

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2011

or ca	alendar year 2011 or tax year beginn		, ar	id ending			
lame	of foundation				A Em	ployer identification nu	mber
	CKMORTON RISER FOUNDATION, I					48-11033	
umbe	er and street (or P O box number if mail is not deli	vered to street add	iress)	Room/suite	B Tele	ephone number (see insti	ructions)
	BOX 610					(620) 231-	4650
ity or	town, state, and ZIP code				C If ex	emption application is pe	nding, check here 🕨 🗌
TTS	BURG		KS	66762-0610			
	eck all that apply Initial return	Initia	I return of a former p	ublic charity	D 1. F	oreign organizations, che	ck here
	☐ Final return	☐ Ame	nded return		2 5	oreign organizations mee	ting the 85% test
	Address char	nge 🗍 Nam	e change			heck here and attach com	
Ch	eck type of organization X Section			n			
	ection 4947(a)(1) nonexempt charitable					vate foundation status wa er section 507(b)(1)(A), cl	
		<u> </u>					
	ir market value of all assets at end	Accounting r Other (sp		Accrual	-	e foundation is in a 60-mo	_
	year (from Part II, col (c), e 16) ▶ \$ 1,742,754 (F		f) must be on cash basi	e)	unde	er section 507(b)(1)(B), cl	leck fiele
art				s/	Т		(d) Disbursements
	amounts in columns (b), (c), and (d) may not n		(a) Revenue and	(b) Net investme	ent	(c) Adjusted net	for charitable
	the amounts in column (a) (see instructions))	cccssarily cquai	expenses per books	ıncome		ıncome	purposes
\cong							(cash basis only)
17	Contributions, gifts, grants, etc , received (atta	· r					
 7	Check ► X if the foundation is not required						Sec. of
لم	Interest on savings and temporary cash	investments	32		32	32	* * * * * * * * * * * * * * * * * * *
► 4	Dividends and interest from securities		52,808	52,	,808	52,808	* ** 1. **
ďΜ	a Gross rents	-			이		*
Γ.	b Net rental income or (loss)	0		·			
NED	a Net gain or (loss) from sale of assets no		<u> </u>	<u> </u>			7-7-7-11117-11-1111
ANNE	b Gross sales price for all assets on line 6a	0		EACK/CC		7	
Z	Capital gain net income (from Part IV, li	ne 2)		ECEIVED			
Á							
7	Income modifications	_	Z Z	IAY 2 1 201	2 6	51	
110	a Gross sales less returns and allowances	0	14 "	<u> </u>	10	5	
	b Less Cost of goods sold	0			مُ ا	ا ــــــــــــــــــــــــــــــــــــ	
	c Gross profit or (loss) (attach schedule)		(1)	GDEN, U	T		
11	` ,		0		 9 -	0	
12	Total. Add lines 1 through 11		52,840	52,	,840	52,840	
13	Compensation of officers, directors, trus	tees, etc	6,000	6,	,000	6,000	
14	· •						
15							
16	a Legal fees (attach schedule)	ļ	7,350	7,	350	7,350	0
	b Accounting fees (attach schedule)	ļ	0		0	0	0
	c Other professional fees (attach schedule	e) [0		0	0	0
17							
18		s) [9,221	9,	,221	9,221	0
19	· · · · · · · · · · · · · · · · · · ·	etion	0		0	0	
20		ļ					
21		ļ	449		449	449	
22 23 24 25]					
23		ļ	157		157	157	0
24		penses.				Ī	
	Add lines 13 through 23	ļ	23,177	23,	,177	23,177	0
25			44,000				44,000
2€	Total expenses and disbursements Add line	s 24 and 25	67,177	23.	,177	23,177	44,000
27	Subtract line 26 from line 12			7.9;		1 /	-
-	a Excess of revenue over expenses and disbu	rsements	-14,337	1.	i.	·	
	b Net investment income (if negative, er	1	, = -	29	,663		
	c Adjusted net income (if negative, ente					29,663	
1						29,003	

