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Form **990-PF**

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.

CIVID IVU	1040-0002
20	12

Department of the Treasury Internal Revenue Service

Open to public Inspection

For calend	lar year 2012 or tax year beginning API	R 1, 2012	, and ending	MAR 31, 201	3
Name of f	foundation			A Employer identificatio	
SABA	ATINI FAMILY FOUNDATION	1		48-096661	9
Number an	d street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
2423	S SE 37TH STREET			(785)266-	5555
	wn, state, and ZIP code			C If exemption application is	pending, check here
	EKA, KS 66605-2340			-	
G Check a	all that apply: Initial return		ormer public charity	D 1 Foreign organization	is, check here
	Final return Address change	Amended return		Foreign organizations m check here and attach or	neeting the 85% test,
L Chack t	type of organization: X Section 501(c)(3) e	Name change		7	
	tion 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation	E If private foundation st under section 507(b)(
		ting method: X Cash	Accrual	F If the foundation is in a	
		Other (specify)		under section 507(b)(1	_
▶\$	1,906,904. (Part I, cold		basis.)	and cooler co/(c/(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	98,331.		N/A	
	Check In the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	16.	16.		STATEMENT 1
4	Dividends and interest from securities	39,573.	39,573		STATEMENT 2
5a	Gross rents				
	Net rental income or (loss)				
9 6a €	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	76.			
등 D :	assets on line 6a		76.		
ر \ ا	Capital gain net income (from Part IV, line 2)	-	/ 0	•	
	Net short-term capital gain Income modifications				
1 .	Gross sales less returns and allowances			 	
	Less Cost of goods sold				
	Gross profit or (loss)				
	Other income	-2,602.	-2,602		STATEMENT 3
12	Total. Add lines 1 through 11	135,394.	37,063		
13	Compensation of officers, directors; trustees, etc	0.	0		0.
14	Compensation of officers, directors: trustees etc Other employee salaries/and wages				
**	Pension ptans, employee benefits				
ဗ္ဗိ 16a	Legal fees? DFC 15 2014 Y				
g b	Accounting fees				<u> </u>
ω _ C '	Other professionatives Interest UGDEN, UT				+
	Taxes STMT 4	1,302.	0		0.
19 19 19	Depreciation and depletion	1,302.	0	•	1
E 20	Occupancy				
D 21	Travel, conferences, and meetings				
22	Printing and publications	_		 	
ල 23	Other expenses STMT 5	70.	0	•	0.
‡ 24	Total operating and administrative				
	expenses. Add lines 13 through 23	1,372.	0		0
25	Contributions, gifts, grants paid	289,283.			289,283
l l	Total expenses and disbursements				
	Add lines 24 and 25	290,655.	0	•	289,283
27	Subtract line 26 from line 12:	455.000			
a	Excess of revenue over expenses and disbursements	-155,261.	25 252		
b	Net investment income (if negative, enter -0-)		37,063		
27 a b c	Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	

Form 990-PF (2012) 48-0966619 SABATINI FAMILY FOUNDATION Page 2 Beginning of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 25,120. 1 Cash - non-interest-bearing 91,977. 25,120. 26,414. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable 29,905. Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 798,740. 798,792. 1,633,929. STMT 7 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 303,800. 247,855. STMT 8 247,855. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 1,071,767. 1,906,904. 1,250,836. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 5,000. 20,530. 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe > 5,000. 23 Total liabilities (add lines 17 through 22) 20,530, Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Vet Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted \triangleright Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund Ο. 1,245,836. 1,051,237 29 Retained earnings, accumulated income, endowment, or other funds 1,245,836. 1,051,237 30 Total net assets or fund balances 1,250,836. 1,071,767 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) <u>1,245,836.</u> 2 Enter amount from Part I, line 27a -155,261. 3 Other increases not included in line 2 (itemize) 090,575. 4 Add lines 1, 2, and 3 4 SEE STATEMENT 6 5 Decreases not included in line 2 (itemize) <u>39,338.</u> ,051,237. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2012)

