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Form **990-PF** Department of the Treasury Internal Revenue Service

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4.

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

4

		dar year 2011 or tax year beginning		, and ending	A Constant identification	
IVAII	il e Ui	foundation			A Employer identification	1 number
		MARSHALL FAMILY FOUNDA			74-2832446)
		nd street (or P O box number if mail is not delivered to stree	address)	Room/suite	B Telephone number	
		4 UPPER MILL TERRACE			(785)823-2	
•		own, state, and ZIP code INA, KS 67401			C If exemption application is p	pending, check here
		all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s check here
		Final return	Amended return	The public charty	b 1.1 oroign organization	3, CHECK HOTE
		Address change	Name change		Foreign organizations management 2. check here and attach or	eeting the 85% test, pmputation
ł C	heck	type of organization X Section 501(c)(3) e.	kempt private foundation		E If private foundation sta	
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	
		rket value of all assets at end of year J Account	*	Accrual	F If the foundation is in a	60-month termination
•			ther (specify)		under section 507(b)(1)(B), check here ▶∟
<u> </u>	•	558,502. (Part I, colu Analysis of Revenue and Expenses	T			(4) -
Pa	irt i	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes
	1	Contributions, gifts, grants, etc., received	23,682.		N/A	(cash basis only)
		Check If the foundation is not required to attach Sch. B	25/002.	······	277 22	
	3	Interest on savings and temporary cash investments		.		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
e	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 5 2 1 5	5,224.			
Revenue	_b	assets on line 6a		5,224.		
Re		Capital gain net income (from Part IV, line 2)		3,224.		-
	8	Net short-term capital gain Income modifications			 	
	_	Gross sales less returns and allowances		······································		
		Less Cost of goods sold		t	1111	
		Gross profit or (loss)			<u> </u>	······································
	11	Other income				
	12	Total. Add lines 1 through 11	28,906.	5,224.		
	13	Compensation of officers, directors, trustees, etc	2,000.	0.	•	2,00
	14	Other employee salaries and wages				
es	1	Pension plans, employee benefits		,		
ens	ı	Legal fees Accounting fees				
χĎ	I	Other professional fees	DE	D0000000		
ve E	l	Interest		PEIVED		
rati	l	Taxes STMT 1	100.	1940.	,	
nist	19	Depreciation and depletion	APR APR	1 1 2012 0		
Operating and Administrative Expens	20	Occupancy		S		
φĄ	ı	Travel, conferences, and meetings	OGE	FALIT		
aŭ	ı	Printing and publications		EN, UI		
ting	ı	Other expenses				
era	24	Total operating and administrative	2 100	40.		2 00
Ó	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	2,100. 26,450.	40.		2,00 26,45
	26	Total expenses and disbursements.	20/300		-	20,43
	"	Add lines 24 and 25	28,550.	40.	,	28,45
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	356.			
		Net investment income (if negative, enter -0-)		5,184.		
	C	Adjusted net income (if negative, enter -0-)			N/A	Form 990-PF (20

Part || Analysis of Changes in Net Assets or Fund Balances

	· · · · · · · · · · · · · · · · · · ·		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	[1]	15,667
2	Enter amount from Part I, line 27a	2	356
3	Other increases not included in line 2 (itemize)	3	0 .
4	Add lines 1, 2, and 3	4	16,023
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	16,023

Form 990-PF (2011)

