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# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Publication

Α	For the	2011 calendar year, or tax year beginning and	ending			
В	Check if applicabl	C Name of organization	•	D Employer identifi	cation number	
Г	Addre	FORREST AND DORIS SENSENICH FOUNDATION	N.			
Ē	Name chang		<del></del>	43-1	.862698	
	Initial		Room/surte	E Telephone numbe	<del></del>	
	Termiz ated	903 JACKSON ST., P.O. BOX 228		660-	646-0627	
	Amen return	City of town, state of country, and ZIP + 4	G Gross receipts \$ 1,468,403.11			
	Application	CHIBBICOINE, MO 04001-0228		H(a) Is this a group re		
	pendi	F Name and address of principal officer WINSTON BUCKNER		for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates inc		
		empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	1	list (see instructions)	
		te: ► N/A organization: Corporation Trust Association X Other ► FOUR	TDI. V	H(c) Group exemption		
	art I	Summary			M State of legal domicile: MO	
ė	1	Briefly describe the organization's mission or most significant activities ${ m { extbf{TO}} \ { extbf{SI}}}$				
& Governance		CHURCH & YMCA, BOTH OF CHILLICOTHE, MO-BO				
ern	1	Check this box    If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	1	
õ		Number of voting members of the governing body (Part VI, line 1a)		3_	5	
<u>مح</u>		Number of independent voting members of the governing body (Part VI, line 1b)		4	3	
Activities	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)  Total number of volunteers (estimate if necessary)		. 5	0	
Ę		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		6	0.00	
Ă		Net unrelated business taxable income from Form 990-T, line 34		. <u>7a</u> 7b	0.00	
	<b>★</b> •	Not unfolded business tabasic meeting north entities 1, into ev		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	0.00		
	9	Program service revenue (Part VIII, line 2g)		0.00		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<2,855.82	> 87,384.88	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		512.27		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<2,343.55		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1:3)	_	111,000.00		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.00	<del></del>	
es Ses	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.00		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	⊢	0.00	0.00	
ᅑ	) D		.00	88,719.85	13,437.94	
		Other expenses (Part IX, column (A), lines 1141 d/1424e) Total expenses. Add lines 13 to must equal Part IX, column (A), line 25)		199,719.85		
	10	Revenue less expenses Subtract line 18 from line 12		<202,063.40		
200	3 13	Tim MAT 2 I 2012	Re	ginning of Current Year	End of Year	
Sign	20	Total assets (Part X, line 16)	<u> </u>	,532,452.91		
₩ 8	21	Total liabilities (Part X, line 26) UGDEN IIT		0.00		
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	1	,532,452.91	1,493,399.85	
P	art II	Signature Block				
	-	ltues of perjury, I declare that I have examined this return, including accompanying schedules			ıy knowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other) than officer) is based on all information of wh	nch preparer		- 1 -	
		Signature of officer	· · · · · · · · · · · · · · · · · · ·		312	
Sig		Robert Cowherd Secretary		Date		
He	re	Type or print name and title				
	<del></del>	Print/Type preparer's name Preparer's signature		Date Check [	PTIN	
Pai	d	THOMAS L. ASHBROOK THOMAS L. ASHBRO	1	5/03/12 sett-emptoy		
	parer		LC	Firm's EIN	44-0615592	
	Only	Firm's address 515 WASHINGTON ST., P.O. BOX 620		THE CENT		
	-	CHILLICOTHE, MO 64601		Phone no. (	660)646-2336	
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		<b>_</b>	. X Yes No	
	001 01-2		ons.		Form <b>990</b> (2011)	

	1990 (2011) FORREST AND DORIS SENSENICH FOUNDATION 43-186	<u> 2698                                     </u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	<del></del>	<u> </u>
'	THE ONLY PURPOSE OF THIS FOUNDATION IS TO SUPPORT THE UNITED M	ו מטשים:	.cm
	CHURCH & YMCA, BOTH OF CHILLICOTHE, MO - BOTH 501(C)(3) ORGANI	ZATION	15.
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	TVoc [	X No
3		res t	_AL 110
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	locations to	
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$111,500.00 including grants of \$111,500.00) (Revenue \$		)
	UNITED METHODIST CHURCH OF CHILLICOTHE, INC. 1414 WALNUT ST,		
	CHILLICOTHE, MO 64601		
			<del>-</del>
		· • · · · • · • · · · · · · · · · · · ·	
		· <del>- · · · · · · · · · · · · · · · · · ·</del>	
	1 500 00 1 500 00		
4b	(Code) (Expenses \$1,500.00 including grants of \$1,500.00 ) (Revenue \$		)
	GRAND RIVER AREA YMCA, INC. 1725 LOCUST ST., CHILLICOTHE, MO	64601	
		<del></del>	
			·
4c	(Code) (Expenses \$		
40	(Code) (Expenses \$) (Revenue \$) (Revenue \$		—— <i>'</i>
		<del>-</del>	
_			
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ► 113,000.00		-
<del></del>	- are to a to a substitute to substitute to a substitute to a substitute to a substitute to a	Form 99	0 (2011)
			- ()

