activities No. Explain below how each activation accomplishment of the foundations of	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
Explain below how each act accomplishment of the foundation	29 to verify calci ies to the Ad ivity for whic	ulations) complishment of E h income is reported	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t

Part.	X V II	Exempt Org	_	_	eis ic	anu	ialisa	CLIOIIS	s allu R	eiatio	nsilihs	AAILII	NONC	mari	table
1 D	id the	organization direc			in any	of the	followin	g with	any othe	r organ	nization o	lescribed	ī	Yes	No
		n 501(c) of the													
0	rganızat	ons?	•		-						_			ļ	}
a T	ransfer	from the reporting	foundation to	a noncharit	able exen	npt organiz	zation of]	
(1) Cash												. 1a(1)		X
(2	2) Othe	assets											. 1a(2)	<u> </u>	X
b C	ther tra	nsactions													
(1) Sales	of assets to a non	charitable exe	mpt organizat	ion								. 1b(1)		X
(:	2) Purc	hases of assets from	m a noncharita	able exempt o	rganizatio	on							. 1b(2)	<u> </u>	X
(;	3) Rent	al of facilities, equip	ment, or other	assets									. 1b(3)	 	X
(4	4) Reim	bursement arranger	ments										. 1b(4)	<u> </u>	X
		s or loan guarantees													X
		ormance of services											1	<u> </u>	X
	_	of facilities, equipm												<u> </u>	X
		inswer to any of										•			
		the goods, othe		_	-										
	$\neg \neg$	any transaction													
(a) Line	e no	(b) Amount involved	(c) Nan	ne of noncharit	able exen	npt organiza	ition		escription of	ftransfers	, transactio	ns, and sh	aring arra	angem	ents
		N/A						N/A							
								 							
								 		-					
															
			- 												
								 							
			 -					 							
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								 -							
			- 												
		<u> </u>						 							
	 -							 							
				 _				 							
2a l	s the	foundation directly	v or indirect	lly affiliated	with	or related	d to o	ne or	more tax-	exempt	organiza	itions			
		d in section 501(c)												es	X No
		complete the follow		and than bee		(0)(0)) 01 1							L '	~ <u>_</u>	_] '''
	,	(a) Name of organiza			(b) Ty	pe of organ	nzation			(c)	Descriptio	n of relation	nship		
														_	
														~-	
	Under	penalties of perjuty, I	decime that	have examined	this retu	ım, ıncludır	ng accom	panying	schedules an	d stateme	ents, and t	o the bes	t of my l	nowle	dge and
Sign	belief,	it is flue, correct, and	complete Decia	ration of prepa	rer (other	than taxpay	er or fidu	ciary) is ba	ased on all in	iformation	of which	preparer h	as any kr	owled	ge
Here								3/1.	3	1	resi	der	4		
		nature of officer or tru	stee				Date	7		Title					
	-	Print/Type prepare	er's name	Pr	eparer's	signature			Date				PTIN		
Paid		- · · · · ·			/ .	Im			1,0	المما	Chec	k ll lf	1		
		Erins. Mo	MM)		111	1011	MXM	ب	-11	1241		employed			15
Prep			JMW & AS	SOCIATES	LLC	2	Ü			F	ırm's EIN	▶ 57-	12245	92	
Use	Only	Firm's address >	6400 GLE	NWOOD, S	SUITE	100									
			OVERLAND		KS			6	6202	ļ _F	hone no	913-	499-4	920	

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service ne of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

M	UCHNIC FOUNDATION				48-610281	r g	
Vote	Form 5227 filers need to complete only P	arts I and II					
Part			Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other b		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
							