Da	2411	Attached schedules and amounts in the description column	Beginning of year	End o	t year
Pal	rt II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	22,892	22,394	22,394
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 0			
		Less allowance for doubtful accounts		0	0
	4	-			
	_	Pledges receivable ► 0 Less allowance for doubtful accounts ► 0	0	0	0
	5	Grants receivable			<u></u>
	6	Receivables due from officers, directors, trustees, and other			· <u> </u>
		disqualified persons (attach schedule) (see instructions)	o	o	0
	7	Other notes and loans receivable (attach schedule)			
	•		0	0	0
	8	Inventories for sale or use			
ets	٥	Prepaid expenses and deferred charges	684	589	589
Assets	40.6	· · ·	0	0	0
4	l .	A Investments—U.S. and state government obligations (attach schedule)	1,398,840	1,356,255	1,719,771
	i	o Investments—corporate stock (attach schedule)	1,398,840	1,550,255	1,719,771
		Investments—corporate bonds (attach schedule)	U	<u> </u>	U
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis ▶0			
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe)	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,422,416	1,379,238	1,742,754
	17	Accounts payable and accrued expenses			· •
S	18	Grants payable			у
tie	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	*
ä	21	Mortgages and other notes payable (attach schedule)	0	0	~
_	22	Other liabilities (describe ▶)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	, , , , , , , , , , , , , , , , , , ,
		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			\$. * ·
Ę	24	Unrestricted			*
ala a	25	Temporarily restricted			
	26	Permanently restricted			i
밀		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.			·· 43
ō	27	Capital stock, trust principal, or current funds	1,422,416	1,379,238	
Š	28	Paid-in or capital surplus, or land, bldg, and equipment fund	1,122,713		
Sel	29	Retained earnings, accumulated income, endowment, or other funds	"		
Ş	30	Total net assets or fund balances (see instructions)	1,422,416	1,379,238	
Net Assets or Fund B	31	Total liabilities and net assets/fund balances (see	1,722,710	1,010,200	
ž	"	instructions)	1,422,416	1,379,238	
Da	rt III	Analysis of Changes in Net Assets or Fund Balances	1,422,410	1,319,230	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with	Г	
1			So (must agree with	1	1 400 446
_		of-year figure reported on prior year's return)			1,422,416
_		amount from Part I, line 27a		2	-14,337
3				3	1 400 070
_		ines 1, 2, and 3		4	1,408,079
5		eases not included in line 2 (itemize) ► CAPITAL LOSS	-1 (1) 1	5	28,841
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, c	olumn (b), line 30	6	1,379,238

rall	(a) List and describe the	kind(s) of property sold (e g , real estate, e, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date a	· .	(d) Date sold (mo , day, yr)
1a S	ee Attached Statement						
b							
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	r other basis ense of sale		(h) Gain (e) plus (f)	•
а	0	0		0			0
_b _	0	0		0			0
С	0	0		0		_	0
<u>d</u>	0	0		0			0
е	0	0		0		_	0
	Complete only for assets show	ing gain in column (h) and owned b	y the foundation	on on 12/31/69		-	(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis		ss of col (i)	col		ess than -0-) or
		as of 12/31/69	over co	l (j), if any		Losses (fro	
<u>a</u>	0	0		0			0
b	0	0		0			0
<u> </u>	0	0		0			0
<u>d</u>	0	0		0			0
<u>e</u>	0	U U	Da	0	- 		0
	Capital gain net income or	(net capital loss) { If (loss), er	o enter in Pa nter -0- in Pa	rt I, line 7	2		-28,841
		or (loss) as defined in sections					
	_	line 8, column (c) (see instruction	ons) If (loss)	, enter -0-			
	n Part I, line 8 .	<u> </u>			3		-7,760
Ра	iV Qualification Und	er Section 4940(e) for Red	<u>uced lax c</u>	n net investm	ent incoi	<u>ne</u>	
Was	es," the foundation does no	ne section 4942 tax on the distri ot qualify under section 4940(e)	. Do not com	plete this part			
1_		ount in each column for each ye	ar, see the i	nstructions before	making a	any entries	
	(a) Base period years	(b)		(c)		Distri	(d) bution ratio
Ca	endar year (or tax year beginning in	Adjusted qualifying distributions	Net value	of noncharitable-use a	ssets		vided by col (c))
	2010	37,5	500	1,486	5,035		0.025235
	2009	44,8	59	1,335	,685		0 033585
	2008	44,1		1,672	2,054		0.026425
	2007	38,0	68	1,947			0 019546
	2006	26,0	000		3,532		0 014955
2	Total of line 1, column (d)		-		. 2		0.119746
		or the 5-year base period—divid undation has been in existence			y <u>3</u>		0 023949
4	Enter the net value of nonc	haritable-use assets for 2011 fr	om Part X, lı	ne 5	4		0
5	Multiply line 4 by line 3				. 5		0
6	Enter 1% of net investment	i income (1% of Part I, line 27b)	•		. 6		0
						1	
7	Add lines 5 and 6				. 7	<u> </u>	0
8	Enter qualifying distribution	is from Part XII, line 4 er than line 7, check the box in			8		0