	990 (2011) FORREST AND DORIS SENSENICH FOUNDATION 43-1862	<u>698</u>	P	age 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		┰	
_	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3_		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		^_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
e	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	r.		
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_ <u> </u>		
Ū	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable		. '	, .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	1 <u>1a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ŀ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	İ	v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		A
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	18		<del>- ^</del>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a2 If "Vas " complete Schedule G. Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
, ,	complete Schedule G, Part III	19	L_	X
	taran da antara da a			

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20a

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Х

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

FORREST AND DORIS SENSENICH FOUNDATION 43-1862698 Page 5 Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). . يو ه a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7<u>a</u> b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O

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14a

**b** Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI	<del></del>			X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	, ; ,	3 4
	If there are material differences in voting rights among members of the governing body, or if the governing		11.	,36 ger	# * · ·
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	:	£ , ,	3 5 5	3.54 °C
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3	, ,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other	٦٠:,	,	وٽ دائد جوالاد
	officer, director, trustee, or key employee?	•	2	3	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	,	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
_	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:	, Mg .		
а	The governing body?	,g.	8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the	1		
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue Code )			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe			
	ın Schedule O how this was done	_	12c		
13	Did the organization have a written whistleblower policy?		13		_X
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		l		
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	inflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books are	nd records of the organiz	ation: 🕨	·	
	ROBERT COWHERD, SECRETARY - 660-646-0627				
40555	902 JACKSON, P.O. BOX 228, CHILLICOTHE, MO 64601-	0228			
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### FORREST AND DORIS SENSENICH FOUNDATION

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O.co	ontaine a reenonse to a	nv question in this Part VII
Check it Schedule O co	ontains a response to a	ny duestion in this Part vii

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BILL HAYEN	0.50	v						0.00	0.00	0.00
BOARD MEMBER	0.50	^	-	H				0.00	0.00	0.00
(2) BETTY PRESTON STEELE BOARD MEMBER	0.50	x						0.00	0.00	0.00
(3) WINSTON BUCKNER	1 0.30		-		<del></del>	<del>  -</del>		0.00	0.00	0.00
PRESIDENT	0.50			X				1,000.00	0.00	0.00
(4) ROBERT COWHERD								•		
VICE-PRESIDENT & SECRETARY	0.50		_	X	<u> </u>	<u> </u>		0.00	0.00	0.00
(5) FRANCES BUCKNER								4 000 00		
TREASURER	0.50			X				1,000.00	0.00	0.00
			-							
			_							