						_	
						-	
						-	
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	15,394.
2	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partner					3	
4	Short-term capital loss carryover Enter the Carryover Worksheet				<i></i> . <u>.</u>	4 (
5	Net short-term gain or (loss). Combine lincolumn (3) on the back	nes 1a through 4	ın column (f)	Enter here and on li	ne 13,	5	15,394.
ar	Long-Term Capital Gains and Loss	es - Assets Held	More Than On	e Year	1		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo_day, yr)	(d) Sales price	(e) Cost or other backet (see instructions		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
				<u> </u>			
						_	
						-	
b	Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b			6b	65,766.
7	Long-term capital gain or (loss) from For	ms 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partner	ships, S corporat	tions, and other	estates or trusts		8	
9	Capital gain distributions					9	
0	Gain from Form 4797, Part I					10	
l 1	Long-term capital loss carryover Enter the Carryover Worksheet				[11 (
	Net long-term gain or (loss). Combine lin column (3) on the back	es 6a through 1°	1 in column (f)	Enter here and on I	ne 14a,	12	65,766.
	Janeary Production Act Notice see the Inst						D /Form 1041\ 2014

JUILER	ule D (FGIII 1047) 2010				rage Z
Par	Summary of Parts I and II Caution: Read the instructions before completing this	part.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			15,394.
	Net long-term gain or (loss):				
	Total for year	14a	,		65,766.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
	28% rate gain				
	Total net gain or (loss). Combine lines 13 and 14a	15			81,160.
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Foi	rm 990	-T, Part I, line 4a) If III	nes 14a and 15, col	umn (2), are net gains, go
to Par	t V, and do not complete Part IV. If line 15, column (3), is a net loss, complete P	Part IV a	and the Capital Loss C	arryover Worksheet	, as necessary
Par					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, lı	ne 4c, if a trust), the s	smaller of	
Note	The loss on line 15, column (3) or b \$3,000	e 1, lin	e 22 (or Form 990-T,	line 34), is a loss, o	omplete the Capital Loss
Par			·· ·		
	1041 filers. Complete this part only if both lines 14a and 15 in colu) are dains or an a	mount is entered	in Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more		-	imount is emerce	This takes of take it and
Caut	ion: Skip this part and complete the worksheet on page 8 of the instruc				
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	1 990-T trusts. Complete this part only if both lines 14a and 15 ar				
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa r line 14b, col. (2) or line 14c, col. (2) is more than zero.	ın and	complete the wor	ksneet on page	5 of the instructions if
					Т
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		1
18	Enter the smaller of line 14a or 15 in column (2)				
4.0	but not less than zero		 		
19	Enter the estate's or trust's qualified dividends			ł	
	from Form 1041, line 2b(2) (or enter the qualified				
-	dividends included in income in Part I of Form 990-T)				
21	Add lines 18 and 19			ł	
21	amount from line 4g, otherwise, enter -0-				
22	Subtract line 21 from line 20. If zero or less, enter -0-		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-				
23	Subtract line 22 from line 17 in 2010 of icss, cities 10-1				
24	Enter the smaller of the amount on line 17 or \$2,300		24	ĺ	
25	Is the amount on line 23 equal to or more than the amount on line 24		=		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			Ì	
	No. Enter the amount from line 23		25	ļ	
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li	ıne 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rat				
	(see the Schedule Ginstructions in the instructions for Form 1041).			31	
32	Add lines 30 and 31				
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rat				
	(see the Schedule G instructions in the instructions for Form 1041) .				ļ
34	Tax on all taxable income. Enter the smaller of line 32 or line 33			1	
	G, line 1a (or Form 990-T, line 36)	<u></u>	<u> </u>		<u> </u>
				Sch	edule D (Form 1041) 2010

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

e of estate or trust

Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Employer identification number

2010

MUCHNIC FOUNDATION 48-6102818 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) Subtract (e) from (d) (see page 4 of the acquired (mo, day, yr) (mo day, yr) instructions) 1 a JP MORGAN #5002-ST 15,394. 15,394.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041

