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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury

Treated as a Private Foundation Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number TOWER MENTAL HEALTH FOUNDATION OF **KANSAS** 26-0506792 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) 120 SW 10TH AVENUE, 2ND FLOOR 785-296-2215 City or town, state, and ZIP code If exemption application is pending, check here TOPEKA KS 66612 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations check here Final return Amended return 2 Foreign organizations meeting the Address change 85% test check here and attach computation Name change H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A) check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at J Accounting method X Cash Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B) check here end of year (from Part II, col (c), Other (specify) 1,253,464 line 16) ▶ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c) and (d) may not necessarily equal income purposes the amounts in column (a) (see instructions)) books (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X if the foundation is **not** required to attach Sch B **@** 8,587 8,587 8,587 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns & allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 12 8,587 8,587 8,587 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) C Other professional fees (attach schedule) 17 Interest Stmt 1 294 294 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 2,160 Printing and Bublications. AUG I 3 2012 S 22 23 Total operating and administrative expenses Add lines 13 through 23 EN. 2,494 294 0 54,021 25 Contributions, gifts, grants paid 54,021 26 Total expenses and disbursements. Add lines 24 and 25 56,515 294 0 54,021 27 Subtract line 26 from line 12 -47,928 Excess of revenue over expenses and disbursements 8,293 Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

8,587

Forgr 990-PF (2011)

Form 990-PF (2011) TOWER MENTAL HEALTH FOUNDATION OF 26-0506792 Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Part II (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash-non-interest-bearing 50,000 50,000 50,000 2 Savings and temporary cash investments 1,251,392 1,203,464 1,203,464 3 Accounts receivable ▶ Less allowance for doubtful accounts Pledges receivable ▶ Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (att schedule) Less allowance for doubtful accounts ▶ 0 Я Inventories for sale or use Prepaid expenses and deferred charges 10a Investments—U.S. and state government obligations (attach schedule) b Investments—corporate stock (attach schedule) С Investments—corporate bonds (attach schedule) 11 Investments—land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments-mortgage loans 13 Investments-other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 15 Other assets (describe >) 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 1,301,392 1,253,464 1,253,464 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe) 23 Total liabilities (add lines 17 through 22) 0 0 Foundations that follow SFAS 117, check here **Assets or Fund Balances** and complete lines 24 through 26 and lines 30 and 31 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 1,301,392 1,253,464 Net. 30 Total net assets or fund balances (see instructions) 1,301,392 1,253,464 31 Total liabilities and net assets/fund balances (see instructions) 1,301,392 1,253,464 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1,301,392 2 Enter amount from Part I, line 27a 2 -47,928 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 1,253,464 5 Decreases not included in line 2 (itemize) 5

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

1,253,464 Form 990-PF (2011)

