

# 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



## Form **990-PF**

#### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

or ca	lend	lar year 2015 or tax year	beginning			, and en	ding				_
Nam	e of	foundation						A	Employer identification	number	
BF	:T.7	N FOUNDATIO	N						20-0474310		
		id street (or P O box number if		ed to street add	fress)		Room/suite	e D	Telephone number		
		N. MAIN ST.		Ja 10 011001 1111		ļ	600	֟ <b>֟</b>	(316) 263-	8294	
		wn, state or province, cou		foreign post	al code		<u>-</u>	C	If exemption application is po		<b>▶</b> □
W)	CI	HITA, KS 67	<u> 202-480</u>	6							_
Ch	eck	all that apply: 🖳	Initial return		Initial return of a f	ormer public c	harity		) 1 Foreign organizations	, check here	
		片	Final return		Amended return				Foreign organizations me check here and attach co	eting the 85% test,	
		<u> </u>	Address chang		Name change  pt private foundation			$\dashv$			
		type of organization:	-	` ~~~	ipt private foundation her taxable private found	ation		E	If private foundation state under section 507(b)(1)		ed
Fau		rket value of all assets at 6		Accounting		Accri	ıal	٦,	· · · ·	• •	- L
		Part II, col. (c), line 16)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(specify)			ľ	If the foundation is in a 6 under section 507(b)(1)		alion
<b>&gt;</b>		1,019	069.	art I, column	(d) must be on cash	basis)		_	4.144. 555.151. 557 (5)(1)	(5), 55	_
Pai		Analysis of Revenue an	d Expenses		(a) Revenue and	(b) Net inv	vestment		(c) Adjusted net	(d) Disburse	ments
		(The total of amounts in colu necessarily equal the amoun	mns (b), (c), and (d ts in column (a))	may not	expenses per books	` inco			income	for charitable po (cash basis	
T	1	Contributions, gifts, grant	ts, etc., received		143,930.			[	N/A		
	2	<b>,</b> —	n is not required to atta	ch Sch B							_
	3	Interest on savings and tempo cash investments	•	<u> </u>	44 455		4 40			<u> </u>	
		Dividends and interest fro	om securities	<u> </u>	11,432.	1	1,432	2.		Statemer	nt 1
ł		Gross rents		-				-+			
		Net rental income or (loss)			20,918.	ļ . —-		-+	<del></del>		
9	_	Net gain or (loss) from sale of Gross sales price for all		) 18.	20,910.	<del>                                     </del>		$\dashv$			_
Ver		assets on line 6a  Capital gain net income (from		<del>/</del>  -	······································	2	0,918	8.	<del></del>		
Revenue		Net short-term capital gai		-			<u>- , , , , , , , , , , , , , , , , , , ,</u>	-			
	9	Income modifications									
	10a	Gross sales less returns and allowances									
ı	b	Less Cost of goods sold						_	<del></del>		
ł		Gross profit or (loss)				ļ		_+			
		Other income	6.44	-	176 200		2 2 5 7	<del>-</del> +	<del></del>	<del></del>	
_		Total. Add lines 1 throug			<u>176,280.</u> 0.	3	<u>2,35</u>	<del>0:1</del>			
- 1	13 14	Compensation of officers, directly of the complex of the complex of the complex of the complex of the compensation of officers, directly of the compensation of officers of the compensation of the comp		·				<u> </u>	<del></del>		
- 1		Pension plans, employee	•		<del></del>			_	<del></del>		
		Legal fees	Stm	2	6,763.		3,382	2.		3	, 38:
Expenses		Accounting fees									
	C	Other professional fees				<u> </u>		=			
Administrative	17	Interest		<u> </u>					RECEIVED	<u> </u>	
ig	18	Taxes		<u> </u>		<del> </del> -		<del>   </del>			
2	19	Depreciation and depletion	n	-	<del></del>	<u> </u>	-	3	MAY 0 5 2016	S	
틹	20 04	Occupancy	maatinga	-			-	4		<u>に</u>	
n	21 22	Travel, conferences, and Printing and publications		<u> </u>	<del></del>				OGDEN, UT	<del>-</del>	
g	22 23	Other expenses	Stm	. 3	40.	<del>                                     </del>	2				21
딅	24	Total operating and adm			· <u>=                             </u>			**	<del> </del>	-	
Operating		expenses Add lines 13 t		L	6,803.		3,40	2.		3	<b>,4</b> 0
이	25	Contributions, gifts, gran	ts paid		37,125.			_		37	, 40: , 12!
	26	Total expenses and dist	oursements.								
4		Add lines 24 and 25			43,928.	-	3,40.	2.		40	<u>,520</u>
		Subtract line 26 from line			120 250						
		Excess of revenue over exper			132,352.		8,94	-+	<del></del>		
		Net investment income ( Adjusted net income (in		···		<del>                                     </del>	0,34	<del>^</del>	N/A	<del>-</del>	
	·	valuated net income (it i	cyanve, enter -U-)			<u> </u>			1/ -53	Form <b>990-I</b>	