..... 15,394. Schedule D-1 (Form 1041) 2010

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6a	Name of	estate or trust as shown on Form 1041 Do	not enter name and empl	loyer identification num	iber if shown on the other side	Employer identif	cation number
(a) Description of property (Example 100 sh 7% preferred of "Z" Co) (b) Date acquired (mo , day, yr) (c) Date sold (mo , day, yr) (see page 4 of the instructions) (f) Gain or (lot Subtract (e) from the sold (mo , day, yr)) (a) Description of property (Example acquired (mo , day, yr))	Rart I	Long-Term Capital Gains a	nd Losses - Asset	ts Held More Ti	han One Year		
			(b) Date acquired	(c) Date sold	(d) Sales price (see page 4 of the	(see page 4 of the	(f) Gain or (loss) Subtract (e) from (d)
		MORGAN #5002-LT			65,766.	0.	65,766
						····	
	_					,	
							
				 			
	_						

MUCHNIC FOUNDATION

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Date Date sold Description Kind of Property acquired Excess of FMV over FMV Depreciation Cost or Adj basis Gain Gross sale price less allowed/ other as of as of or expenses of sale allowable basis 12/31/69 12/31/69 adj basis (loss) 81,160. TOTAL GAIN (LOSS)

PART I - OTHER INCOME FORM 990PE, REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

198.

DESCRIPTION MISCELLANEOUS INCOME

TOTALS

198.

198.

}

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES		0.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	5,200.	5,200.
REVENUE AND EXPENSES PER BOOKS	5,200.	5,200.
		TOTALS
DESCRIPTION	AUDIT FEES	

PART I - OTHER PROFESSIONAL FEES FORM 990PE,

NET INVESTMENT	LNCOME	10,240.
REVENUE AND EXPENSES	PER BOOKS	10,240.
	DESCRIPTION	INVESTMENT ADVISORY FEES

10,240.

10,240.

TOTALS

RM 990PF, PART I - TAXES

DESCRIPTION		AND EXPENSES PER BOOKS
BALANCE W/ PRIOR YEAR 1ST QTR ESTIMATED TAX SECRETARY OF STATE FOREIGN TAXES PAID		1,465. 5,480. 40. 0.
	TOTALS	6,985.

REVENUE

ATTACHMENT

- CORPORATE STOCK FORM 990PF, PART II

ENDING <u>FMV</u>	1,483,274. 6,354,250.	7,837,524.
ENDING BOOK VALUE	1,298,997. 586,750.	1,885,747.
BEGINNING BOOK VALUE	1,267,686. 586,750.	1,854,436.
		TOTALS
DESCRIPTION	JPMORGAN #5002 VALLEY COMPANY	

EXPENSE ACCT AND OTHER ALLOWANCES	Ö	Ö	. 0	· o	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	.0	0
COMPENSATION	.0	.0	. 0	2,880.	2,880.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 1.00	DIRECTOR 1.00	DIRECTOR 1.00	SECRETARY-TREASURER 3.50	GRAND TOTALS
NAME AND ADDRESS	DAVID C MIZE 104 S. CASCADE, STE #202 COLORADO SPRINGS, CO 80903	ANNE MIZE 1815 11TH AVENUE E SEATTLE, WA 98102	DAPHNE NAN MUCHNIC 2209 W. 68TH STREET MISSION HILLS, KS 66208	SHARON MEIER 704 NORTH 4TH STREET P.O. BOX 329 ATCHISON, KS 66002	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SHARON MEIER 704 N. 4TH ST ATCHISON, KS 66002-2415 913-367-4164

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

NO PARTICULAR FORM - PURPOSE OF APPLICATION - LARGE BROCHURES NOT HELPFUL

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURFOSE OF GRANT OR CONTRIBUTION	AMOUNT
ATCHISON LIBRARY	N/A	CIVIC	8,000.
401 KANSAS AVE	501(C)(3)		
ATCHISON, KS 66002			
MOUNT VERNON ENDOWMENT CORP	N/A	CIVIC	2,000.
P O BOX 33	501(C)(3)		
ATCHISON, KS 66002			
MOUNT COMMUNITY CENTER	N/A	CIVIC	5,000.
801 SOUTH 8TH ST	501(C)(3)		
ATCHISON, KS 66002			
HUMANE SOCIETY OF ATCHISON	N/A	CIVIC	15,000.
100 NORTH 21ST	501(C)(3)		
ATCHISON, KS 66002			
WORLD WILDLIFE	N/A	CIVIC	.000.
1250 TWENTY-FOURTH ST NW	501(C)(3)		
WASHINGTON, DC 20037			
ATCHISON SANTA FE BUILDING	N/A	CIVIC	10,000.
200 SOUTH 10TH	501(C)(3)		
ATCHISON, KS 66002			