14131206 755565 58000

<u> </u>	d Losses for Tax on In		Income	1753 1	low oo	uurod .			
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				P	b) How acquired P - Purchase D - Donation		c) Date ad (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a AOL INC 10 SHS	<u>·</u>	<u> </u>	.	-			1/29	9/03	08/03/12
						ARIC		02/03/12	
C									
d									
<u>e</u>		 		<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain or (loss) (e) plus (f) minus (g)				(g)
a 320.			26	1.					59.
<u>b</u> 17.		-		\rightarrow					17.
d d									
e				1					
Complete only for assets showing g	iain in column (h) and owned by	the foundation	on 12/31/69			(I) (Gains (Co	ıl. (h) gaın	minus
	(j) Adjusted basis		cess of col. (1)			col. (k), but no	ot less tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses (from col. ((h))
a					-	-			59.
b									17.
С									
d									
_e					· · I				
2 Capital gain net income or (net capital	al loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$	in Part I, line i - in Part I, line	7 7	}[2				76.
3 Net short-term capital gain or (loss)	`								
If gain, also enter in Part I, line 8, col				 	ļ				
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	der Section 4940(e) for	Dadwaad	Toy on Not	1	3	ant Inac		N/A	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify	n 4942 tax on the distributable arr under section 4940(e). Do not co	mplete this pa	rt.						Yes X No
1 Enter the appropriate amount in eac	1	nstructions bei	fore making any e						(d)
(a) Base period years Calendar year (or tax year beginning			Net value of no		ıtable-u		+	Dıstrıl col. (b) dıv	(d) oution ratio vided by col. (c))
2011		5,784.		1_	<u>, 398</u>	8,176.			
2010		7,643.		1_	, 35!	<u>5,960.</u>	.138		
2009	19	8,450.			,43	3,631.	.138		
2008									
2007							+		
2 Total of line 1, column (d)							2		.423989
3 Average distribution ratio for the 5-y	ear base period - divide the total	on line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in existence	of less than 5 years						3		.141330
A.E									1 771 200
4 Enter the net value of noncharitable-	use assets for 2012 from Part X,	line 5					4		1,771,306.
5 Multiply line 4 by line 3					5		250,339.		
• Manaphy and 1 by and 5									20070051
6 Enter 1% of net investment income ((1% of Part I, line 27b)						6		371.
7 Add Imag C and C							,		250 710
7 Add lines 5 and 6							7		<u>250,710.</u>
8 Enter qualifying distributions from P	art XII, line 4						8		289,283.
If line 8 is equal to or greater than lin See the Part VI instructions.	ne 7, check the box in Part VI, line	th, and comp	lete that part usir	ng a 1'	% tax ra	ate.			

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Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see it	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	}	1			<u>3</u>	<u>71.</u>
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				<u>0.</u>
			3			<u>3</u>	<u>71.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			3	<u>71.</u>
	Credits/Payments:						
	a 2012 estimated tax payments and 2011 overpayment credited to 2012						
	Exempt foreign organizations - tax withheld at source		ļ	1			
	c Tax paid with application for extension of time to file (Form 8868)			1			
	d Backup withholding erroneously withheld						_
	Total credits and payments. Add lines 6a through 6d		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 9		9			3	71.
	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 2013 estimated tax	ded 🚩	11				
	art VII-A Statements Regarding Activities					Yes	No
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or i	ntervene	ın		4.	163	
	any political campaign? Note: the second more than \$100 during the year (ather directly or indirectly) for political purposes (see instructions for definitions).	vition/3			1a 1b		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defined for the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials.				טו		
	distributed by the foundation in connection with the activities.	publishe	au or				
	c Did the foundation file Form 1120-POL for this year?				1c		х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				10		
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.					
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundat		-				
·	managers. > \$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х
	If "Yes," attach a detailed description of the activities						
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp	oration, o	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ŕ			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	the state	e law				
	remain in the governing instrument?				6	_X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	_X_	
	If "Yes," complete Part II, col. (c), and Part XV.						
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NONE						
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate						
	of each state as required by General Instruction G? If "No," attach explanation SEE ST			10	8b		X
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)) for cale	endar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	es			10		X