SCANNED MAY 1 0 2016

For	m 99	0-PF (2015) BELIN FOUNDATION		20-0	0474310 Page 2
٦	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
	ar t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	104,533.	204,533.	204,533.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			<del></del>
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable	<del></del>		
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	10-	Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
-					
	l	Investments - corporate stock			
		Investments - corporate bonds (nvestments - land, buildings, and equipment basis		<del></del>	<del></del>
	'''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 4	556,499.	588,849.	814,536.
	14	Land, buildings, and equipment; basis	330,1330	300,7013.	014/3301
	, ,	Less accumulated depreciation	Ì	]	
	15	Other assets (describe ▶		· · · · · · · · · · · · · · · · · · ·	
	1	Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item I)	661,032.	793,382.	1,019,069.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe 🕨)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here		:	
'n		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
퍨	25	Temporarily restricted			
ä	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31	661 000	E02 200	
ţ	27	Capital stock, trust principal, or current funds	661,032.	793,382.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ž	30	Total net assets or fund balances	661,032.	793,382.	
		Watel Patrick Control of the American American	661 022	702 202	
_	31	Total liabilities and net assets/fund balances	661,032.	793,382.	
E	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	<del></del>	1	661,032.
2	•	r amount from Part I, line 27a		2	132,352.
3		r increases not included in line 2 (itemize)		3	0.
_		ines 1, 2, and 3		4	793,384.
		eases not included in line 2 (itemize)   ROUNDING		5	2.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	793,382.
	_				Farm 000-PE (2016)

523511 11-24-15

(a) List and desc	ribe the k	ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,	Income	( <b>b</b> ) I	How acc	uired (d	) Date a	icquired	(d) Date sold (mo., day, yr.)
1a Capital Gains					۳	- Donat	.1011		3,,,,,	,,
b	DIVI	aciias								
C										
d										
<u>e</u>					L_					
(e) Gross sales price	,,,	Depreciation allowed (or allowable)		st or other basis xpense of sale					un or (loss) (f) minus (	
a 20,918.										20,918.
<u>b</u>										
<u>c</u>	<b> </b>									
<u>d</u>	<u> </u>									
Complete only for assets show	na aain in	column (h) and owned by t	ho foundation	on 12/21/60				(O		
Complete only for assets shown	T	(i) Adjusted basis		cess of col. (I)					ol. (h) gaın ot less thar	
(i) F.M.V. as of 12/31/69		as of 12/31/69		col. (j), if any					(from col. (	h)) ´ 
<u>a</u>	<del> </del>					_				20,918.
_b	<del> </del>									
<u>c</u>	<del> </del>	-		<del></del>						<u>.</u>
<u>d</u>	<del>  -</del>									
<u>e</u>	l				_	Т	<del></del>		<del></del>	
2 Capital gain net income or (net c	apıtal loss	) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$	ın Part I, line ın Part I, line	7 7	}	2				20,918.
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (		d (6):		}				/_	
Part V Qualification \( \)	ladar (	Section 4040(a) for	Doducod	Toy on Not	J	3	ant Inco		N/A	
If section 4940(d)(2) applies, leave  Was the foundation liable for the self "Yes," the foundation does not quant  1 Enter the appropriate amount in	ction 4942 alify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt.						Yes X No
(a)	Cach Cold	(b)	IST detions be	lore making any t				Τ	<del></del>	(d) ution ratio
Base periód years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dist		Net value of no	(c) oncha	rıtable-u			Distrib col. (b) div	ided by col. (c))
2014	<del>_</del>		9,068.				1,100.	<del> </del>	<del></del>	.049384
2013 2012			2,050. 1,321.		_		<u>1,573.</u> 7,764.	├		.063519
2011	_		5,718.		_		$\frac{7,704}{4,140}$			.068739
2010			5,321.				L,314.			.078805
2 Total of line 1, column (d)	·		<u> </u>	· <u>.</u>	-		7022	2		.339190
3 Average distribution ratio for the the foundation has been in exist.			on line 2 by 5,	or by the number	r of ye	ars		3		.067838
4 Enter the net value of noncharita			line 5					4		1,015,488.
5 Multiply line 4 by line 3								5		68,889.
	(40/ -	f Dort Line (17h)								
6 Enter 1% of net investment inco	iiie (1% 0	ı rail i, iille 270)						6	<del></del>	289.
7 Add lines 5 and 6								7		69,178.
8 Enter qualifying distributions fro	m Part XI	, line 4						8		40,526.
If line 8 is equal to or greater that See the Part VI instructions.	ın line 7, c	heck the box in Part VI, line	1b, and comp	lete that part usi	ng a 1	% tax ra	ate. 			
523521 11-24-15									F	orm <b>990-PF</b> (2015)