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ATTACHMENT 9 (CONT'D) AMOUNT PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR RECIPIENT NAME AND ADDRESS

CIVIC CIVIC CIVIC N/A 501(C)(3) 501(C)(3) N/A HUMANE SOCIETY OF PIKES PEAK REGION COLORADO SPRINGS, CO 80905 LANSAS CITY, MO 64110 NEGRO LEAGUES MUSEUM NELSON ART GALLERY 4545 OAK STREET 610 ABLOTT LANE

501 (C) (3) N/A N/A

CIVIC

GRAMARCY PARK BLOCK ASSOC

34 GRAMARCY PARK EAST

NEW YORK, NY 10003

KANSAS CITY, MO 64109

1616 EAST 18TH ST

501(C)(3) N/A

CIVIC

501(C)(3) N/A

501 (C) (3)

KANSAS CITY, MO 64130

5930 SWOPE PARKWAY

UPPER ROOM

KANSAS CITY, MO 64124

P O BOX 240019

NEW HOUSE

CIVIC

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N/A CIVIC SOI (C) (3) CIVIC				
N/A CIVIC LO LO LO LO LO LO LO L	4E AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SO1(C) (3) N/A SO1(C) (3) N/A SO1(C) (3) N/A SO1(C) (3) CIVIC CIVIC SO1(C) (3) CIVIC CIVIC SO1(C) (3) SO1(C) (3) CIVIC CIVIC SO1(C) (3) CIVIC CIVIC SO1(C) (3) CIVIC CIVIC SO1(C) (3) CIVIC	IY CASA	N/A	CIVIC	1,000.
N/A CTVIC 501 (C) (3) N/A 501 (C) (3) N/A 501 (C) (3) S01 (C) (3) N/A 501 (C) (3) S01 (C) (3) S01 (C) (3) CTVIC CTVIC CTVIC CTVIC CTVIC CTVIC CTVIC CTVIC S01 (C) (3) CTVIC CT	ST	501(C)(3)		
N/A 501(C) (3) CIVIC CIVIC CIVIC CIVIC CIVIC CIVIC SOLIC (3) N/A 501(C) (3) CIVIC	MO 64108			
NA CIVIC SO1 (C) (3) CIVIC N/A CIVIC 501 (C) (3) CIVIC N/A CIVIC 501 (C) (3) CIVIC 501 (C) (3) CIVIC	WAYSIDE WALFS	N/A	CIVIC	1,000.
N/A 501(C) (3) N/A 501(C) (3) N/A 501(C) (3) CIVIC CIVIC SOLICE (3)	3901 MARTHA TRUMAN ROAD	501(C)(3)		
N/A CIVIC SO1 (C) (3) CIVIC	KANSAS CITY, MO 64137			
SOI (C) (3) CIVIC 501 (C) (3) CIVIC N/A SOI (C) (3) RETIREMENT N/A SOI (C) (3) CIVIC	COLORADO SPRINGS PHILHARMONIC	N/A	CIVIC	5,000.
N/A CIVIC 501(C) (3) CIVIC N/A S01(C) (3) RETIREMENT N/A 501(C) (3) CIVIC	P O BOX 1266	501(C)(3)		
DAM OF ART N/A CIVIC 111 N/A CIVIC 111 N/A SO1 (C) (3) UINE RESCUE & RETIREMENT N/A CIVIC 501 (C) (3) SO1 (C) (3)	COLORADO SPRINGS, CO 80901-1266			
111 N/A 501(C) (3) UINE RESCUE & RETIREMENT N/A 501(C) (3) CIVIC CIVIC SOI(C) (3)	NELSON-ATKINS MUSEUM OF ART	N/A	CIVIC	1,000.
111 N/A 501(C)(3) UINE RESCUE & RETIREMENT N/A 501(C)(3)	4525 OAK STREET	501(C)(3)		
N/A 501(C)(3) UINE RESCUE & RETIREMENT N/A 501(C)(3)	KANSAS CITY, MO 64111			
SO1(C)(3) UINE RESCUE & RETIREMENT N/A SO1(C)(3)	FRICK COLLECTION	N/A	CIVIC	1,000.
UINE RESCUE & RETIREMENT N/A SO1(C)(3)	1 EAST 70TH ST	501(C)(3)		
N/A 501(C)(3)	NEW YORK, NY 10021			
۵	RAINBOW MEADOWS EQUINE RESCUE 6 RETIREMENT	N/A	CIVIC	1,000
7361	1949 DALTON ROAD	501(C)(3)		
	1361			