P	art IV Capital Gains a	and Lo	sses for Tax on In	vestment	Income					
	(a) List and descr 2-story brick wai	ibe the ki rehouse,	nd(s) of property sold (e g or common stock, 200 shs	, real estate, MLC Co)		P-	ow acquired Purchase Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a	PUBLICLY TRADE) SE	CURITIES							
<u>b</u>						_				
		_		 -		-				
<u>e</u>		/f\ !	Conrection allowed	(n) Coo	et ar athar basis	 		L	(h) Coin or (loos	
	(e) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (loss) plus (f) minus	(g)
<u>a</u>					10,09	11.				5,224.
_ <u>p</u>						-				·
<u>c</u>		_				\dashv				
e					=-	+	······································			
	Complete only for assets showing	g gain in	column (h) and owned by t	he foundation	on 12/31/69			(I) Gai	ns (Col (h) gair	minus
	43 C BB 3/ 6 4 0 /0 4 /0 0	(j) Adjusted basis	(k) Ex	cess of col (i)		C	ol (k),	but not less tha	n -0-) or
	(i) F M V as of 12/31/69		as of 12/31/69	over	col (j), if any			L0	sses (from col	(n))
<u>a</u>										5,224.
<u>b</u>										
C			····							
						-				
<u>e</u>			C.,			$\overline{}$	1		<u> </u>	
2	Capital gain net income or (net cap	oital loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I line	7 7	•	2			5,224.
	, ,		•		•	ノ <u>ト</u>				
J	Net short-term capital gain or (los: If gain, also enter in Part I, line 8, 6			u (0)		1				
_	If (loss), enter -0- in Part I, line 8					<u> </u>	3		N/A	
P	art V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inve	estment Ir	ncom	ne	
(Fo	or optional use by domestic private	foundati	ons subject to the section 4	1940(a) tax on	net investment in	ncome)			
If s	ection 4940(d)(2) applies, leave th	is part bl	ank							
				-	Ab . b					Yes X No
	is the foundation liable for the sect Yes," the foundation does not quali				-	rioaz				Yes A No
1						es				
_	(a)		(b)			(c)			Dietri	(d)
	Base periód years Calendar year (or tax year beginnin	ng In)	Adjusted qualifying dist	ributions	Net value of no		table-use asse	ts		bútión ratio vided by col. (c))
	2010			3,495.			569,48	1.		.041257
_	2009			7,850.			447,88			.062182
_	2008			7,469.			578,82			.047456
_	2007			2,150.			549,38			.040318
_	2006		<u></u>	9,600.			443,40	5.		.044203
2	Total of line 1, column (d)									.235416
	Average distribution ratio for the 5	S-vear has	ea nariod - divida the total c	on line 2 by 5	or by the number	r of von	re	H	2	•233410
	the foundation has been in existen			ni ilile 2 by 5,	or by the number	i di yea	13		3	.047083
			o you.o							
4	Enter the net value of noncharitable	le-use as	sets for 2011 from Part X, I	ine 5					4	557,868.
										<u> </u>
5	Multiply line 4 by line 3								5	26,266.
6	Enter 1% of net investment incom	ie (1% of	Part I, line 27b)					L	6	52.
_										26 212
7	Add lines 5 and 6							 	7	26,318.
8	Enter qualifying distributions from	n Part XII,	line 4						8	28,450.
	If line 8 is equal to or greater than	line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1%	tax rate	_		
_	See the Part VI instructions									