orm 990- Part V	PF (2015) BELIN FOUNDATION   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	20 or 4948	-0474 3 - see	1310 instru	ctio	Page 4
1a Exem	ipt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1 -				
Date	of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
<b>b</b> Dom	estic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	1			_ 5	79.
of Pa	rt I, line 27b					
c All of	her domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). $\supset$					
<b>2</b> Ταχι	inder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_ 2				0.
3 Add	ines 1 and 2	3	<u> </u>		5	<u>79.</u>
4 Subt	itle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5 Taxl	pased on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			5	<u>79.</u>
6 Cred	its/Payments:					
a 2015	estimated tax payments and 2014 overpayment credited to 2015 6a 1,3	64.				
<b>b</b> Exen	npt foreign organizations - tax withheld at source					
c Tax p	paid with application for extension of time to file (Form 8868)					
d Back	up withholding erroneously withheld					
	credits and payments. Add lines 6a through 6d	7			<u>1,3</u>	<u>64.</u>
8 Enter	any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9 Tax	due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>▶</b> <u>9</u>				
10 Over	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>▶</b> 10	<u>)</u>		7	<u>85.</u>
	the amount of line 10 to be: Credited to 2016 estimated tax   785 • Refunde	<u>d ▶                                   </u>	Ц			<u>0.</u>
	II-A Statements Regarding Activities					
	ng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inti	ervene in			Yes	
	political campaign?			1a		X
	t spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the def	-		1b		X
If the	e answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials pu	blished o	r			
	abuted by the foundation in connection with the activities					
	he foundation file Form 1120-POL for this year?			1c	_	_X_
	the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_				
	On the foundation. ► \$ O . (2) On foundation managers. ► \$	0.				
	r the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					!
	agers. ▶ \$0.					
	the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u> _
	es," attach a detailed description of the activities.					
	the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	ition, or		1 . 1		
	ws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	_	<u>X</u>
	he foundation have unrelated business gross income of \$1,000 or more during the year?		37/3	4a		<u> X</u> _
	es," has it filed a tax return on Form 990-T for this year?		A/N	4b		
	there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	es," attach the statement required by General Instruction T.					
	he requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1 1		
	language in the governing instrument, or			1 1		
	state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	e state law				
	tin in the governing instrument?			6	X	
/ Dia t	he foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and P	art XV		-7-	X	
O- Ento	the eleks to which the foundation reports or with which it is registered (see instructions)					
	r the states to which the foundation reports or with which it is registered (see instructions)					
KS	e answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	ch state as required by General Instruction G? If "No," attach explanation			0.	x	
		nr nalanda-		8b	Δ.	<del></del>
	e foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) f 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	u caithual		,		v
	20 is of the taxable year beginning in 2015 (see instructions for Part XIV)? If Yes, Complete Part XIV  Iny persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
10 Did 8	any persona accome curculation to important during the tax year. If Tes, attach a schedule listing their names and addresses		Ec	rm <b>99</b> 0	)-PF	
				500	• • •	(2010)

Form **990-PF** (2015)