orm 990-PF (2012) SABATINI FAMILY FOUNDATI			<u>48-09666</u>	19 Page	6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					_
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indir	ectly,			
any voter registration drive?		Ye	es 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary.	, or educational purposes, or				
the prevention of cruelty to children or animals?	,		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check l	•				_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		ined			
expenditure responsibility for the grant?		. —	es 🔲 No	1 1	
If "Yes," attach the statement required by Regulations section 53 494		•, ••			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiums on	□ v ₄	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	narcanal hanafit contract?		i	6b X	
If "Yes" to 6b, file Form 8870	personal benefit contract?		-	00 1	_
7a At any time during the tax year, was the foundation a party to a prohibited tax	cholter transportion?		s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib		16		7b	—
Information About Officers Discotors Tours		nagere Highly		10	—
Part VIII Paid Employees, and Contractors	lees, Foundation Mia	mayers, mym	y		
List all officers, directors, trustees, foundation managers and their	compensation.				_
		(c) Compensation	(d) Contributions to	(e) Expense	-
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense	er
FRANK C SABATINI	to position TRUSTEE	enter -0-)	compensation	allowances	_
2423 SE 37TH STREET	ILCOSIEE				
TOPEKA, KS 66605	10.00	0.	0.	0	
TOPERA, KS 00005	10.00		0.	0	•
	-				
	-				
					—
	-				
	_	1			
	_				
	_				
Companyation of five highest poid appleases (ather them there in	aludad an line 4). Massa	and an UNIONE U			
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	(e) Expense	_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other	er
	devoted to position	1.,	compensation	allowances	_
NO WAGES ARE PAID					
	0.00	0.	0.	0	÷
		ļ		<u> </u>	
				}	
		1			_
				1	
			1		
	<u></u>			<u></u>	_
Total number of other employees paid over \$50,000					0
			Form	990-PF (201	2)

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Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
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>		
2		
All other program-related investments. See instructions.		<u> </u>
3		
Total Add lines 1 through 3	b	0

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	1,738,339.
	Average of monthly cash balances	1b	59,941.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,798,280.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,798,280.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26,974.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,771,306.
6	Minimum investment return. Enter 5% of line 5	6	88,565.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	88,565.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	371.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	88,194.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	88,194.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	88,194.
=	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		000 000
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	289,283.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	200 202
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	289,283.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	201
_	income. Enter 1% of Part I, line 27b	5	371.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	288,912.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities fo	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				88,194.
2 Undistributed income, if any, as of the end of 2012				00/2520
a Enter amount for 2011 only		•	0.	
b Total for prior years:		_	•	
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009 128,981.				
d From 2010 122, 203.				
e From 2011 138, 245.				
f Total of lines 3a through e	389,429.			
4 Qualifying distributions for 2012 from	303,423.			
Part XII, line 4: ▶\$ 289, 283.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
· •	0.			
(Election required - see instructions)	0.			88,194.
d Applied to 2012 distributable amount	201,089.			00,134.
e Remaining amount distributed out of corpus	201,089.			0.
5 Excess distributions carryover applied to 2012 (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	590,518.			
b Prior years' undistributed income. Subtract	,			
line 4b from line 2b		0.		
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 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
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 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	590,518.			
10 Analysis of line 9:	330,310.			-
a Excess from 2008				
b Excess from 2009 128, 981.				
c Excess from 2010 122, 203.				
d Excess from 2011 138, 245.				
e Excess from 2012 201, 089.				
CEMOUS HOIR EVILE ZUI, UUS			I	Corm 000-PE (0040)

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Part XIV Private Operating F				N/A			
1 a If the foundation has received a ruling o							
foundation, and the ruling is effective fo			▶ └	14040()(0)	4040(1/5)		
b Check box to indicate whether the found		g foundation described		4942(j)(3)_or	4942(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year (a) 2012	(b) 2011	Prior 3 years (c) 2010	(d) 2009	/o) Total		
income from Part I or the minimum	(a) 2012	(0) 2011	(6) 2010	(0) 2009	(e) Total		
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:(1) Value of all assets							
``							
(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				1 105 000	<u> </u>		
Part XV Supplementary Info			if the foundation	n had \$5,000 or r	nore in assets		
at any time during t		uctions.)					
1 Information Regarding Foundation	•	U 00/ 6 U					
a List any managers of the foundation wh year (but only if they have contributed r			itributions received by th	e foundation before the d	close of any tax		
NONE							
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation	(or an equally large port	ion of the ownership of a	a partnership or		
other entity) of which the foundation ha	s a 10% or greater interes	t.					
NONE_							
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., F	Programs:				
Check here Fig. 1 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If							
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations	under other conditions,	complete items 2a, b, c, a	and d.		
a The name, address, and telephone num			should be addressed:				
SABATINI FAMILY FOUN 2423 SE 37TH STREET,	-						
b The form in which applications should to			should include:				
c Any submission deadlines:		-					
NO DEADLINES	a such as house as t	1	- to-de-ato-	-11			
d Any restrictions or limitations on award NO RESTRICTIONS OR L			s, kinds of institutions, or	other factors:			