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

complete Part XIV

their names and addresses

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

General (or designate) of each state as required by *General Instruction G? If "No," attach explanation* Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *If "Yes,"*

7

8b

9

10

Х

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see 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?	13	Χ	
	Website address ► N/A			
14	The books are in care of ► WHEELER & MITCHELSON, CHARTERED Telephone no ► (620) 231-46	350		
	Located at P O BOX 610 PITTSBURG KS ZIP+4 ▶ 66762-0610			
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			
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		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		*	:
	the foreign country			!
Pai	rt 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		, "Mag",	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No.			:
		<i>.</i>	* 5.	×
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	*		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? L Yes X No		() ()	5
	(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)?		7	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			- New y
	if the 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	May 6		Ž
_		,		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	i
	Organizations relying on a current notice regarding disaster assistance check here	10	, 'L	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	·	ı	1
Ū	that were not corrected before the first day of the tax year beginning in 2011?	** 1c		X ;
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		΄, κ	
	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	£*	Ì	
	and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years 20 10 , 20 , 20 , 20		1	1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		, 3,	:
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		-:, -	<u> </u>
_	to all years listed, answer "No" and attach statement—see instructions)	2b	Х	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	► 20, 20, 20, 20, 20			
Ja	enterprise at any time during the year?	,		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			İ
~	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)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from leopardy before the first day of the tax year beginning in 2011?	4h		Y