X

3b

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2015) BELIN FOUNDATION  Part VII-B   Statements Regarding Activities for Which F	form 4700 May Po I	Poguirod (	20-04743	10	Page 6
5a During the year did the foundation pay or incur any amount to:	Offili 4720 May be i	required (continu	ued)		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1/0/5/01/2	□ v <sub>e</sub>	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o			ן שוו באבו פי		
any voter registration drive?	i to carry on, unectry or muni		es X No		
	9		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'		TE	ו מאובבם פי	Ì	1
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section		es X No		
4945(d)(4)(A)? (see instructions)			S LALINO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		es X No	1	1
the prevention of cruelty to children or animals?	dan tha acceptance described		es LALINO		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	37 / 3		
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 h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					-
expenditure responsibility for the grant?		√I/A ∐ Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.494					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				ļ
a personal benefit contract?		Ye	es 🗶 No 📗		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	_  _	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(=) E	VDODGO.
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other
· · · · · · · · · · · · · · · · · · ·	to position	`enter -0-) '	compensation	allov	vances
	PRESIDENT			Ì	
10374 CRIMSON COURT	4 00				_
PARKER, CO 801349572	1.00	0.	0.	<del></del>	0.
DON B. STAHR	V-PRES, SECY-	-µreasurer	Ì		
301 N. MAIN ST., SUITE 600	2 22				_
WICHITA, KS 672024806	3.00	0.	0.		0.
		<u> </u>		<u> </u>	
		ŀ			
			L	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-) [-	
(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	accou	xpense nt, other
	devoted to position	(-,	compensation	allow	vances
NONE			l	ļ	
	<del></del>	ļ			
				]	
		<u> </u>			
<u></u>			l	l	
				1	
			L	L	
Total number of other employees paid over \$50,000					0
			Form	990-P	<b>F</b> (2015)

Form 990-PF (2015) BELIN FOUNDATION	20-	0474310 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	-	
	-	
	-	
Total number of others receiving over \$50,000 for professional services	1	▶ 0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produit	al information such as the ced, etc.	Expenses
1 N/A		
2		
3		
	<del></del>	
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 lin	nes 1 and 2.	Amount
1N/A		
2		
All the second solution of the second	<del></del>	
All other program-related investments. See instructions.		
3	<del></del>	
Total. Add lines 1 through 3	<b>•</b>	0.
		Form <b>990-PF</b> (2015)

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

Form **990-PF** (2015)

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		·		
line 7				50,195.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 5,213.		l		
<b>b</b> From 2011 7,087.				
c From 2012 11,579.				
d From 2013 7,113.				
e From 2014 102.				
f Total of lines 3a through e	31,094.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 40,526.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				40,526.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	9,669.	,		9,669.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,425.			
<b>b</b> Prior years' undistributed income. Subtract				····
line 4b from line 2b		0.		
c Enter the amount of prior years'				<u> </u>
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions  e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract		<u> </u>		<del></del>
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		1	
8 Excess distributions carryover from 2010		<del></del> -		<del></del>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	21,425.			
10 Analysis of line 9:				
a Excess from 2011 2,631.				
<b>b</b> Excess from 2012 11,579.				
c Excess from 2013 7,113.				
d Excess from 2014 102.				
e Excess from 2015				<u> </u>
523581 11-24-15	·			Form <b>990-PF</b> (2015)

	OUNDATION				174310 Page 10
Part XIV Private Operating For			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			▶ └		
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years	(4) 2012	(a) Total
income from Part I or the minimum	(a) 2015	(0) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed				<del> </del>	
<b>b</b> 85% of line 2a		<del></del>		<del> </del>	<del> </del>
c Qualifying distributions from Part XII,					
line 4 for each year listed	<del></del>		<del> </del>	<del> </del>	<del> </del>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			<del> </del>		<del> </del>
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	<del></del>		<del> </del>	<del></del>	<del> </del>
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			<del> </del>		<del> </del>
(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)	ļ,				
(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			<del></del>	<del></del>	<del> </del>
(4) Gross investment income				1 105 000	<u> </u>
Part XV Supplementary Info			it the foundation	n nad \$5,000 or m	ore in assets
		——————————————————————————————————————			
1 Information Regarding Foundation	•	than OO/ of the total som		. fadakian bafa-a kha ali	
a List any managers of the foundation where year (but only if they have contributed in the contributed in			unbutions received by the	e touridation before the cit	ose of any lax
None	, , , ,	, ,			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	(or an equally large port	ion of the ownership of a	nartnershin or
other entity) of which the foundation ha			(or an oquan) large port	ion of the owner simp of a	purational inprov
None					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
_ <del></del> _		-	_	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations	under other conditions, o	complete items 2a, b, c, ar	d d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addre	essed:	
See Statement 5					
<b>b</b> The form in which applications should be	oe submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	s, kınds of ınstitutions, or	other factors:	