6

Form 990-PF (2011) TOWER M	MENTAL HEALTH FOUNDA	TION OF	26-0506792		Page
Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income			
	cribe the kind(s) of property sold (e.g. real estate arehouse or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase	(c) Date acquired (mo day yr)	(d) Date sold (mo , day yr)
1a N/A			D—Donation	 	
b					
C					
d					· · · · · · · · · · · · · · · · · · ·
e					
	(f) Depreciation allowed	(g) Cost or	other basis	(h) (Gain or (loss)
(e) Gross sales price	(or allowable)	-	ense of sale		us (f) minus (g)
a					
b					<u></u>
С					
d					
е					
Complete only for assets showin	g gain in column (h) and owned by the f	foundation on 12/31/6	69		Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j) if any		not less than -0-) or s (from col (h))
а					
b					
C					
d					
е					
2 Capital gain net income or (net o	eapital loss) If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (_			
. •	B, column (c) (see instructions) If (loss),	•		1 1	
Part I, line 8				3	
Part V Qualification U	nder Section 4940(e) for Redu	ced Tax on Net	Investment Inco	ome	
(For optional use by domestic private	e foundations subject to the section 494	0(a) tax on net inves	tment income)		
If section 4940(d)(2) applies, leave the	nis part blank				N/A
	·				•
	ction 4942 tax on the distributable amount	• •	base period?		Yes No
	alify under section 4940(e) Do not comp	·			
	each column for each year, see the inst	tructions before maki	ng any entries		(d)
(a) Base period years	(b) Adjusted qualifying distribution	Net valu	(c) e of noncharitable-use asse		Distribution ratio
Calendar year (or tax year beginning in	i) Heljands qualifying alottibutes.	10, 100		(coi	(b) divided by col (c))
2010 2009				· · · · · · · · · · · · · · · · · · ·	
2008					
2007					
2006					
			,		
2 Total of line 1, column (d)				2	
	5-year base period—divide the total on	line 2 by 5, or by the			
-	has been in existence if less than 5 year			3	
4 Enter the net value of noncharita	able-use assets for 2011 from Part X, lin	ie 5		4	
5 Multiply line 4 by line 3	,			5	
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	· -
7 Add lines 5 and 6				7	
Add lines 5 and 6				'	
8 Enter qualifying distributions from	n Part XII, line 4			8	
If line 8 is equal to or greater tha	in line 7, check the box in Part VI, line 1	b, and complete that	part using a 1% tax	rate See the	
Part VI instructions					

Form	990-PF (2011) TOWER MENTAL HEALTH FOUNDATION OF 26-0506792				Pa	ge 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	.,		1	.66
	here ▶ and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u> </u>
3	Add lines 1 and 2	3			1	.66
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				.00
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a					
b	Exempt foreign organizations—tax withheld at source					
С.	Tax paid with application for extension of time to file (Form 8868) 6c					
d -	Backup withholding erroneously withheld Taket and to an approach Add base Co. through Cd.	_				
7	Total credits and payments Add lines 6a through 6d	7 8				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. Tax displayed for a figure 5 and 8 is passed than line 7, actor amount award.	9				166
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
10 44	Enter the amount of line 10 to be Credited to 2012 estimated tax	11				
11 Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Π,	/es	No
	participate or intervene in any political campaign?		1			X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
_	of the instructions for definition)?		1	ь	- 1	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					
С	Did the foundation file Form 1120-POL for this year?		1	c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_			- 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$				- 1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		ļ			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		1	a ↓		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	<u> </u>	b		
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				- 1	
	By language in the governing instrument, or		İ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		į.	ا ۽	x	
_	conflict with the state law remain in the governing instrument?	4 V\/	<u> </u>	6 7	$\frac{\Lambda}{X}$	
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 III, col.	ı AV	<u> </u>	' +	^	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) KS			1		
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation		g	ь	x	
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		<u>-</u> -	-		
9	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV		l 	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			\exists		
. •	names and addresses		1	0		X
			Form	99	0-PF	(2011)

	n 990-PF (2011) TOWER MENTAL HEALTH FOUNDATION OF 26-0506792 art VII-A Statements Regarding Activities (continued)				P	age 5
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 instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	17		13	X	
	Website address ► NA					
14	The books are in care of ▶ OFFICE OF THE ATTORNEY GENERAL Telephon 120 SW 10TH AVENUE,	e no 🕨	785-2	96-	221	.5
	Located at ▶ TOPEKA KS Z	IP+4 ▶	66612	-15	97	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here					•
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 1	5			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of					
	the foreign country ▶			<u> </u>		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					,
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	Yes	A No			
	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			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		22 140			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		>	-10		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		•			
	were not corrected before the first day of the tax year beginning in 2011?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		•			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2011?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
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		4-			
	all years listed, answer "No" and attach statement—see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
•	20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	.	v			
	at any time during the year?	Yes	X, No			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)		N/A	ا _{عد} ا		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		14/ M	3b 4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			→d		
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	>		4b		X
	The state of the s			עד		