Forn	m 990-PF (2011) THROCKMORTON RISER F	OUNDATIO	N, INC				48-11	03316	Pa	ge 6
Рa	art VII-B Statements Regarding Activiti	es for Whi	ch Form	4720 May Be Re	equired (co	ntınued)				
5a	During the year did the foundation pay or incur any	amount to								
	(1) Carry on propaganda, or otherwise attempt t	o influence le	gislation (s	ection 4945(e))?		Yes	X No			
	(2) Influence the outcome of any specific public	election (see	section 49	55), or to carry		_				
	on, directly or indirectly, any voter registratio	n drive?				Yes	X No	1		
	(3) Provide a grant to an individual for travel, stu	dy or other s	umilar num	000002		Yes	X No			
	(4) Provide a grant to an individual for travel, ste	•				163				
	in section 509(a)(1), (2), or (3), or section 49					□ v _{aa}	X No			
	* * * * * * * * * * * * * * * * * * * *			•		Yes	\ \ NO			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of			•		П.,	☞			
L	, ,	•				Yes	X No			
D	If any answer is "Yes" to 5a(1)–(5), did any of the		•	•		IN			- N/A	
	Regulations section 53 4945 or in a current notice				ns)?	_		5b	N/A	
	Organizations relying on a current notice regarding									
C	, , , , , , , , , , , , , , , , , , , ,			ion from the						
	tax because it maintained expenditure responsibili				•	Yes	No			
	If "Yes," attach the statement required by Regulati	ons section 5	3 4945–5(0	d)						
6a		nds, directly o	or indirectly	, to pay						į
	premiums on a personal benefit contract?					Yes	X No	 	_	
b	Did the foundation, during the year, pay premiums	, directly or in	ndirectly, or	n a personal benefit o	contract?			6b		X
	If "Yes" to 6b, file Form 8870					_	_		1	?
7a	At any time during the tax year, was the foundation	n a party to a	prohibited	tax shelter transaction	n?	Yes	X No			
b	If "Yes," did the foundation receive any proceeds of	or have any n	et income a	attributable to the tra	nsaction?			7b		
Р	Part VIII Information About Officers	Directors	, Truste	es, Foundation	Managers,	Highly	Paid Er	nploy	ees,	
	and Contractors		•	·				• •	•	
1	List all officers, directors, trustees, found	ation mana	gers and	their compensat	ion (see ins	tructions	s).			
1		(b) Title, and	average	(c) Compensation	(d) Contr	ibutions to	10) Expen	se accour	
1	List all officers, directors, trustees, found (a) Name and address	(b) Title, and hours per	d average week	(c) Compensation (If not paid, enter	(d) Contr employee l	ributions to benefit plans	(6		se accour	
	(a) Name and address	(b) Title, and hours per devoted to	d average week position	(c) Compensation	(d) Contr	ributions to benefit plans	(6			
FRI	(a) Name and address RED MITCHELSON	(b) Title, and hours per	d average week position	(c) Compensation (If not paid, enter -0-)	(d) Contr employee l	ributions to benefit plans	(6			
FRI	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762	(b) Title, and hours per devoted to PRES/DIR VARIOUS	d average week position ECTOR	(c) Compensation (If not paid, enter	(d) Contr employee l	ributions to benefit plans	on (6			
FRI DV	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON	(b) Title, and hours per devoted to PRES/DIR VARIOUS	d average week position ECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contr employee l	ributions to benefit plans	on (6			0
FRI DW	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A. NELSON O. BOX 329 GARNETT KS 66032	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS	d average r week position ECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contr employee l	ributions to benefit plans	on (6			
FRI DV P ((a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON	(b) Title, and hours per devoted to PRES/DIR VARIOUS	d average r week position ECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contr employee l	ributions to benefit plans	on (6			0
FRI DV P ((a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE	d average r week position ECTOR	(c) Compensation (If not paid, enter -0-) 2,000	(d) Contr employee l	ributions to benefit plans	0 0			0
FRI DV P ((a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE	d average r week position ECTOR	(c) Compensation (If not paid, enter -0-) 2,000	(d) Contr employee l	ributions to benefit plans	0 0			0
P ((a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A. NELSON O. BOX 329 GARNETT KS 66032 OHN H. MITCHELSON O. BOX 610 PITTSBURG KS 66762	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0	(d) Contr employee I and deferred	nbutions to benefit plans compensati	0 0 0	other all		0
P ((a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A. NELSON O. BOX 329 GARNETT KS 66032 DHN H. MITCHELSON O. BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid emplo	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0	(d) Contr employee I and deferred	nbutions to benefit plans compensati	0 0 0	other all		0
=R DM DM JOI	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A. NELSON O. BOX 329 GARNETT KS 66032 OHN H. MITCHELSON O. BOX 610 PITTSBURG KS 66762	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on lit	(d) Contremployee land deferred	nbutions to benefit plans compensati	0 0 0 0 0	other all		0
P ((a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A. NELSON O. BOX 329 GARNETT KS 66032 DHN H. MITCHELSON O. BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid emplo	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on lit	(d) Contremployee and deferred	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P ((a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 DHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid emploenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	lowances	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 DHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid emploenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0
P (a)	(a) Name and address RED MITCHELSON O. BOX 610 PITTSBURG KS 66762 WIGHT A NELSON O BOX 329 GARNETT KS 66032 OHN H MITCHELSON O BOX 610 PITTSBURG KS 66762 Compensation of five highest-paid employenter "NONE."	(b) Title, and hours per devoted to PRES/DIR VARIOUS TREAS/DII VARIOUS SEC/DIRE VARIOUS	d average week position ECTOR RECTOR CTOR 00 than tho	(c) Compensation (If not paid, enter -0-) 2,000 2,000 0 se included on linge	(d) Contremployee land deferred ne 1—see in (d) Company lans	nstruction entributions to benefit plans compensati	0 0 0 0 0 ns). If no	one,	se accou	0 0 0

Form 990-PF (2011)

Form 990-PF (2011) THROCKMORTON RISER FOUNDATION, INC	48-1103316 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa	aid Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(c) compensation
	c
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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
~	
4	
	<u></u>
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	

Total. Add lines 1 through 3

Form **990-PF** (2011)