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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132009 01-23-12 Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	ise to any question in the	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	113,000.00	113,000.00		4 555 a g 7 a 5
2	Grants and other assistance to individuals in			,5 % p = 5 .	- 3 5
	the United States. See Part IV, line 22				, - 4,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	
	United States See Part IV, lines 15 and 16			s*	š
4	Benefits paid to or for members				, ,
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages		<del> </del>		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)			-	
9	Other employee benefits				
10	Payroli taxes		<u> </u>		
11	Fees for services (non-employees).				
a	Management				
þ	Legal				-
С.	Accounting			- · · · · · · · · · · · · · · · · · · ·	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	150.00		150.00	· · · · · ·
f	Investment management fees Other	130.00		130.00	
g 12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				<u> </u>
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				ļ [
а	OLD WAL-MART BUILDING E	4,030.99		4,030.99	-
ь	234 SOUTHWEST DRIVE EXP	2,897.13		2,897.13	
c	ATTORNEY FEES	2,256.98		2,256.98	
d	CONTRACT SERVICES	2,000.00		2,000.00	
е	All other expenses	2,102.84		2,102.84	
25	Total functional expenses. Add lines 1 through 24e	126,437.94	113,000.00	13,437.94	0.00
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	56,044.51	1	6,133.06
	2	Savings and temporary cash investments		2	343,507.78
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	3e5- 2- 1		
		employees, and highest compensated employees. Complete Part II			, in
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	2	,	A TOTAL AND SEA
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	t a j	•	
		employers and sponsoring organizations of section 501(c)(9) voluntary		,	
		employees' beneficiary organizations (see instructions)		6	1
Assets	7	Notes and loans receivable, net	176,291.66	7	80,106.24
155	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other	0		:
		basis. Complete Part VI of Schedule D 10a 125,000.00	ه .		,
	b	Less. accumulated depreciation 10b	222,356.06	10c	125,000.00
	11	Investments - publicly traded securities	1,077,760.68	11	988,652.77
	12	Investments - other securities. See Part IV, line 11	0.00		
	13	Investments - program-related. See Part IV, line 11	-	13	
l	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,532,452.91	16	1,543,399.85
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	1 - 1 - 1 - 1
- 1	20	Tax-exempt bond liabilities		20	
S.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	,		,
a		highest compensated employees, and disqualified persons. Complete Part II		£	
<b>-</b>		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.00	25	50,000.00
	26	Total liabilities. Add lines 17 through 25	0.00	26	50,000.00
		Organizations that follow SFAS 117, check here  and complete			
တ္က		lines 27 through 29, and lines 33 and 34.	77	-	
Ĕ	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
פ	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here   X and			
ō		complete lines 30 through 34.			
əts	30	Capital stock or trust principal, or current funds	0.00	30	0.00
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	0.00	31	0.00
) t 7	32	Retained earnings, endowment, accumulated income, or other funds	1,532,452.91	32	1,493,399.85
	~~	Total net assets or fund balances	1,532,452.91	33	1,493,399.85
ž	33	lotal net assets or fund balances			1,543,399.85

Form	990 (2011) FORREST AND DORIS SENSENICH FOUNDATION	43	-1862	2698	Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_				<u>.88</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.26,	<u>437</u>	.94
3	Revenue less expenses. Subtract line 2 from line 1	3	<	39,	053	<u>.06</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	32,	452	.91
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0	.00
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	_6	1,4	193,	399	<u>. 85</u>
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				د	5 .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	<b>D</b> .			!
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		'		;
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt	1		22 22 323
	Act and OMB Circular A-133?	_		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

132012 01-23-12 Form **990** (2011)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

FORREST AND DORIS SENSENICH FOUNDATION

Open to Public Inspection

Employer identification number

43-1862698

Part I <sup>,</sup>	Reason 1	for Public Chari	ty Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions				
he orgar	nization is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🗀	A church, cor	nvention of churches	s, or association of churc	hes descr	nbed in se	ction 170	b)(1)(A)(i)					
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E.)								
з 🔲	A hospital or	a cooperative hospit	al service organization d	iescnbed і	n section	170(b)(1)(	A)(iii).					
4	A medical res	earch organization of	perated in conjunction v	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii	). Enter t	he hospital	's name	<b>)</b> ,
	city, and state	=										
5 🔲	•		penefit of a college or un	iversity ov	vned or op	erated by	a governr	nental unit	describe	ed in	-	
	-	( <b>b)(1)(A)(iv)</b> . (Comple										
6 🔲			ent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).					
7	•	•	eives a substantial part o					r from the	general i	public desc	nbed in	
	_	b)(1)(A)(vi). (Complet				•						
8 <u> </u>			ection 170(b)(1)(A)(vi). (	Complete	Part II)							
9 🗌	-		eives: (1) more than 33 1			rom contri	outions, m	nembership	o fees, ar	nd gross re	ceipts fi	rom
	-		octions - subject to certa									
		•	axable income (less secti									
		<b>509(a)(2).</b> (Complete			,			-				
10 🖂			erated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	<b>i</b> ).				
11 X	An organizati	on organized and op	erated exclusively for th	e benefit d	of, to perfo	rm the fur	ctions of,	or to carry	out the	purposes o	of one o	r
			tions described in section									
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	ь 🗀	Type II c	: 🔲 Турс	e III - Func	tionally int	egrated		d X	Type III - (	Other	
е 🔲	By checking t	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified	persons oti	ner than	ı
			han one or more publicly									
f	If the organization	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	is box									
g	Since August	17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	ons?			
	(i) A persor	n who directly or ind	rectly controls, either ald	one or tog	ether with	persons d	escnbed i	n (ii) and (i	ıi) below,	,	Yes	No
	the gove	eming body of the su	upported organization?							11g(i)	$\sqcup$	X
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		X
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	9?					11g(iii)		X
h	Provide the fo	ollowing information	about the supported org	ganization(	(s)							
	<del></del>					,		r <del>-</del>				
(i) Nam	e of supported	(ii) EIN	(iii) Type of		rganızatıon			(vi) Is organizatio	the	(vii) Ar	nount of	
	ganization	, ,			sted in your			(i) organiz	ed in the	sut	port	
			above or IRC section	governing	document?	(i) of you	Support	U.S.	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
UNITH								ļ				
METH(	DDIST CH	44-0659431	1	X		Х		X		111,	500	<u>.00</u>
	RIVER	ļ										
AREA	YMCA, I	43-1493664	9	X		X		X	ļ	1,	500	<u>.00</u>
					1	1		!				
		<u> </u>	<u> </u>			<u> </u>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