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year PLEASE SEE ATTACHED LISTING 289,283. Total ▶ 3a 289 283. **b** Approved for future payment NONE <u> 3b</u> Total Form **990-PF** (2012)

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
<u>a</u>			 		 _
b	_	. <u></u>			
c	_				
d	_				
e	_		<u> </u>		
f	_		ļ		
g Fees and contracts from government agencies			 -		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					16.
4 Dividends and interest from securities					39,573.
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					
7 Other investment income	522100	-2,602.			
8 Gain or (loss) from sales of assets other					
than inventory					76.
9 Net income or (loss) from special events					-
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	i i				
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		-2,602.		0.	
13 Total Add line 12, columns (b), (d), and (e)				13	37,063.
(See worksheet in line 13 instructions to verify calculation	S.)				
Part XVI-B Relationship of Activities	s to the Accom	nlishment of F	xemnt D	urnoses	
Tatt Avi-D Tierationship of Activities	3 to the Accom	ipnamment of Li	cilipt F	ui poses	

Line No.		
	the foundation's exempt purposes (other than by providing funds for such purposes).	
	EARNINGS FROM INVESTMENTS & INTEREST INCOME AND DIVIDENDS ARE USE	OT C
	MAKE CONTRIBUTIONS TO VARIOUS CHARITIES FOR COMMUNITY BETTERMENT,	ARTS
	SUPPORT STUDENT EDUCATION, YOUTH ACTIVITIES, ANIMAL RIGHTS, MEALS	FOR
	LIFE INS, SCHOLARSHIP ACTIVITIES, HANDICAPPED CHILDREN, RELIGIOUS	
	ACTIVITIES AND COMMUNITY ORGANIZATIONS.	
	· ·	

223621 12-05-12

P00018963

(785)825 - 1561

Firm's EIN \triangleright 48 - 0567703

Phone no.

Paid

Preparer

Use Only

DALE A. HEUSZEL

Firm's name ► KENNEDY AND COE,

Firm's address ► 3030 CORTLAND, P.O. BOX 1100

SALINA, KS 67402-1100

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

2012

Employer identification number

SA	BATINI FAMILY FOUNDATION	48-0966619				
Organization type (check or	ne):					
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	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See instructions				
General Rule						
X For an organization contributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo	oney or property) from any one				
Special Rules						
509(a)(1) and 170(b	e)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (1)(A)(vi) and received from any one contributor, during the year, a contribution of the go 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						
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part 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) (2012)

Name of organization

Employer identification number

SABATINI FAMILY FOUNDATION

48-0966619

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAPITAL CITY BANCSHARES 3706 S TOPEKA BLVD TOPEKA, KS 66609	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAPITAL CITY BANK 3706 S TOPEKA BLVD TOPEKA, KS 66609	\$12,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FRANK C SABATINI TRUST 2423 SE 37TH STREET TOPEKA, KS 66605	\$	Person X Payroll
(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

SABATINI FAMILY FOUNDATION

48-0966619

art II	Noncash Property (see instructions) Use duplicate copies of P	art II 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
		*	
(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
		 \$	

Employer identification number
48-0966619 nizations that total more than \$1,000 for the , enter atton once) ►\$
Description of how gift is held
of transferor to transferee
) Description of how gift is held
of transferor to transferee
) Description of how gift is held
of transferor to transferee
) Description of how gift is held
of transferor to transferee

REQUEST FOR WAIVER OF PENALTY FOR FAILURE TO FILE TAX RETURN TIMELY

The Foundation failed to file its tax return for the period ending March 31, 2013 due to the illness of its long-time CPA tax preparer. This return was on extension until November 15, 2013. The Foundation had provided all the tax information to the preparer before the due date. The tax preparer (a sole-practioner) became ill in the fall of 2013 due to kidney failure. He had a kidney transplant in July 2014. Due to the preparer's illness, the Foundation was not aware that the extended due date had expired and the return was not timely filed.