>

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

b Excess from 2008

c Excess from 2009

d Excess from 2010 e Excess from 2011

0

0

0

48-1103316

3 Grants and Contributions Paid During	the Year or Approved	for Future I	Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Name and address (home or business) a Paid dunng the year SEE ATTACHED	or substantial contributor	recipient	Contribution	44,000
Total b Approved for future payment SEE ATTACHED			. ► 3a	44,000
Total				46,500

Form 990-P					48-110	3316 Page 12
Part XV	I-A Analysis of Income-Producing Activ	vities				
Enter gro	ess amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	(e)	
1 Progra	am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a			0		0	0
b			. 0		0	0
c			0		0	0
d			0		0	0
e			0		0	0
f			0		0	0
_	es and contracts from government agencies					
	pership dues and assessments					
	st on savings and temporary cash investments					32
	ends and interest from securities					52,808
	ental income or (loss) from real estate					
	ebt-financed property					
	ot debt-financed property ental income or (loss) from personal property					
	investment income				·	
	or (loss) from sales of assets other than inventory				0	
	come or (loss) from special events		,		0	
	profit or (loss) from sales of inventory					
	revenue a		0		0	0
b			0		0	
_			0		0	
_			0		0	
е			0		0	0
12 Subto	tal Add columns (b), (d), and (e)	%*	0	**,	0	52,840
	Add line 12, columns (b), (d), and (e)				13	52,840
	sheet in line 13 instructions to verify calculations)					
Part XV	I-B Relationship of Activities to the Acc					
Line No. ▼	Explain below how each activity for which income the accomplishment of the foundation's exempt					ctions)
3 & 4	INCOME PRODUCING ASSETS THAT GO TO	FUND THE CH	ARITABLE PU	RPOSES OF TH	E FOUNDATIO	N, TO
	PROVIDE COLLEGE EDUCATIONAL SCHOL			RADUATES FR	OM ANDERSO	NN
	COUNTY, KANSAS, AND TO FUND OTHER (<u>CHARITABLE EN</u>	IDEAVORS	-		
						.
		<u> </u>				
						
					 	
						
						
						
					·	·
		 ·				

Page **13**

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

		ction	501(c) of the Code		engage in any of th section 501(c)(3) o						Yes	No
b	a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash										*. \$ / 	X
	(2) P (3) R (4) R (5) L	Purch Renta Reimb oans	ases of assets fror Il of facilities, equip pursement arrange s or loan guarantee	m a noncharita oment, or othe oments es	empt organization able exempt organ er assets	ization				1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6)		X X X X
d	If the	ansv of th	wer to any of the al	bove is "Yes," sets, or servic	sts, other assets, o complete the follo ses given by the re ement, show in col	wing schedule.	Column	n (b) should alw e foundation red	ays show the f	n fair m	arket	<u>х</u> I.
(a) L	ine no		(b) Amount involved	(c) Name	of nonchantable exempt	organization	(d) Des	cription of transfers,	transactions, and s	shanng arr	angem	ents
			0									
		-	0	t								
		+	<u>0</u> 0	 				=	-			
		+	0	 								
		+	0									
			0	 								
			0	 								
			0									
			0									
			0									
			0		·							
		\bot	0									
			0	†								
		+	0	†								
		<u> </u>	0									
	descr	rıbed		of the Code (o	ated with, or relate other than section 5					Yes X	No No	
		(a) Name of organization		(b) Type	of organization		(c)	Description of relat	ionship		
								····				
						·		<u> </u>				
							\rightarrow					
<u> </u>	1.				I this return, including accompa taxpayer) is based on all infor			•				<u> </u>
Siç He	· I.			telel	Date	PRESIDE	ENT		May the IRS with the prep instructions)	are <u>r sh</u> ow	n b <u>elov</u>	
		- Sigi	Print/Type preparer's p		Reparer's signature	- Title	· I	Date		DTIN		
Pai	d		Print/Type preparer's na	ame	y charer a signature	$\lambda > 1$		Date	Check if	PTIN		
	pare	er	JOHN H. MITCHE	LSON	Jew. 1	سلسلسكا/	_	5/15/2012	self-employed	P0126	7200	
	e On				ITCHÉÚSON, CHT	.D /			Firm's EIN 🕨 🗸	8-0990		
<u></u>	- UII	···y	_		PITTSBURG, KS					0) 231-4		
										- 000	<u> </u>	