113,000.00

132021 01-24-12

<u>Total</u>

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			1			
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			}			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		,				
	by each person (other than a						
	governmental unit or publicly		1	1		,	
	supported organization) included			1			
	on line 1 that exceeds 2% of the		,				
	amount shown on line 11,		-				
	column (f)	,	,			- ">	
	Public support. Subtract line 5 from line 4	p = 1 - 3	<u> </u>	80000			L
	ction B. Total Support			1			1
	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		1				<u> </u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	<del></del>					
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<del> </del>
10	<del>-</del>						
	or loss from the sale of capital						
	assets (Explain in Part IV)						<del>                                     </del>
11	• • • • • • • • • • • • • • • • • • • •	-1- (	>	<u> </u>		10	
12	· ·	•	-			12	
13	First five years. If the Form 990 is fo	-	s iirst, secona, thii	ra, iourin, or illin ia	x year as a secuc	on 50 r(c)(3)	▶□
Se	organization, check this box and sto ction C. Computation of Pub	lic Support Pe	rcentage				
_	Public support percentage for 2011 (			column (fl)		14	<u></u> %
15		• • • • • • • • • • • • • • • • • • • •	•	column (1))	•	15	<u> </u>
	a 33 1/3% support test - 2011. If the		•	· ·· In line 13, and line 1	  4 is 33 1/3% or i		
	stop here. The organization qualifies					,	▶□
	b 33 1/3% support test - 2010. If the				line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua					<b>,</b>	<b>▶</b> □
17	a 10% -facts-and-circumstances tes				13, 16a, or 16b,	and line 14 is 10%	or more.
• •	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						<b>_</b>
	b 10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
_18	Private foundation. If the organization						ns 🕨 🗌
							or 990-EZ) 2011

# Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II I	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	now, please com	piete Fait II.)				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	16) 200.	(8)	(5) 2000	(4) 2010	15/25	()
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		;				
c Add lines 7a and 7b		<u> </u>		İ		
8 Public support (Subtract line 7c from line 6)	\$ \$ A A	, (J. #1	0 g sl seet	A. p. 4 5.	F * *	
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975		ļ		<del></del>	<del> </del>	
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	l		<u> </u>	<u>L</u>
14 First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here	o Support D				** -	
Section C. Computation of Publi			ack man (6)		45	
15 Public support percentage for 2011 (li			JOIUITET (T))		15	
16 Public support percentage from 2010 Section D. Computation of Invest			<del> </del>	· · · · · · · · · · · · · · · · · · ·	110	
17 Investment income percentage for 20			ne 13 column (fi)		17	
			ic 13, column (I))	*******	17	
18 Investment income percentage from 2 19a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	<u> </u>	
more than 33 1/3%, check this box ar						., 13 HOL
b 33 1/3% support tests - 2010. If the						and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
132023 01-24-12	. ala not oncon e		_, <u>0, 100, 01100</u> K		nedule A (Form 99	0 or 990-F71 20

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

2011
2011
inspection

Name of the organization

Employer identification number

-		SENSENICH FOUNDATION	43-1862698
Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization	's exclusive legal control?	. L Yes L No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		. L Yes No
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	dified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		E. dunamerates
	T. 1. 1 (		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	trusture unalizated in (a)	2b
C	Number of conservation easements on a certified historic s	• •	2c
d	Number of conservation easements included in (c) acquired	a after 8/17/06, and not on a historic struct	I !
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, i	released, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation ∈	easement is located	
4 5	Does the organization have a written policy regarding the p		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		-
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) ab		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	ation easements in its revenue and expensi	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ration's financial statements that describes	the organization's accounting for
	conservation easements		·
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Fore	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (	ASC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desi	cribes these items.	
b	If the organization elected, as permitted under SFAS 116 (	ASC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical t	reasures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X	-	<b>&gt;</b> \$