3 Grants and Contributions Paid During the		Payment		<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del></del>
a Paid during the year				
AMERICAN RED CROSS	NONE	PUBLIC CHARITY	SENIOR MEDICAL	
1900 E DOUGLAS			TRANSPORTATION PROGRAM	
WICHITA, KS 67202				5,000
BREAD OF LIFE DISTRIBUTION CENTER	NONE	PUBLIC CHARITY	FOOD FOR NEEDY PEOPLE	
3033 S HILLSIDE				
WICHITA, KS 67216				1,500
CHILD START	NONE	PUBLIC CHARITY	HEAD START PROGRAM FOR	
1002 S HILLSIDE			FIRST FIVE YEARS	
WICHITA, KS 67278				2,000
ENVISION FOUNDATION	NONE	PUBLIC CHARITY	ASSISTIVE TECHNOLOGY	
610 N MAIN			PROGRAM	
WICHITA, KS 67203				1,000
EPISCOPAL SOCIAL SERVICES	NONE	PUBLIC CHARITY	BREAKTHROUGH CLUB	
1005 E 2ND STREET N				
WICHITA KS 67214		<u> </u>		1,000
b Approved for future payment	ontinuation she	et(s)	<b>▶</b> 3a	37,125
g Approved for luture payment				
			}	
None				
		<u> </u>		<del> </del>
Total	<del></del>	<del></del>	<b>▶</b> 3b	

Part XVI-A	Analysis	of Income	-Producing	<b>Activities</b>
	, j c.c			

Unrelated	business income		y section 512, 513, or 514	(e)	
(a) Business	(b) Amount	sion	(d)	Related or exempt function income	
code	711100111	code	Alliount	Turiction income	
-					
		<del></del>			
1 5		<del></del>		<del></del>	
1 1	<del></del>	+-+		<del>-</del>	
-		<del>                                     </del>		<del></del>	
-					
		<del>                                     </del>	<del></del>	<del> </del>	
				<del></del>	
		14	11,432.		
				<u> </u>	
-				<del></del>	
			22.242		
		14	20,918.		
		<del></del>		<del></del>	
<del>                                     </del>		<del>   -</del>			
		<del>-   -   -</del>		<del></del>	
-		+			
			-	<del></del>	
				· · · · · · · · · · · · · · · · · · ·	
		<b>7.</b>	32,350.	0.	
-					
)					
s to the Accor	nplishment of	Exempt P	urposes		
				<del></del>	
	Business code	code Allouin	Business code  Amount  Code  Amount  Leading to the second code  Amount  Leading to the second code  Leading to th	Code   Code	

+	the loundation's exem	inpr purposes (other than	by providing failed for St	y providing funds for such purposes).					
_									
+									
$\dashv$									
+				<del></del>	<del></del>				
-		<del>-</del>							
+									
1									
+		<del></del>		<del></del> -					
$\top$		-							

Form **990-PF** (2015)