_	1990-PF (2011) THE MARSHALL FAMILY FOUNDATION					2832			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	(a), 4	1940(b), 49	40(e), or 4	948 -	- see i	nstrı	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and ent	ter "N/A	N" on line 1)					
	Date of ruling or determination letter (attach copy of letter if nece			s)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X (and enter 1%)	_ 1				52.
	of Part I, line 27b								
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% $^{\circ}$	of Part	I, line 12, col (b) J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth	ners ent	ter - 0-)		2				0.
3	Add lines 1 and 2				3				52.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Ott	hers en	ter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5				52.
6	Credits/Payments								
	2011 estimated tax payments and 2010 overpayment credited to 2011	_6a							
	Exempt foreign organizations - tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868)	6c							
	Backup withholding erroneously withheld	<u>6</u> d							
7	Total credits and payments Add lines 6a through 6d				_ 7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	hed			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			>	g				52.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10				-
	Enter the amount of line 10 to be Credited to 2012 estimated tax		F	lefunded 🕨	11				
	rt VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or	did it participal	e or intervene	ın		L	Yes	No
	any political campaign?						1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose						1b	<u> </u>	X
	If the answer is "Yes" to $1a$ or $1b$, attach a detailed description of the activities and	i copie	s of any mate	rials publish	∍d or				
	distributed by the foundation in connection with the activities.						1	1	
	Did the foundation file Form 1120-POL for this year?						10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y			^					
	(1) On the foundation > \$ O . (2) On foundation managers			0.		ļ	ĺ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	ure tax	imposed on foi	ındatıon					
_	managers > \$ 0.						1	1	
2	Has the foundation engaged in any activities that have not previously been reported to the IR	§?					2		X
_	If "Yes," attach a detailed description of the activities	_							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in		nt, articles of in	corporation, o)ľ		1		
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year'	7).	/7	4a	<u> </u>	Х
	If "Yes," has it filed a tax return on Form 990-T for this year?				IN	/A	4b		v
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5	 	X
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of costing 50%(a) (relating to costing 4041) through 4045) activitied att	.							
U	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith By language in the governing instrument, or	ner							
	 By state legislation that effectively amends the governing instrument so that no mandatory 		++						
	remain in the governing instrument?	anecuc	ons mai connic	with the state	law			v	
7	Did the foundation have at least \$5,000 in assets at any time during the year?						6	X	<u> </u>
•	If "Yes," complete Part II, col. (c), and Part XV						7	^	
R۵	Enter the states to which the foundation reports or with which it is registered (see instructions	101 							
Oa	KS	5) -							
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	tornev (General (or desi	nnate)	-				
	of each state as required by General Instruction G? If "No," attach explanation	.omey C		STATEM	ЕИТ	3	8b	ĺ	Х
g	Is the foundation claiming status as a private operating foundation within the meaning of sections.	tion 40.				•	- On		
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," co			-1/1/O/ 101 Calc	.,,,,,,,		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule			Idresses			10		X
	Tes, attach a schedule	, noung t	and mannes and at				<u> </u>		

orm	990-PF(2011) THE MARSHALL FAMILY FOUNDATION, INC. 74-2832	2446		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► LARRY L. MARSHALL Telephone no ► 785-82		<u> 374</u>	
	Located at ► 1714 UPPER MILL TERRACE, SALINA, KS ZIP+4 ►67	401		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		/ 3►	
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during colored as 2011, did the foundation being a set of the	N	/A	NI-
10	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	1 40	Yes	No X
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign	16	L	
	country			
Pa	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	-		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	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)			
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		<u>X</u>
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			Х
2	before the first day of the tax year beginning in 2011? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		
-	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011?			
	If "Yes," list the years ▶			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
_	statement - see instructions) N/A	2b		
G	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
32	Did the foundation hold more than a 2% direct or indirect interest in any business 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 or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a	ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	DE '	X
	FOI	rm 990		2011)

12-02-11

{

Total. Add lines 1 through 3

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instruction	ons)
---	------

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	,			
line 7				27,841.
2 Undistributed income, if any, as of the end of 2011	, ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Enter amount for 2010 only			28,412.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006			1	
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 28, 450.				
a Applied to 2010, but not more than line 2a			28,412.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				·
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				38.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.1			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.	i	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1 This amount must				
be distributed in 2012				27,803.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				
				Form 000-DE (2011)

	SHALL FAMIL				-2832446 Page 10
Part XIV Private Operating Fo				N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for		•	▶ L	14040(1/0)	104041/51
b Check box to indicate whether the founda		g toundation described		4942(j)(3) or L	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(e) Total
Income from Part I or the minimum	(4) 2011	(8) 2010	(6) 2003	(u) 2000	(6) 10(8)
investment return from Part X for					
each year listed b 85% of line 2a		 			···
c Qualifying distributions from Part XII,				 	
line 4 for each year listed					
d Amounts included in line 2c not		·	 	 	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	· · · · · · · · · · · · · · · · · · ·				
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			-		
alternative test relied upon a "Assets" alternative test - enter				j	
(1) Value of all assets				1	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor			if the foundation	n had \$5,000 d	or more in assets
at any time during th		uctions. <i>j</i>			
1 Information Regarding Foundation	•	h 00/ - 			W
a List any managers of the foundation who year (but only if they have contributed me	nave contributed more to ore than \$5.000) (See se	nan 2% of the total cor ection 507(d)(2))	itributions received by the	e foundation before t	the close of any tax
NONE					
b List any managers of the foundation who	own 10% or more of the	stock of a corporation	/or an equally large port	ion of the ownership	of a nartnership or
other entity) of which the foundation has			i (or air equally large port	ion of the ownership	or a partitership of
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., F	Programs:		
	lly makes contributions t	o preselected charitable	e organizations and does		
a The name, address, and telephone numb	,				
SEE STATEMENT 4					
b The form in which applications should be	submitted and informat	ion and materials they	should include		
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geographica	l areas, charitable field:	s, kinds of institutions, or	other factors	