Schedule D (Form 990) 2011

		AND DORI	S SEN	SENICH	I FOUNDA	TION	<u> </u>	<u>43-18</u>	<u>62698</u>	8 Page <b>2</b>
Pa	rt III Organizations Maintaining C	collections of /	Art, His	torical Tr	easures, or	r Other	r Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other reco	rds, chec	k any of the	following that	are a sig	nificant	use of its	collection	ı ıtems
	(check all that apply):									
а	Public exhibition		d [	Loan or exc	hange progran	ns				
b	Scholarly research			Other	3-1-3-					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	ain how ti	nev further t	he organization	n's exem	not num	nse in Par	t XIV	
5	During the year, did the organization solicit of							,,,,, a,		
J	to be sold to raise funds rather than to be ma					Sillina (	233013		Yes	☐ No
Pai	t IV Escrow and Custodial Arran					/oo" to E	orm 000	Dort IV		140
	reported an amount on Form 990, Pa		nete ii tiit	organizatio	on answered i	165 101	01111 330	, raitiv,	e 3, Oi	
					41			<del></del>		
ıa	Is the organization an agent, trustee, custod	an or other interm	diary for	COntribution	is or other assi	ets not ii	riciuaea		٦,,	
	on Form 990, Part X?					•			<b>」Yes</b>	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the	following	table						
							$\vdash$		Amount	
С	Beginning balance .	••			•		1c			
đ	Additions during the year	•					1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, Iir	e 21?						_ Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Pa	t V Endowment Funds. Complete	f the organization a	inswered	"Yes" to Fo	rm 990, Part IV	/, line 10	<u> </u>			
		(a) Current year	(b) F	nor year	(c) Two years	back (c	d) Three y	rears back	(e) Four	years back
1a	Beginning of year balance	<u> </u>							lur u <sup>a</sup>	
b	Contributions								-	1 3-1 -
С	Net investment earnings, gains, and losses		1							
d	Grants or scholarships .								4,	*
е	Other expenditures for facilities								4 4	21
	and programs									
f	Administrative expenses								,	<u>'</u>
g	End of year balance									ļ
2	Provide the estimated percentage of the cur-	rent year end balar	ice (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	<u></u> %								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%								
За	Are there endowment funds not in the posse		zation th	at are held a	and administere	ed for the	e organiz	zation		
	by	-					_		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	•						•		
Pa	rt VI Land, Buildings, and Equipm				-					
	Description of property	(a) Cost or	-	i	t or other	(c) Acc	cumulate	ed	(d) Book	value
	, , ,	basis (inves	tment)	, , ,	(other)		reciation		` ,	
1a	Land									
	Buildings	125,00	00.00						125.0	00.00
c	Leasehold improvements									
-	Equipment				- 1					
	Other									
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pa	rt X, colui	nn (B), line i	10(c))			▶	125,0	00.00

Schedule D (Form 990) 2011

Part.VII Investments - Other Securities. S  (a) Description of security or category  (including name of security)	(b) Book value		(c) Method of valuest or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
3) Other				
(A)		<u> </u>		
(B)				
(C)			•	
(D) (E)			·	
_(F)				
(G)				
(H)				
0				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line		( ) A ( - A                           -	
(a) Description of investment type	(b) Book value		(c) Method of valuate or end-of-year ma	
(1)		-	- J. Z. Z. Z. Z. J.	
(2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7)				
(8)				<del> </del>
(9) (10)			<u></u>	<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		3 · No 2		
Part IX Other Assets. See Form 990, Part X, Irr	ne 15	<del></del>		
(a	a) Description		•	(b) Book value
(1)				
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				_
(9)				
(10)	, - <del>-</del> .			
Total. (Column (b) must equal Form 990, Part X, col (B) II			<u> </u>	
Part X Other Liabilities. See Form 990, Part 3  (a) Description of liability	X, line 25	(b) Book value		
······································		(b) Book value	•	
(1) Federal income taxes (2) OPTION TO SELL REAL ESTA	ਸਾ	50,000.00		
(3)		30,000,00		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		1		
	ino 25 )	50 000 00		
Fotal. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote FIN 48 (ASC 740).	ine 25)	50,000.00 Itements that reports the organiz	zation's liability for uncerta	ain tax positions under