Ра	IL VAII	Exempt Organ	-	SIEIS IU a	and Transactions a	ina Relationsi	iips with Nonci	iaritabi	е	
1	Did the or			of the followin	g with any other organization	on described in section	on 501(c) of		Yes	No
٠					?7, relating to political organ		011 00 1(0) 01	Ì	1.00	
		from the reporting found	•		· · · · · · · · · · · · · · · · · · ·	nzauoris.			}	
đ	(1) Cash	nom the reporting lound	ation to a noncharta	ibio exempt on	gamzation of.			1a(1)	}	v
	(1) Oasii (2) Other	accate						1a(1)		X
<b>h</b>	Other tran							14(2)	┼──	^
U		of assets to a noncharita	hle exempt organiza	tion				16(1)	ļ	x
	` '	ases of assets from a no	• -					1b(1)	-	X
	• •	l of facilities, equipment,	•	or garnization				1b(3)	<del> </del>	X
	• •	oursement arrangements						1b(4)	<del> </del>	X
	• •	s or loan guarantees						1b(5)	<del> </del>	X
	` '	rmance of services or me	mhership or fundrar	sina solicitatio	nns			1b(6)		X
c								10	<u> </u>	X
<ul> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</li> <li>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, o</li> </ul>									sets	
•					ed less than fair market valu				5010,	
		) the value of the goods,						,		
(a) L	ine no	(b) Amount involved	, <u> </u>		e exempt organization	(d) Description	of transfers, transactions, a	nd sharing ai	rangeme	ents
				N/A						
							<u> </u>			
		,								
		<del></del>	ļ		<del></del>	<del> </del>				
_		<del></del>				<del></del>				
2a		-	•		or more tax-exempt organ	zations described			7.7	No
		501(c) of the Code (othe	•	)(3)) or in sec	11011 5277			Yes	لــــ	⊔ ио
D	_ii res, co	omplete the following sch (a) Name of org			(b) Type of organization	1 7	c) Description of relatio	nshin		
	_	N/A	Jamzanon		(b) Type of organization	<del>                                     </del>	e description of relation	ПЗПІР		
	_	N/A					<del></del>			
	_	<u> </u>								
			· · · · · · · · · · · · · · · · · · ·							
_	Under	penalties of perjury, I declare	that I have examined th	ıs return, ıncludir	ng accompanying schedules and	statements, and to the I	best of my knowledge	May 45 - 100	J	
Si	gn and b	elief, it is true, correct, and cor	mplete Declaration of pr	reparer (other tha	in taxpayer) is based on all inform	nation of which preparer	nas any knowledge	May the IRS return with the	e prepar	er
	ere	Mon &	s. Seets		15-1-16	SEC/TR	EASURER	shown below Yes		] No
	Sigi	nature of officer or trustee			Date	Title		100		
_		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check X If PTI	N		
				( )	Black	5-1-16	self- employed			
Pa	id Bever Dye, LC			10car	C State	12,1,16	l P	00363	058	
	eparer	Firm's name ▶ Bev		C.			Firm's EIN ▶ 48 -			
Us	se Only	e Only								
					t, Suite 600					
	_	<u> </u>	<u>chita, KS</u>	67202	<u> 1–4806                                    </u>		Phone no. (316	) 263		
								Form 99	0-PF	(2015)

3 Grants and Contributions Paid During th	e Year (Continuation)	<del>,</del>		
Recipient  Name and address (home or husiness)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
GREATER WICHITA YMCA	NONE	PUBLIC CHARITY	STRONG KIDS CAMPAIGN	
102 N MARKET				2 00
WICHITA, KS 67202		<del>-</del>		3,000
HEARTSPRING	NONE	PUBLIC CHARITY	PEDIATRIC SERVICES	
8700 E. 29TH ST N	. –		FINANCIAL ASSISTANCE	
WICHITA, KS 67226			FUND	2,000
INTERFAITH MINISTRIES-WICHITA	NONE	PUBLIC CHARITY	OPERATION HOLIDAY	
829 N MARKET WICHITA KS 67214-3519				3,500
VANCA C INTUEDCITY ENDOUMENT	NONE	DUDI TO CUADIMY	WIL GOMOOT OF TANK	
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION	ANONE	PUBLIC CHARITY	KU SCHOOL OF LAW ENDOWED SCHOLARSHIP	
P.O.BOX 928				
LAWRENCE, KS 66044-0928				3,000
MAYO FOUNDATION 200 FIRST STREET SW	NONE	PUBLIC CHARITY	MEDICAL CARE, RESEARCH	
ROCHESTER MN 55905			AND EDUCATION	3,000
				•
MEDICAL SERVICES BUREAU, INC.	NONE	PUBLIC CHARITY	PRESCRIPTION CARE	
1530 S OLIVER, STE 130			PROGRAM	
WICHITA, KS 67218				
THE SALVATION ARMY	NONE	DIIDI TO CUADITOV	EMERGENCY SOCIAL	
350 N. MARKET	NONE	FOBLIC CHARITI	SERVICES	
WICHITA, KS 67202-2010				5,000
WICHITA COMMUNITY FOUNDATION	NONE	PUBLIC CHARITY	SHARE THE SEASON	
301 N. MAIN, SUITE 100 WICHITA, KS 67202				1,000
WICHITA GRAND OPERA	NONE	PUBLIC CHARITY	SPONSER STUDENTS AT	
225 W DOUGLAS			DAY AT OPERA PROGRAM	
WICHITA, KS 67202				1,125
UT CULTURA MONIBURG TANDATATATATA PROCESSA	lyoyan .	DVID. TO 000000	l l	
WICHITA WOMENS INTIATIVE PROGRAM 510 E THIRD ST	NONE	PUBLIC CHARITY	WIN PROGRAM	
WICHITA KS 67202  Total from continuation sheets	<u> </u>			2,000
Total non continuation silects	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	26,625