Total

Form 990-PF (2011) THE MARSHALL I	FAMILY FO	OUNDATION,	INC.	74-2	832446 Page 12
Part XVI-A Analysis of Income-Produ	ucing Activit	ies			
Enter gross amounts unless otherwise indicated	Unrelated	l business income		y section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		code		
a	-				
b					
c					
d					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property	-				
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			+ 1		
7 Other investment income		.			
8 Gain or (loss) from sales of assets other				-	*
than inventory			18	5,224.	
9 Net income or (loss) from special events				,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a				+	
b					
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		(0.	5,224.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	5,224.
(See worksheet in line 13 instructions to verify calculations)	ı				
Part XVI-B Relationship of Activities	to the Acco	mnlishment of	Exempt P	irnoses	
Total of the state			Exciliption		
Line No. Explain below how each activity for which in				importantly to the accomp	lishment of
the foundation's exempt purposes (other that	n by providing fur	ids for such purposes)	ı		

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

123621 12-02-11

Form 990-PF (2011) THE MARSHALL FAMILY FOUNDATION, INC. 74-2832446 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

Is is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trayscorred, and complete "Declaration—or preparer (other than taxpaper) is based on all information of which preparer has any knowledge and belief, it is trayscorred, and complete "Declaration—or preparer (other than taxpaper) is based on all information of which preparer has any knowledge and the left of the trayscorred, and complete "Declaration—or preparer (other than taxpaper) is based on all information of which preparer has any knowledge and the left of the trayscorred. If the trayscorred is the second of the trayscorred in the preparer than taxpaper is based on all information of which preparer has any knowledge and the left of the trayscorred in the preparer than taxpaper is based on all information of which preparer has any knowledge and the left of the trayscorred in the preparer than taxpaper is based on all information of which preparer has any knowledge and the left of the trayscorred in the preparer than the preparer		e organization directly or indi			• •		on 501(c) of		Yes	No
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Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN self- employed Preparer Firm's name ► KENNEDY AND COE, LLC Firm's name ► KENNEDY AND COE, LLC Firm's address ► 3030 CORTLAND, P.O. BOX 1100 SALINA, KS 67402-1100 Phone no (785)825-1561			$\nu \nu$		1 1/2 1	PREGE	sho	wn below	(see ins	tr)?
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SALINA, KS 67402-1100 Phone no (785)825-1561	Use Or									
		Firm's address ► 30	30 CORTLA	ND, P.	O. BOX 1100					
		SA	LINA, KS	67402-	1100		Phone no (785)825	-15	61
Tulli sad-FT (2011)										

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

THE MARSHALL FAMILY FOUNDATION, 74-2832446 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

THE IMMEDIAL PROPERTY OF THE	THE	MARSHALL	FAMILY	FOUNDATION,	INC.
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74-2832446

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LARRY MARSHALL 1714 UPPER MILL TERRACE SALINA, KS 67401	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 -		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

THE MARSHALL FAMILY FOUNDATION, INC.