THROCKMORTON-RISER FOUNDATION, INC. EIN 48-1103316 January 1, 2011 to December 31, 2011

Schedule No. 1 Expenses

Taxes	9,221.00
Corporate Fee	40.00
Bank Service Charges	117.00
Legal and Accounting	7,350.00
Director's fees	6,000.00
Travel Expense	449.00

Total Fees <u>\$23,177.00</u>

THROCKMORTON-RISER FOUNDATION, INC. EIN 48-1103316 January 1, 2011 to December 31, 2011

Schedule No. 2

<u>Schedule No. 2</u>
<u>Investments</u>
December 31, 2011

Security	No. of Shares		Book Value	Fair Market Value
Altria Group, Inc.	1,000	\$	11,529.80 \$	29,650.00
Archer Daniels Midland	500		18,242.38	14,300.00
AT&T	1,000		25,789.51	30,240.00
Bristol Myers Squibb Co.	2,500		98,902.19	88,100.00
Caterpillar	500		30,787.00	45,300.00
Chevron/Texaco Corp.	2,000		79,730.36	212,800.00
Conoco Phillips	500		39,244.98	36,435.00
CSX	500		11,422.02	10,530.00
Deere & Co.	400		16,125.49	30,940.00
Dryships	1000		5,130.24	2,000.00
Du Pont	500		22,794.03	22,890.00
Exxon Mobil Corp.	2,000		79,032.20	169,520.00
General Electric Co.	1,000		29,109.98	17,910.00
Intel Corp.	2,000		47,924.75	48,500.00
Johnson & Johnson	1,500		92,629.18	98,370.00
J.P. Morgan & Chase Co.	2,500		94,101.21	83,125.00
Kraft Foods	692		11,833.15	25,853.12
Merck & Co., Inc.	1,500		77,903.67	56,550.00
Microsoft Corp.	1,000		28,107.39	25,960.00
Monsanto	1,000		62,126.05	70,070.00
Norfolk Southern	1,000		57,725.95	72,860.00
Ocean Rig	7		103.07	85.40
Pepsico Inc.	1,000		45,216.15	66,350.00
Pfizer Incorporated	1,750		69,104.40	37,870.00
Philip Morris	1,000		26,272.79	78,480.00
Proctor & Gamble Co.	2,000		90,403.85	133,420.00
Qualcomm	500		25,516.80	27,350.00
Texas Instruments, Inc.	800		22,800.00	23,288.00
U.S. Bancorp	2,000		62,093.96	54,100.00
Verizon	800		21,992.66	32,096.00
Westar Entergy, Inc.	2,600	-	52,560.00	74,828.00