Part XV Supplementary Information  3 Grants and Contributions Paid During the Ye	ear (Continuation)	<del></del>		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
YWCA	NONE	PUBLIC CHARITY	WOMEN'S CRISIS CENTER	
1111 N ST FRANCIS		ļ		1
WICHITA KS 67214	<u></u>			1,000.
	<del></del>	<del>                                     </del>	<del></del>	
		<u> </u>		
		ļ		1
			i i	
		-		
	<u> </u>	<u> </u>		
	<del> </del>	<del>-</del>		
	<del>                                     </del>	<del> </del>		
		<u> </u>		
Total from continuation sheets				

#### 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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Employer identification number** 

BELIN FOUNDATION 20-0474310 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 X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. Special Rules sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization

Employer identification number

## BELIN FOUNDATION

20-0474310

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BELIN FAMILY TRUST  301 N. MAIN ST., SUITE 600  WICHITA, KS 672024806	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OSCAR F BELIN FAMILY TRUST  301 N. MAIN ST., SUITE 600  WICHITA, KS 672024806	\$\$.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## BELIN FOUNDATION

20-0474310

art II	Noncash Property (see instructions). Use duplicate copies of P	Part 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
			 990, 990-EZ, or 990-PF)

Form 990-PF I	Dividends	and Intere	est	from Secur	ities	St	atement	1
Source	Gross Amount	Capital Gains Dividends	5	(a) Revenue Per Books	(b) Net Inve		(c) Adjuste Net Inco	
VANGUARD MID-CAP INDEX VANGUARD PRIMECAP	4,957.	(	0.	4,957.	4,9	57.		
VANGUARD PRIMECAP CORE VANGUARD WINDSOR	15,041. 12,352.	11,500 9,418		3,541. 2,934.	3,5 2,9			
To Part I, line 4	32,350.	20,91	B .	11,432.	11,4	32.		
Form 990-PF		Legal	Fe	es		St	atement	2
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjuste Net Inco		(d) Charital Purpose	
BEVER DYE, LC		6,763.		3,382.			3,38	31.
To Fm 990-PF, Pg 1, 1	n 16a ==	6,763.		3,382.			3,38	31.
Form 990-PF		Other E	xpe	nses		St	atement	3
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjuste Net Inco		(d) Charital Purpose	
SECRETARY OF STATE - I	FILING —	40.		20.				20.
To Form 990-PF, Pg 1,	ln 23	40.		20.				20.

Form 990-PF C	ther Investments		Statement 4
Description	Valuation Method Bo	ook Value	Fair Market Value
VANGUARD MID-CAP INDEX VANGUARD PRIMECAP CORE	COST	204,336. 213,164.	342,010. 318,375.
VANGUARD WINDSOR  Total to Form 990-PF, Part II, 1	COST	171,349. 588,849.	154,151. 814,536.

BELIN FOUNDATION

20-0474310

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

5

Name and Address of Person to Whom Applications Should be Submitted

DON B. STAHR 301 N. MAIN, STE.600 WICHITA, KS 67202-4806

Telephone Number

(316)263-8294

Form and Content of Applications

WRITTEN APPLICATION IN DUPLICATE WITH EVIDENCE THAT APPLICANT IS EXEMPT ORGANIZATION UNDER SECTION 501(c)3 AND IS NOT A PRIVATE FOUNDATION.

Any Submission Deadlines

NONE

Restrictions and Limitations on Awards

NONE