	dule D (Form 990) 2011 FORREST AND DORIS SENSENICE  t XI Reconciliation of Change in Net Assets from Form 990 to							862698	Page 4
Ч——		Auui	iteu	гшап	Т.	late	mem		04 00
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				84.88
2	Total expenses (Form 990, Part IX, column (A), line 25)				2				37.94
3	Excess or (deficit) for the year Subtract line 2 from line 1				3			<39,0	53.06
4	Net unrealized gains (losses) on investments				4				<del>.</del>
5	Donated services and use of facilities				5	<del> </del>		<del></del>	
6	Investment expenses				6				
7	Prior period adjustments				7	-			
8	Other (Describe in Part XIV)				8				
9	Total adjustments (net) Add lines 4 through 8	٦,٥			9			-30 0	53.06
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII. Reconciliation of Revenue per Audited Financial Statements.		Vith	Reve	<u>  10  </u>	er Re	eturn	<b>&lt;33,0</b>	33.00
1	Total revenue, gains, and other support per audited financial statements						1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	•	•	ŀ			
a	Net unrealized gains on investments	2a	1				-		
b	Donated services and use of facilities	2b	+				,		
c	Recoveries of prior year grants	2c	+						
d	Other (Describe in Part XIV)	2d	+						
e	Add lines 2a through 2d				_		2e		
3	Subtract line 2e from line 1					ŀ	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					ŀ			<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b	l 4a	1			l	`		
b	Other (Describe in Part XIV)	4b					:		
C	Add lines 4a and 4b	10					4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					ŀ	5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Wit	h Expe	enses	per		n	
1	Total expenses and losses per audited financial statements			• • •		<u> </u>	1	-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					Ī			
a	Donated services and use of facilities	2a	1						
b	Prior year adjustments	2b	╁						
c	Other losses	2c	1						
d	Other (Describe in Part XIV)	2d							
e	Add lines 2a through 2d				•		2e		
3	Subtract line 2e from line 1				•	ا ٔ ا	3	<del></del>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					Ī			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					`		
b	Other (Describe in Part XIV)	4b							
C	Add lines 4a and 4b						4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					Ì	5		
Pai	t XIV Supplemental Information								
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	I, lines	1a a	nd 4, Pa	art IV, I	ines 1b	and 2	b; Part V, line	e 4; Part
X, lin	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete thi	ıs pa	rt to pro	vide a	ny add	itional	information	
	<del></del>								
				_					
							Schedi	ule D (Form	990) 2011

SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011

2 THE GRANTS ARE TO BE USED THE GRANTS ARE TO BE USED Employer identification number 43-1862698 FOR GENERAL SUPPORT OF OR GENERAL SUPPORT OF (h) Purpose of grant or assistance EACH ORGANIZATION, EACH ORGANIZATION, X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(c) IRC section or government

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or gover Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection O.OCASH Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SENSENICH FOUNDATION 1,500,00 111,500,00 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 44-0659431 FORREST AND DORIS 43-1493664 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization CHILLICOTHE - 1414 WALNUT ST. UNITED METHODIST CHURCH OF GRAND RIVER AREA YMCA CHILLICOTHE, MO 64601 CHILLICOTHE MO 64601 Name of the organization 1725 LOCUST ST. Part I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22  Part III can be duplicated if additional space is needed	ited States. Com	plete if the organiz	ation answered "Yes"	to Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
plemental Information. Complete this	ide the information	required in Part L	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: PERIODIC	JIC MONITOKING	1 1	OF MEETINGS &	KECOKUS	
132102 01-27-12		21			Schedule I (Form 990) (2011)

### SCHEDULE-O (Form 990 or 990-EZ)

1 . .

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public

Department of the Treasury ➤ Attach to Form 990 or 990-EZ. Inspection • Internal Revenue Service Name of the organization Employer identification number FORREST AND DORIS SENSENICH FOUNDATION 43-1862698 FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: FOUNDATION FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE IT IS MAILED TO THE TAXING AGENCY. FORM 990, PART VI, SECTION C, LINE 18: FORM 1023 AND 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 903 JACKSON STREET, CHILLICOTHE, MO 64601. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL INFORMATION ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 903 JACKSON STREET, CHILLICOTHE, MO 64601