Total Value of Investments

\$<u>1,356,255.21</u> \$<u>1,719,770.52</u>

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	-28,841	Gains Minus Excess	if FMV Over Adjusted	Basis or Losses	-7,760	0	-20,388	1,291	35,359	-307	-1,575	-706	-25,134	-9,621
	0		Excess of FMV c	Over Adj Basis	0	0	0	0	0	0	0	0	0	0
	0	Adjusted Basis	as of	12/31/69										
	0	FM V	as of	12/31/69										
	-28,841		Gain or	Loss	-7,760	0	-20,388	1,291	35,359	-307	-1,575	-706	-25,134	-9,621
	279,589	Cost or Other	Basis Plus	Expense of Sale	14,972	4	29,750	9,852	115,185	4,206	16,825	18,418	40,952	29,425
	0		Depreciation	Allowed	0	0	0	0	0	0	0	0	0	0
	250,748	Gross	Sales	Price	7,212	4	9,362	11,143	150,544	3,899	15,250	17,712	15,818	19,804
	Totals		Date	Sold	8/12/2011	10/5/2011	8/3/2011	2/11/2011	5/2/2011	8/3/2011	8/12/2011	2/11/2011	8/12/2011	2/11/2011
			Date	Acquired	2/11/2011	10/5/2011	5/30/2003	5/30/2003	5/30/2003	8/27/2004	8/24/2004	2/6/2008	7/19/2007	VARIOUS
<u></u>	ō		How	Acquired	۵	۵	۵	۵	۵.	a .	<u>_</u>	Ь	<u>a</u>	Ь
				CUSIP #										
Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	1 BANK OF AMERICA	2 OCEAN RIG	3 BANK OF AMERICA	4 CISCO SYSTEMS	5 DPL	6 EMPIRE DISTRICT ELECTRIC	7 EMPIRE DISTRICT ELECTRIC	8 GATX	9 GENERAL ELECTRIC	10 GREAT PLAINS ENERGY
	0	Totals 250,748 0 279,589	0 Totals 250,748 0 279,589 -28,841 0 0 0 0 Gross Cost or Other F M V Adjusted Basis Gains Minus E	0 Totals 250,748 0 279,589 -28,841 0 <td> Totals Cost or Other Customed Acquired Soid Pince Siles Acquired Soid Pince Allowed Expense of Soil Soid Pince Allowed Expense of Soil Cost or Other Cost or Other Cost or Other Excess of FMV Adjusted Basis Excess of FMV Adjusted Basis Excess of FMV Over Adjusted Basis Excess of FMV Over Adjusted Basis Excess of FMV Adjusted Basis Excess of FMV Over /td> <td>erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 Adjusted Basis 0 0 0 0 0 0 -23,945,689 -28,841 0</td> <td>erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 0 0 0 0 </td> <td>erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 0 0 0 0 </td> <td>erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0<td>erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 0 0 0 0 </td><td>erm CG Distributions 0 Totals Z50,748 0 279,589 -28,841 0 0 0 0 </td><td>erm CG Distributions 0 Totals Z50,748 0 279,589 -28,841 0 0 0 0 </td><td>Long Term CG Distributions Cost or Distributions Cost or Other FM V Adjusted Basis Cost or Other FM V Adjusted Basis Garns Minus Excess of FMV Garns Minus Excess of FMV Grams M</td><td>m CG Distributions m CG Distributions Totals 250,748 0 279,589 -28,841 0</td></td>	Totals Cost or Other Customed Acquired Soid Pince Siles Acquired Soid Pince Allowed Expense of Soil Soid Pince Allowed Expense of Soil Cost or Other Cost or Other Cost or Other Excess of FMV Adjusted Basis Excess of FMV Adjusted Basis Excess of FMV Over Adjusted Basis Excess of FMV Over Adjusted Basis Excess of FMV Adjusted Basis Excess of FMV Over	erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 Adjusted Basis 0 0 0 0 0 0 -23,945,689 -28,841 0	erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 0 0 0 0	erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 0 0 0 0	erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 <td>erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 0 0 0 0 </td> <td>erm CG Distributions 0 Totals Z50,748 0 279,589 -28,841 0 0 0 0 </td> <td>erm CG Distributions 0 Totals Z50,748 0 279,589 -28,841 0 0 0 0 </td> <td>Long Term CG Distributions Cost or Distributions Cost or Other FM V Adjusted Basis Cost or Other FM V Adjusted Basis Garns Minus Excess of FMV Garns Minus Excess of FMV Grams M</td> <td>m CG Distributions m CG Distributions Totals 250,748 0 279,589 -28,841 0</td>	erm CG Distributions 0 Totals 250,748 0 279,589 -28,841 0 0 0 0 0	erm CG Distributions 0 Totals Z50,748 0 279,589 -28,841 0 0 0 0	erm CG Distributions 0 Totals Z50,748 0 279,589 -28,841 0 0 0 0	Long Term CG Distributions Cost or Distributions Cost or Other FM V Adjusted Basis Cost or Other FM V Adjusted Basis Garns Minus Excess of FMV Garns Minus Excess of FMV Grams M	m CG Distributions m CG Distributions Totals 250,748 0 279,589 -28,841 0