74-2832446

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	500 SHARES OF CONTINENTAL RESOURCES	_		
		\$\$	12/12/11	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 _ _ _ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$	90, 990-EZ, or 990-PF) (2	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number THE MARSHALL FAMILY FOUNDATION, 74-2832446 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once). Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name and address (home of business) ally fundables of substantial contributor recipient recipien					Part XV Supplementary Information	
Name and address (home or business) Name and address (home or business) DOMESTIC VIOLENCE ASSOCIATION OF CENTRAL KANSAS PO BOX 1854 SALINA, KS 67402-1854 FIRST UNITED METHODIST CHURCH 122 S. 87H STREET SALINA, KS 67401 KANSAS WESLEYAN UNIVERSITY 100 E. CLAPLIN SALINA, RS 67401 FU ENDOWMENT FOUNDATION FO BOX 928 LANGENCE, KS 66044-0928 MEALS ON WHEELS 245 N. 97H STREET SALINA, FS 67401 MONE PUBLIC SENERAL FUND SENERAL FUND ONNE PUBLIC SENERAL FUND ONNE ONN				ar (Continuation)	3 Grants and Contributions Paid During the Ye	
DOMESTIC VIOLENCE ASSOCIATION OF NOME PUBLIC SENERAL FUND CENTRAL KANSAS PO BOX 1854 SALINA, KS 67402-1854 FIRST UNITED METHODIST CHURCH 122 S. 87H STREET SALINA, KS 67401 KANSAS WESLEYAN UNIVERSITY 100 E. CLAFLIN SALINA, KS 67401 KU ENDOWMENT FOUNDATION PO BOX 928 LAWRENCE, KS 66044-0928 MEALS ON WHEELS 245 N. 97H STREET SALINA, KS 67401 CCCK, INC. 1710 N. SCHILLING AVE. SALINA, KS 67401 PRESENTERIAN MANOR FOUNDATION NOME PUBLIC SENERAL FUND NOME PUBLIC SENERAL FUND CCCK, INC. 1710 N. SCHILLING AVE. SALINA, KS 67401 PRESENTERIAN MANOR FOUNDATION PO BOX 928 MEALS ON WHEELS 245 N. 97H STREET SALINA, KS 67401 CCCK, INC. 1710 N. SCHILLING AVE. SALINA, KS 67401 PRESENTERIAN MANOR FOUNDATION NOME PUBLIC SENERAL FUND SENERAL FUND SENERAL FUND CCCK, INC. 1710 N. SCHILLING AVE. SALINA, KS 67401 ROLLING HILLS MUSEUM/ZOO RONE PUBLIC SENERAL FUND SENE	ount	Purpose of grant or contribution		show any relationship to any foundation manager	<u> </u>	
CENTRAL KANSAS PO BOX 1854 SALINA, KS 67402-1854 FIRST UNITED METHODIST CHURCH 122 S. 8TH STREET SALINA, KS 67401 KANSAS WESLEYAN UNIVERSITY 100 E. CLAPLIN SALINA, KS 67401 KU ENDOWMENT FOUNDATION PO BOX 928 LAWRENCE, KS 66044-0928 MEALS ON WHEELS 245 N. 9TH STREET SALINA, RS 67401 MONE PUBLIC SENERAL FUND CCCK, INC. 1710 W. SCHILLING AVE. SALINA, RS 67401 PRESENTERIAN MANOR FOUNDATION PO BOX 928 SALINA, RS 67401 NONE PUBLIC SENERAL FUND SENERAL FUND CCCK, INC. 1710 W. SCHILLING AVE. SALINA, RS 67401 FRESENTERIAN MANOR FOUNDATION 2601 E. CRAWFORD SALINA, RS 67401 FROM SECULING HILLS MUSEUM/ZOO NONE PUBLIC SENERAL FUND SENERAL FUND SENERAL FUND SENERAL FUND GENERAL FUND GENER			recipient	or substantial contributor		
SALINA, KS 67402-1854 FIRST UNITED METHODIST CHURCH 122 S. 8TH STREET SALINA, KS 67401 RANSAS WESLEYAN UNIVERSITY 100 E. CLAFLIN SALINA, KS 67401 KU ENDOWMENT FOUNDATION PO BOX 928 LAWRENCE, KS 66044-0928 MEALS ON WHEELS 245 N. 9TH STREET SALINA, KS 67401 OCCK, INC. 1710 W. SCHILLING AVE. SALINA, KS 67401 PRESENTERIAN MANOR FOUNDATION PRESENTERIAN MANOR FOUNDATION 2601 E. CRAWFORD SALINA, KS 67401 ROULING HILLS MUSEUM/200 ROULE PUBLIC SEMERAL FUND SEME		NERAL FUND	PUBLIC GE	NONE		