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	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OPERATION BREAKTHROUGH	N/A	CIVIC	2,000
3039 TROOST AVE	501(C)(3)		
KANSAS CITY, MO 64109			
NATURE CONSERVANCY	N/A	CIVIC	5,000.
5410 GROSVENOR LANE, SUITE 100	501(C)(3)		
BETHESDA, MD 20814			
PAWS	N/A	CIVIC	5,000
P O BOX 1037	501(C)(3)		
SYNN WOOD, WA 98046			
NINGEN WITHDRAFES	K/N	CIVIC	7,500.
122 C STREET NW	501(C)(3)		
WASHINGTON, DC 20001			
WILDLIFE MEDIA	N/A	CIVIC	5,000.
1208 BAY STREET, STUITE 202	501(C)(3)		
BELLINGTON, WA 98225			
INTERNATIONAL RESCUE COMMITTEE	N/A	CIVIC	5,000.
122 EAST 42ND ST , 12TH FLOOR	501(C)(3)		
NEW YORK, NY 10168			

ATTACHMENT 9 (CONT'D) RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

15,000. 10,000. 45,000. 7,000 20,000. 10,000 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION EDUCATION EDUCATION EDUCATION EDUCATION EDUCATION CULTURE FOUNDATION STATUS OF RECIPIENT 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) N/A N/A N/A N/A N/A N/A RECIPIENT NAME AND ADDRESS WILLIAMS EDUCATIONAL FUND ATCHISON ART ASSOCIATION UNIVERSITY OF COLORADO SAINT FRANCIS ACADEMY BENEDICTINE COLLEGE LAWRENCE, KS 66045 ATCHISON, KS 66002 ATCHISON, KS 66002 1020 NORTH 2ND ST BOULDER, CO 80306 1651 NAISMITH DR 704 NORTH 4TH ST SALINA, KS 67402 DURHAM, NC 27708 DUKE UNIVERSITY P O BOX 90600 P O BOX 1140 P O. BOX 1340

PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION	EDUCATION	EDUCATION	EDUCATION	EDUCATION	EDUCATION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	N/A 501(C)(3)	N/A 501(C)(3)	N/A 501(C) (3)	N/A 501(C)(3)	N/A 501(C)(3)	N/A 501(C)(3)
RECIPIENT NAME AND ADDRESS	CHILDREN'S SCHOLARSHIP FUND 8 W 38TH ST - 9TH FLOOR DEVELOPMENT OFFICE NEW YORK, NY 10018	ROSS SCHOOL 1800 GOODFRIEND DRIVE, SUITE 4 EAST HAMPTON, NY 11937	DELASALLE EDUCATION CENTER 3740 FOREST AVE KANSAS CITY, MO 64109	DARTMOUTH COLLEGE ADMINISTRATIVE OFFICE HANOVER, NH 03755	HOOD MUSEUM OF ART DARTMOUTH COLLEGE HANOVER, NH 03755	PEMBROKE HILL SCHOOL 5121 STATE LINE BLVE KANSAS CITY, MO 64112