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	rt VII-B Statements Regarding Activities for Which Form	4720 May Be R	lequired (co	ntınue	:d)		
5a	During the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		Yes	X No		
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,					
	directly or indirectly, any voter registration drive?			Yes	X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			Yes	.Xj∷No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, c	or educational					
	purposes, or for the prevention of cruelty to children or animals?			Yes	, $\overline{\mathbf{X}}$ No		
þ	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und	·			37/3		
	Regulations section 53 4945 or in a current notice regarding disaster assistance		?		N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check h				•		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax	37 / 3				
	because it maintained expenditure responsibility for the grant?		N/A	Yes	No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums			₹		1
	on a personal benefit contract?			Yes	X No		v
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit conti	ractiv			6b	X
_	If "Yes" to 6b, file Form 8870			V	X No		
	At any time during the tax year, was the foundation a party to a prohibited tax si		0	Yes	N/A		1
	If Yes, did the foundation receive any proceeds or have any net income attributer VIII Information About Officers, Directors, Trustees, Fo			v Dai		7b	
T.	Information About Officers, Directors, Trustees, Formation About Officers, Directors, Trustees, Formation About Officers, Directors	Juliuation Wan	agers, mgm	y Fai	u Linpioy	ees,	
1 [ist all officers, directors, trustees, foundation managers and their compensation	eation (see instruc	tions)				
•	ast an omocio, anoctors, trastocos, roundation managers and their compens			(4)	Contributions to	T	 -
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, ente	, `e	mployee benefit		nse account,
	(w) Hama dire address	devoted to position	-0-)	1 big	ans and deferred compensation	other a	allowances
Se	e Statement 3	 		_	·		
-							
				1			
				_			
		Ì					
2	Compensation of five highest-paid employees (other than those included	on line 1—see ins	tructions). If no	ne, er	ter		
_	"NONE."		•	·			
		(b) Title, and average			Contributions to		
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation		mployee benefit ans and deferred		nse account, allowances
		devoted to position			compensation	0.000	anowances
NC	NE				-		
						1	
			<u></u>				
ota	I number of other employees paid over \$50,000						0
					F	orm 990)-PF (2011

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Part VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid Er	mployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	n such as the number of	Expenses
1 N/A		
2		
3		
·		
4		
Fart IX-B Summary of Program-Related Investments (see instr	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
·		
	1	

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	54,021
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	54,021
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 instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,021
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	tion	

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<u> </u>	undistributed Income (see instructions)		·····		
4	Distributable amount for 2044 for D. 474	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
2	line 7				62,747
2	Undistributed income, if any, as of the end of 2011	1			
	Enter amount for 2010 only			53,005	·
b	120				
3	Excess distributions carryover, if any, to 2011 From 2006				
a b					
	From 2008				
d	From 2009				
	From 2010				
	Total of lines 3a through e				
4	Qualifying distributions for 2011 from Part XII,				
7	line 4 ▶ \$54,021				
а	Applied to 2010, but not more than line 2a		•	E3 005	
	Applied to undistributed income of prior years		·	53,005	
-	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
·	required—see instructions)				
d	Applied to 2011 distributable amount				1 016
	Remaining amount distributed out of corpus				1,016
5	Excess distributions carryover applied to 2011				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
_	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	İ			
	Prior years' undistributed income Subtract				
	line 4b from line 2b	ļ			
С	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				
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions				
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions	1			
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2012				61,731
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.				······································
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2007			1	

b Excess from 2008c Excess from 2009d Excess from 2010e Excess from 2011

The form in which applications should be submitted and information and materials they should include Any submission deadlines