FIRST UNITED METHODIST CHURCH 122 S. 8TH STREET SALINA, KS 67401 RANSAS WESLEVAN UNIVERSITY 100 E. CLAFLIN SALINA, KS 67401 RU ENDOMMENT FOUNDATION FO BOX 928 LAWRENCE, KS 66044-0928 MEALS ON WHEELS 245 N. 9TH STREET SALINA, KS 67401 OCCE, INC. 1710 W. SCHILLING AVE. SALINA, KS 67401 PRESETYTERIAN MANOR FOUNDATION FOR SALINA, KS 67401 NONE PUBLIC SENERAL FUND SENERAL FUND SENERAL FUND OCCE, INC. 1710 W. SCHILLING AVE. SALINA, KS 67401 PRESETYTERIAN MANOR FOUNDATION SALINA, KS 67401 ROLLING HILLS MUSEUM/ZOO 625 N. HEDVILLE ONNE PUBLIC SENERAL FUND SENER					PO BOX 1854	
122 S. 8TH STREET SALINA, KS 67401 RANSAS WESLEYAN UNIVERSITY 100 E. CLAFLIN SALINA, KS 67401 RU ENDOWMENT FOUNDATION PO BOX 928 LAWRENCE, RS 66044-0928 MEALS ON WHEELS 245 N. 9TH STREET SALINA, KS 67401 CCCK, INC. 1710 W. SCHILLING AVE. SALINA, KS 67401 PRESENTERIAN MANOR FOUNDATION 2601 E. CRAWFORD SALINA, KS 67401 ROLLING HILLS MUSEUM/ZOO NONE PUBLIC SEMERAL FUND SEMERAL	300.				SALINA, KS 67402-1854	
100 E. CLAPLIN SALINA, KS 67401 KU ENDOWMENT FOUNDATION PO BOX 928 LAWRENCE, KS 66044-0928 MEALS ON WHEELS 245 N. 9TH STREET SALINA, KS 67401 OCCK, INC. 1710 W. SCHILLING AVE. SALINA, KS 67401 PRESBYTERIAN MANOR FOUNDATION 2601 E. CRAWFORD SALINA, KS 67401 ROLLING HILLS MUSEUM/ZOO 625 N. HEDVILLE ROLLING HILLS MUSEUM/ZOO 625 N. HEDVILLE	2,900.	ENERAL FUND	PUBLIC GE	NONE	122 S. 8TH STREET	
KU ENDOWMENT FOUNDATION PO BOX 928 LAWRENCE, KS 66044-0928 MEALS ON WHEELS 245 N. 9TH STREET SALINA, KS 67401 OCCK, INC. 1710 W. SCHILLING AVE. SALINA, KS 67401 PRESBYTERIAN MANOR FOUNDATION PRESBYTERIAN MANOR FOUNDATION SALINA, KS 67401 ROLLING HILLS MUSEUM/ZOO NONE PUBLIC SENERAL FUND	3,500.	ENERAL FUND	PUBLIC GE	none	100 E. CLAFLIN	
MEALS ON WHEELS 245 N. 9TH STREET SALINA, KS 67401 OCCK, INC. 1710 W. SCHILLING AVE. SALINA, KS 67401 PRESENTERIAN MANOR FOUNDATION 2601 E. CRAWFORD SALINA, KS 67401 ROLLING HILLS MUSEUM/ZOO NONE PUBLIC GENERAL FUND GENERAL FUND ROLLING HILLS MUSEUM/ZOO NONE PUBLIC GENERAL FUND		ENERAL FUND	PUBLIC GE	NONE	KU ENDOWMENT FOUNDATION PO BOX 928	
245 N. 9TH STREET SALINA, RS 67401 OCCK, INC. 1710 W. SCHILLING AVE. SALINA, RS 67401 PRESBYTERIAN MANOR FOUNDATION 2601 E. CRAWFORD SALINA, RS 67401 ROLLING HILLS MUSEUM/ZOO 625 N. HEDVILLE NONE PUBLIC GENERAL FUND FUBLIC GENERAL FUND GENERAL FUND	1,100.				LAWRENCE, KS 66044-0928	
PRESENTERIAN MANOR FOUNDATION NONE PUBLIC GENERAL FUND 2601 E. CRAWFORD SALINA, RS 67401 ROLLING HILLS MUSEUM/ZOO NONE PUBLIC GENERAL FUND 625 N. HEDVILLE	250.	ENERAL FUND	PUBLIC GE	NONE	245 N. 9TH STREET	
2601 E. CRAWFORD SALINA, KS 67401 ROLLING HILLS MUSEUM/ZOO ROLL NONE PUBLIC GENERAL FUND 625 N. HEDVILLE	1,500.	ENERAL FUND	PUBLIC GE	NONE	1710 W. SCHILLING AVE.	
625 N. HEDVILLE	500.	ENERAL FUND	PUBLIC GE	none	2601 E. CRAWFORD	
DEMING, NO VIEVE	1,800.	SNERAL FUND	PUBLIC GE	none	·	
SALINA EMERGENCY AID/FOOD BANK NONE PUBLIC GENERAL FUND 255 SOUTH CHICAGO STREET SALINA, RS 67401	300.	ENERAL FUND	PUBLIC GE	none	255 SOUTH CHICAGO STREET	
SALINA SYMPHONY NONE PUBLIC GENERAL FUND 151 S. SANTA FE SALINA, KS 67401	2,750.	ENERAL FUND	PUBLIC GE	NONE	151 S. SANTA FE	
Total from continuation sheets	25,250.		1	ı		