The Foundation had relied upon its CPA tax preparer to keep it in compliance, which he had done for a number of years. It was not discovered that this return was not timely filed until the Foundation engaged another CPA in November 2014 to prepare its March 31, 2014 tax return. The March 31, 2014 return was filed on November 15, 2014; it's extended due date.

The Foundation has acted in a responsible manner by undertaking significant steps to mitigate the failure to file the required return when discovered and to prevent similar failures in the future. The Foundation is making efforts to use its funds in a prudent manner to benefit other charitable organizations in the community. The penalty would only serve to reduce the financial assistance to other needy organizations.

The Foundation respectfully requests a waiver of the penalty for reasonable cause.

Sabatını Family Foundation Summary of Contributions FYE March 31, 2014 48-0966619

Tatifo	Total	Foundation Status	Legend	Street Address	Cit	State	Zip Code
American Diabetes Association	270	Pubilc Charity	, –	608 W. Douglas Ave	Wichita	¥S	67203
Archbishop's Call to Share	2,500	Pubilc Charity	8	12615 Parallel Parkway	Kansas City	Ϋ́S	66109
Arts Connect	5,000	Pubilc Charity	∢	5431 SW 29th St	Topeka	KS	66614
Camp Wood YMCA	1,000	Pubilc Charity	ပ	RR 1 Box 78	Elmdale	Ϋ́S	66850
College Prep Academy of Topeka	200	Pubilc Charity	∢	5431 SW 29th St	Topeka	ξ	66614
Community Health Ministry	1,500	Pubilc Charity	7	407 Ash St	Wamego	KS	66547
Douglas Co Community Foundation	20,000	Pubilc Charity	-	900 Massachusetts St	Lawrence	S S	66044
FOCUS	12,000	Pubilc Charity	ω	P.O Box 18710	Golden	8	80402
Friends of Cedar Crest Association	300	Pubilc Charity	7	1 SW Cedar Crest Rd	Topeka	KS	90999
Friends of the Lied	200	Pubilc Charity	∢	1600 Stewart Drive	Lawrence	KS KS	66045
Hartr Lifeline Ministries	250	Pubilc Charity	Ω	P O Box 4068	Topeka	S S	66604
Hayden High School	12,500	Pubilc Charity	۵	401 SW Gage Blvd	Topeka	S S	90999
Helping Hands Humane Society	400	Pubilc Charity	I	2625 Rochester Road	Topeka	S	66617
Jayhawk Area Council, BSA	20,000	Pubilc Charity	7	1020 SE Monroe St	Topeka	ξŞ.	66612
Kansas Association of Blind Athletes	400	Pubilc Charity	7	3226 SW Skyline Parkway	Topeka	S S	66614
Kansas Policy Institute	1,000	Pubilc Charity	_	250 North Water Street	Wichita	χ.	67202
Kansas Search & Rescue Dog Association	6,657	Pubilc Charity	I	3320 NW 43rd Street	Topeka	SX SX	66618
Kansas Sports Hall of Fame	5,000	Pubilc Charity	¥	515 S Wichita Street	Wichita	SX SX	67202
KU Endowment Association	66,250	Pubilc Charity	∢	P. O Box 928	Lawrence	ΥS	66044
KU Spencer Museum of Art	300	Pubilc Charity	∢	P.O Box 928	Lawrence	ξŞ	66044
Let's Help	900	Pubilc Charity	7	302 SW Van Buren	Topeka	ΚS	66603
Meals on Wheels, Inc.	1,020	Pubilc Charity	щ	2701 SW East Circle Drive South, Suite 2	Topeka	ΚS	90999
Mid-America Arts Alliance	35,000	Pubilc Charity	∢	2018 Baltimore Ave	Kansas City	MO	64108
Phi Kappa Theta Foundation	250	Pubilc Charity	٥	3901 West 86th St	Indianapolis	Z	46268
SCARS	200	Pubilc Charity	I	P O Box 22	Auburn	ΚS	66402
Sisters of Charity of Leavenworth	006	Pubilc Charity	ட	501 SW Buchanan	Topeka	KS	90999
Southwestern Association for Indian Arts,	250	Pubilc Charity	∢	P.O Box 969	Santa Fe	Σ	87504
St Benedict's Abbey	5,150	Pubilc Charity	Ф	1020 North 2nd Street	Atchinson	Ş	66022
St Francis Health Center Foundation, Inc	10,000	Pubilc Charity	-	1700 SW 7th St	Topeka	Ϋ́S	90999
St Lawrence Catholic Campus Center	300	Pubilc Charity	Ф	1631 Crescent Rd	Lawrence	S S	66044
St Matthew Catholic Church	5,830	Pubilc Charity	ω	2700 SE Virginia	Topeka	Ş	66605
St Matthew's Grade School	4,500	Pubilc Charity	∢	1000 SW 28th Street	Topeka	S S	66605
Stormont-Vail Foundation	009	Pubilc Charity	_	1500 SW 10th Ave	Topeka	ξŞ	66604
Sunflower Music Festival	200	Pubilc Charity	_	1700 SW College Ave	Topeka	SX SX	66621
Symphony in the Flint Hills, Inc.	1,250	Pubilc Charity	_	311 Cottonwood Avenue	Strong City	KS	69899
TDC Learning Centers, Inc.	2,500	Pubilc Charity	∢		Topeka	Ϋ́S	66604
The Salvation Army	350	Pubilc Charity	7	P. O Box 599	Topeka	\$	66601
The Topeka Rescue Mission	1,000	Pubilc Charity	ш	P. O Box 8350	Topeka	\$	80999
Topeka Public Schools Foundation	006	Pubilc Charity	⋖	P.O. Box 5883	Topeka	S S	66605
United Way of Greater Topeka	1,000	Pubilc Charity	_	1315 SW Arrowhead Rd	Topeka	X S	66604