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NORTHWEST SCHOOL	N/A	EDUCATION	10,000.
1415 SUMMIT AVE.	501(C)(3)		
SEATTLE, WA 98122			
ATCHISON HOSPITAL AUXILIARY	N/A	неалтн	1,000.
800 RAVEN HILL ROAD	501(C)(3)		
ATCHISON, KS 66002			
DOCTORS WITHOUT BORDERS	N/A	неалтн	5,000
P O BOX 1856	501(C)(3)		
MERRIFIELD, MA 22116			
CYSTIC FIBROSIS FOUNDATION	N/A	неалтн	10,000.
260 СНАТНАМ DR	501(C)(3)		
COLORADO SPRINGS, CO 80905			
EAST HAMPTON HEALTH CARE FOUNDATION	N/A	нЕАТТН	2,000
200 PANTIGO PLACE, SUITE A1	501(C)(3)		
EAST HAMPTON, NY 11917			
ST JUDE CHILDREN'S RESEARCH HOSPITAL	N/A	НЕАТТН	7,000
501 ST JUDE PLACE	501(C)(3)		
MEMPHIS, IN 38105			

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FORM 990PE,
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	AMOUNT	10,000	2,000.	4,000	1,000.	2,000.	2,000
	PURPOSE OF GRANT OR CONTRIBUTION	HUMAN SERVICES	HUMAN SERVICES	HUMAN SERVICES	HUMAN SERVICES	HUMAN SERVICES	HUMAN SERVICES
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	N/A 501(C)(3)	N/A 501(C)(3)	N/A 501(C) (3)	N/A 501(C)(3)	N/A 501(C) (3)	N/A 501(C)(3)
	RECIPIENT NAME AND ADDRESS	ATCHISON AREA UNITED WAY 710 SOUTH 9TH ST ATCHISON, KS 66002	ROSE BROOKS P O BOX 320599 KANSAS CITY, MO 64132	BOYS & GIRLS CLUB 6301 ROCKHILL RD , SUITE 303 KANSAS CITY, MO 64131	HOPE HOUSE FOR BATTERED WOMEN P O. BOX 52049 INDEPENDENCE, MO 64052	MOTHER TO MOTHER MINISTRY 3436 N 27TH ST KANSAS CITY, KS 66104	EAST END HOSPICE P O BOX 1048 WESTHOMPTON BEACH, NY 11978

48-6102818

HUMAN SERVICES

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 9 (CONT'D)

AMOUNT

2,000.

3,000

2,000.

5,000.

2,000.

1,000.

N/A

13 GOODFRIEND DRIVE EAST HAMPTON, NY 11937

RECIPIENT NAME AND ADDRESS

MAKE-A-WISH FOUNDATION OF METRO NEW YORK 1111 MATCUS AVENUE, SUITE 1122

LAKE SUCCESS, NY 11042

SALVATION ARMY

P O BOX 84 ATCHISON, KS 66002

TRINITY EPISCOPAL CHURCH

300 SOUH 5TH ST ATCHISON, KS 66002

ATCHISON FAMILY YMCA

317 COMMERCIAL ST ATCHISON, KS 66002

ST THOMAS CHAPEL

P O BOX 103

AMAGASETT, NY 11930

PURPOSE OF GRANT OR CONTRIBUTION FOUNDATION STATUS OF RECIPIENT HUMAN SERVICES

501(C)(3)

501(C)(3)

N/A

501(C)(3)

N/A

501(C)(3)

N/A

501(C)(3)

N/A

501(C)(3)

TOTAL CONTRIBUTIONS PAID

300,500.

ATTACHMENT 9

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PART XVI-
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	AMOUNT
BUSINESS	CODE

EXCLUSION CODE

AMOUNT

RELATED OR EXEMPT FUNCTION INCOME

198.

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TOTALS

MISCELLANEOUS INVESTMENT INCOME

DESCRIPTION

ATTACHMENT 10