THROCKMORTON-RISER FOUNDATION, INC. EIN 48-1103316 2011

Schedule 990-PF

Part XV

Grants and Contributions Paid During the Year or Approved for Future Payment

a)	Paid During the Year	Relationship	<u>Purpose</u>	Amount	
	Kassidy Spring 313 Madison Garnett, KS 66032	None	College Scholarship	1,500.00	
	Kelcey Jean Caudell 20564 SW 300 Road Colony, KS 66015	None	College Scholarship	1,500.00	
	Mindy Highberger 21248 SW California Road Westphalia, KS 66093	None i	College Scholarship	3,000.00	
	Jordan Kruse 22964 NW Mitchell Road Garnett, KS 66032	None	College Scholarship	3,000.00	
	Kerry Stoneking 343 Maple Colony, Kansas 66015	None	College Scholarship	3,000.00	
	Tanner Strickler 11495 SW Maryland Road Colony, Kansas 66015	None	College Scholarship	3,000.00	
	Miranda Naylor 29121 NW Mitchell Road Garnett, Kansas 66032	None	College Scholarship	3,000.00	
	Cynthia Brown 27461 N. Highway 59 Garnett, Kansas 66032	None	College Scholarship	3,000.00	

Paid During the Year	Relationship	<u>Purpose</u>	<u>Amount</u>
Micah Smith 23571 SW 500 th Road Kincaid, KS 66039	None	College Scholarship	3,000.00
Amanda Strickler 17326 SW Highway 58 Colony, KS 66015	None	College Scholarship	3,000.00
Tristan Lutz 309 N Catalpa Garnett, KS 66032	None	College Scholarship	3,000.00
Dustin Bonzo 422 Utah Road Greeley, KS 66033	None	College Scholarship	3,000.00
Dexter Wiley 208 North Catalpa Avenue Colony, Kansas 66015	None	College Scholarship	1,500.00
Paige Rockers PO Box 16 Greeley, Kansas 66033	None	College Scholarship	1,500.00
Evan Bennett 20335 N.W. 1600 Road Garnett, Kansas 66032	None	College Scholarship	1,500.00
Justin Mersman #5 Country Club Lane Garnett, Kansas 66032	None	College Scholarship	1,500.00
Crest High School PO Box 305 Colony, Kansas 66015	None	Playground Rubber Mulch	5,000.00

Total

\$44,000.00

b)	Approved for future payment	Relationship	<u>Purpose</u>	<u>Amount</u>	
	Mindy Highberger (address above)	None	College Scholarship	1,500.00	
	Jordan Kruse (address above)	None	College Scholarship	1,500.00	
	Adam Vaughn (address above)	None	College Scholarship	1,500.00	
	Kerry Stoneking (address above)	None	College Scholarship	3,000.00	
	Tanner Strickler (address above)	None	College Scholarship	3,000.00	
	Miranda Naylor (address above)	None	College Scholarship	3,000.00	
	Cynthia Brown (address above)	None	College Scholarship	3,000.00	
	Micah Smith (address above)	None	College Scholarship	3,000.00	
	Amanda Strickler (address above)	None	College Scholarship	3,000.00	
	Tristan Lutz (address above)	None	College Scholarship	3,000.00	
	Dustin Bonzo (address above)	None	College Scholarship	3,000.00	
	Dexter Wiley (address above)	None	College Scholarship	3,000.00	
	Paige Rockers (address above)	None	College Scholarship	3,000.00	
	Evan Bennett (address above)	None	College Scholarship	3,000.00	
	Justin Mersman (address above)	None	College Scholarship	3,000.00	

•

Approved for future payment	Relationship	Purpose	<u>Amount</u>
Shayla Stephens 16653 SE Wabaunsee Ro Kincaid, Kansas 66039	None ad	College Scholarship	1,500.00
Arlynna Hendrix 611 East 5 th Street Colony, Kansas 66015	None	College Scholarship	1,500.00
T.J. Huettenmueller 21481 NW 1400 Road P.O. Box 65 Garnett, Kansas 66032	None	College Scholarship	1,500.00
Miranda Rickel 404 North Spruce Street Garnett, Kansas 66032	None	College Scholarship	1,500.00
		Total	\$ <u>46,500.00</u>

Throck-Riser\Taxes\990-PF-PtXV-11 doc

Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attorney General							
Did the foundation furnish a copy of Form 990-PF to the State Attorney General?	Yes	XNo					
If "No", please provide an explanation FILED ANNUAL REPORT WITH KANSAS SECRETARY OF STATE.							
		-					
		- -					