Legend:

M-Support historic activities H-Animal rights A-Support student education & the arts B-Support religious activities C-Support youth activities D-Support Scholarship activities E-Support artists in the Midwest F-Provide meals to live-ins G-Support for handicapped children

FORM 990-PF INTEREST ON SAV	INGS AND TEN	MPORARY C	ASH]	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
CAPITAL CITY BANK				-		16.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	OLUMN A		-		16.
FORM 990-PF DIVIDENT	DS AND INTER	REST FROM	SECU	JRITIES	STATEMENT	2
SOURCE	GROSS	S AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
OPPENHEIMER		39,573.		0.	39,5	73.
TOTAL TO FM 990-PF, PART I,	LN 4	39,573.	39,573.			
FORM 990-PF	OTHER :	INCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
S-CORPORATION INCOME - INTRUS	ST	-2,	602.	-2,602		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	-2,	602.	-2,602	•	
FORM 990-PF	TA	KES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
FEDERAL TAXES FOR FYE 3-31-12 FOREIGN TAXES	1,265 37		0			0.
TO FORM 990-PF, PG 1, LN 18	1,302	•	0	•		0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCO					
PRINTING OF CHECKS	70.		0.	0.			
TO FORM 990-PF, PG 1, LN 23	990-PF, PG 1, LN 23 70. 0.						
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FU	ND BALANCES	STATEMENT 6			
DESCRIPTION				AMOUNT			
REDUCTION IN BASIS OF ASSET S	OLD IN PRIO	R YEAR		39,338.			
TOTAL TO FORM 990-PF, PART II	II, LINE 5			39,338.			
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7			
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE			
COMMON STOCKS - PUBLICLY HELD)	_	798,792.	1,633,929.			
TOTAL TO FORM 990-PF, PART II	, LINE 10B		798,792.	1,633,929.			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 8			
		m		EATO MADVEM			
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE			
DESCRIPTION ARTWORK INTRUST FINANCIAL CORPORATION	<u>M</u>		5,000. 242,855.				