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

N/A

Form 990-PF (2011) TOWER MENTAL HEALTH FOUNDATION OF

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year PAWNEE MENTAL HEALTH SERVICES 2001 CLAFLIN ROAD 501 (C) 3 MANHATTAN KS 66502-3415 EMERGENCY CALL SYSTEM 21,903 FOUR COUNTY MENTAL HEALTH CENTER 3751 WEST MAIN STRET NA 501 (C) 3 MENTAL HEALTH FIRST AID CLASS INDEPENDENCE KS 67301-068 6,598 FAMILY SERVICE AND GUIDANCE CENTER 325 FRAZIER AVENUE NA 501 (C) 3 TOPEKA KS 66606 PRESCHOOL-TO-SCHOOL PROGRAM 13,520 ELIZABETH LAYTON CENTER INC 2537 EISENHOWER ROAD NA 501 (C) 3 **OTTAWA KS 66067** DIETARY ENRICHMENT FOR MIND AND BODY 8,000 CENTRAL KANSAS MENTAL HEALTH CENTER 809 ELMHURST NA 501 (C) 3 SALINA KS 67401 MENTAL HEALTH FIRST AID TRAINING 4,000 54,021 Total ▶ 3a Approved for future payment N/A Total ▶ 3b

1	Part XVI-A	Analysis of Income-Producing Acti	vities				· · · · · · · · · · · · · · · · · · ·
En	ter gross am	ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
			(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1	Program se	rvice revenue			code		(See instructions)
	a					_	
	b				ļ		
	c						
	e						
	T						
2		d contracts from government agencies			1		
		dues and assessments					0 507
		savings and temporary cash investments nd interest from securities			 		8,587
		come or (loss) from real estate					
Ŭ		anced property	<u> </u>		 		
		t-financed property				· · · · · · · · · · · · · · · · · · ·	.
6		come or (loss) from personal property					
		ment income			-		
		s) from sales of assets other than inventory					
		or (loss) from special events					· · · · · · · · · · · · · · · · · · ·
		or (loss) from sales of inventory					·
		ue a			1		 -
	b						
	c						
	e						
		ld columns (b), (d), and (e)		0		0	8,587
		ine 12, columns (b), (d), and (e)				13	8,587
		in line 13 instructions to verify calculations)					
	Part XVI-B	Relationship of Activities to the Act					
	Line No ▼	Explain below how each activity for which income is	s reported in c	olumn (e) of Part XVI-	A contrib	uted importantly to the	
	N/A	accomplishment of the foundation's exempt purpos	ses (other than	by providing runds to	r such pu	irposes) (See instructi	ons)
	**/ **		 -				
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		ormation Ros						h Noncher	itabla	Pag	Je 13
Part		_	_	ansters to an	a i ransactio	ns and Relation	snips wit	n Nonchar	itable		
		empt Organiz			_						
	_	-				other organization des				Yes	No
) of the Code (other	er than section	on 501(c)(3) organ	iizations) or in se	ction 527, relating to	political				ı
	rganizations?										ı
аΤ	ransfers from t	he reporting found	dation to a no	ncharitable exem	pt organization o	f					
(*	I) Cash								1a(1)		<u>X</u>
(2	2) Other assets	S							1a(2)		X
ьС	ther transactio	ns									
(*	l) Sales of ass	ets to a noncharit	able exempt	organization					1b(1)		X
G	2) Purchases o	of assets from a ne	oncharitable	exempt organizati	on				1b(2)		X
	-	cilities, equipment		. •					1b(3)		X
	•	nent arrangement							1b(4)		X
	b) Loans or loa	_							1b(5)		X
	-	e of services or m	embership oi	fundraising solici	tations						x
		ies, equipment, m	•	-					1b(6)		X
					· -	(I-) -b(I-I -1			1c		
						mn (b) should always					
						the foundation receiv					
						the goods, other ass					
	Line no (b) Amount involved	(c) Name	of noncharitable exem	pt organization	(d) Description	n of transfers, tra	ensactions, and sha	ring arrangeme	nts	
A/R			ļ								
		 									
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		· <u> </u>	_								
			ļ		·		<u> </u>				
											