Part XV Supplementary Information 3 Grants and Contributions Paid During the				<u> </u>
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
SALINA UNITED WAY 128 N. SANTA FE SALINA, KS 67401	NONE	PUBLIC	GENERAL FUND	1,900
SALINE COUNTY 4-H 300 W. ASH SALINA, KS 67401	NONE	PUBLIC	GENERAL FUND	300
SALVATION ARMY 1137 N. SANTA FE SALINA, KS 67401	NONE	PUBLIC	GENERAL FUND	150
SPENCER MUSEUM OF ART 1301 MISSISSIPPI STREET LAWRENCE, KS 66045	NONE	PUBLIC	GENERAL FUND	3,000
UNITED EVANGEL METHODIST CHURCH 227 PENNSYLVANIA AVE HOLTON, KS 66436	NONE	PUBLIC	GENERAL FUND	1,500
HAYS ART COUNCIL 112 E. 11TH STREET HAYS, KS 67601	NONE	PUBLIC	GENERAL FUND	1,500
SALINA COMMUNITY FOUNDATION 113 N. 7TH STREET SALINA, KS 67401	NONE	PUBLIC	GENERAL FUND	1,000
LAND INSTITUTE 2440 E. WATER WELL ROAD SALINA, KS 67401	NONE	PUBLIC	GENERAL FUND	1,000
Total from continuation sheets				

FORM 990-PF	TAXES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
ANNUAL FILING FEE TAX ON UNDISTRIBUTED	40.	40.		0.	
INCOME	60.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	100.	40.		0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 2	
				FAIR MARKET	
DESCRIPTION		BO	OK VALUE	VALUE	
CORPORATE STOCKS			13,334.	555,813.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		13,334.	555,813.	
FORM 990-PF EXPLANATION CO	ONCERNING PA	RT VII-A, LIN	E 8B	STATEMENT 3	

EXPLANATION

NOT REQUIRED IN KANSAS

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LARRY L. MARSHALL 1714 UPPER MILL TERRACE SALINA, KS 67401

TELEPHONE NUMBER

(785)823-2374

FORM AND CONTENT OF APPLICATIONS

WRITTEN REQUEST

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE MARSHALL FAMILY FOUNDATION WAS CREATED TO BENEFIT ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.