FORM 990-PF		NTEREST AN	D PENA	LTIES			STAT	EMENT	9
TAX DUE FROM FO LATE PAYMENT LATE PAYMENT	INTEREST	PART VI						3	71. 14. 28.
TOTAL AMOUNT DU	Œ							4	13.
FORM 990-PF E	XPLANATION	CONCERNING	PART	VII-A,	LINE 8E	3	STAT	EMENT	10
EXPLANATION									
NOT REQUIRED									
FORM 990-PF		LATE PA	YMENT	PENALT	<i>(</i>		STAT	EMENT	11
DESCRIPTION		DATE	AMOU	NT	BALANC	CE 1	MONTHS	PENAL	ΤY
TAX DUE DATE FILED		08/15/13 11/15/14		371.		371. 371.	15		28.
TOTAL LATE PAYME	ENT PENALTY								28.
FORM 990-PF		LATE PA	YMENT	INTERE	ST		STAT	EMENT	12
DESCRIPTION	DAT	TE AMO	UNT	BAL	ANCE	RATE	DAYS	INTER	REST
TAX DUE DATE FILED	08/15 11/15		371.		371. 385.	.0300	457		14.
TOTAL LATE PAYME	NT INTEREST	r							14.

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-M	lonth Extension, o	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been grain				8868.	
If you are filing for an Automatic 3-Month Extension,					
Part II Additional (Not Automatic) 3-M	onth Extension	n of Time. Only file the origin	al (no co	pies need	ded).
		Enter filer's	identifyin	g number, s	ee instructions
Type or Name of exempt organization or other filer, s	ee instructions		Employer	identification	n number (EIN) or
print				40.00	
the by the SABATINI FAMILY FOUNDAT			0	48-09	
iling your 2.4.2.2 Gra 2.7mt. Graphiem	Dox, see instruc	tions	Social sec	curity numbe	er (55N)
nstructions City, town or post office, state, and ZIP code	For a foreign add	race eas instructions			-
TOPEKA, KS 66605-2340	. Tora loreign add	ness, see manuonons			
Totality Rb 00003 2310		-			<u>-</u>
Enter the Return code for the return that this application	is for (file a separa	te application for each return)			0 4
	, , , , ,	,			
Application	Return	Application	<u> </u>		Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already FRANK C SA		natic 3-month extension on a prev	<u>riousiy tile</u>	<u>a Form 886</u>	3
• The books are in the care of > 2423 SE 37		- TOPEKA KS 6660	5		
Telephone No. ► 785-266-555	III DIREBI	FAX No. ▶	<u> </u>		
If the organization does not have an office or place of	business in the Ur	•			
If this is for a Group Return, enter the organization's f			If this is foi	the whole g	roup, check this
box If it is for part of the group, check this bo				_	• •
4 I request an additional 3-month extension of time to					
5 For calendar year, or other tax year begin			g <u>MAR</u>	31, 2	013
6 If the tax year entered in line 5 is for less than 12 m	nonths, check reas	on Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
TAXPAYER IS AWAITING ADDI	TIONAL IN	FORMATION IN ORDER	TO F	ILE A	COMPLETE
RETURN.		· · · · · · · · · · · · · · · · · · ·			
On Mahan and Janatson in fact Form COO RI COO RE COO	T 4700 ex 6060 e	natura the tentative toy long any			
8a If this application is for Form 990-BL, 990-PF, 990- nonrefundable credits. See instructions.	1, 4720, 01 6069, 6	enter the tentative tax, less any	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720,	or 6069, enter any	refundable credits and estimated	Oa Oa	•	<u></u>
tax payments made. Include any prior year overpa	-				
previously with Form 8868.	ymom anowod ao	a oroan and any amount paid	8b	\$	0.
c Balance due. Subtract line 8b from line 8a Includ	e your payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System)	• •		8c	\$	0.
Signature and V	erification mu	st be completed for Part II	only.		
Under penalties of perjury, I declare that I have examined this fo	rm, including accom-	panying schedules and statements, and t	o the best o	f my knowled	ge and belief,
it is true, correct, and complete, and that I am authorized to pre					
Signature >	Title ▶ PRESI	DENT	Date		
				Form 8	868 (Rev 1-2013)