2a Is	the foundation	n directly or indired	ctly affiliated	with, or related to,	one or more tax	-exempt organization	ıs				
d	escribed in sec	tion 501(c) of the	Code (other	than section 501(c)(3)) or in sectio	n 527?			Ye	s X	No
b If	"Yes," comple	te the following so	hedule								
	(a) Nar	ne of organization		(b) Type of o	organization		(c) Descrip	tion of relationship			
N	<u>/A</u>										
			-								
								-			
				 -		 -			 -		
	Under penalties	of person, I declare th	at I have examin	and this return including	a accompanying sch	l edules and statements, and	to the best of	my knowledge and	helief it is true		
						which preparer has any kn				_	
									RS discuss this ri reparer shown bi		1
			•			11			uctions)?		No
Sign	1. (V /)		. 8	/o/10 .		<u> </u>			
lere	- Ye	they?	1.0	anen		0/12	SECR	ETARY_			
	Signature	of official or truste			Date	· /	Title				
	Print/Type pro	eparer's name			Preparer s signatu	re			Date	Chert	
aid										Check self-em	ıt ıployed
	er Elizabe	th A. Bear	v		Elizabeth	A. Bearv		n	8/07/12	3	jou
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	rimis addres		ka, KS				ŀ		785-26		
		TOPE		~~~~			l l	EUOUB OO	, , , , , , ,	, ,	

8/7/2012 10:22 AM 1-2 Charitable Purpose Charitable Purpose Adjusted Net Adjusted Net Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 1 - Form 990-PF, Part I, Line 18 - Taxes ŧԴ 294 294 Investment Investment TOWERF TOWER MENTAL HEALTH FOUNDATION OF Net Net V 294 294 40 Total Total ⟨⟨⟩ Expenses CORPORATE ANNUAL REPORT Description Description FEDERAL TAX PAID FYE: 12/31/2011 Total Total

TOWERF TOWER MENTAL HEALTH FOUNDATION OF 26-0506792 FYE: 12/31/2011	PATION OF Federal Statements	tatement	S.	2/8	8/7/2012 10:22 AM
Statement 3 - Form 990-PF,		- List of Of	Part VIII, Line 1 - List of Officers, Directors, Trustees,	ustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DR W WALTER MENNINGER MD 1505 SW PLASS TOPEKA KS 66604	PRESIDENT/ D	1.00	0	0	0
MR DOUG FARMER 1200 SW EXECUTIVE DRIVE STE. 100 TOPEKA KS 66615	VP/ DIRECTOR	1.00	0	0	0
MR PHILIP WOLFE 534 S KANSAS AVE STE. 1120 TOPEKA KS 66603	TREASURER/ D	1.00	0	0	0
MS KIMBERLY GRUNWALD 120 SW 10TH AVE,3RD FLOOR TOPEKA KS 66611	SECRETARY	1.00	0	0	0
MR DAVE JOHNSON 200 MAIN STREET LAWRENCE KS 66044	DIRECTOR	1.00	0	0	0
MS ANN PALMER 305 SW GREENWOOD AVENUE TOPEKA KS 66606	DIRECTOR	1.00	0	0	0
MR JOHN MCKELVEY 11603 B TOMAHAWK CREEK PARKWAY LEAWOOD KS 66211	DIRECTOR	1.00	0	0	0
MS TERRI ROBERTS 4925 SW CEDAR CREST RD TOPEKA KS 66606	DIRECTOR	1.00	0	0	0
MR BOB CHASE 1020 S JEFFERSON IOLA KS 66749	DIRECTOR	1.00	0	0	0

0

0

0

1.00

DIRECTOR

MR RUSSELL JENNINGS

က

8/7/2012 10:22 AM

TOWERF TOWER MENTAL HEALTH FOUNDATION OF Federal Statements

FYE: 12/31/2011

Statement 3 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address

Title

Average Hours

Compensation

Benefits

Expenses

PO BOX 295 LARKIN KS 67860