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

Return of Private Foundation

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

▶ 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.

OMB No 1545-0052

2015

Open to Public Inspection

For	cale	ndar year 2015 or tax year beginning		, and ending		
Na	me o	foundation			A Employer identificatio	n number
Т	'HE	MARSHALL FAMILY FOUNDA	TION, INC.		74-2832446	5
Nur	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	71	4 UPPER MILL TERRACE			(785)823-2	2374
Cıt	v or t	own, state or province, country, and ZIP or foreign p	oostal code		C if exemption application is	pending, check here
		INA, KS 67401				
G	Check	all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
H	Check	type of organization: X Section 501(c)(3) ex	xempt private foundation		E If private foundation sta	
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1	
l Fa	air ma	arket value of all assets at end of year J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	rom i		ther (specify)		under section 507(b)(1	
	-\$_	942,619. (Part I, colu	ımn (d) must be on cash i	basis.)]	
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	38,300.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	947.	947.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
ø	бa	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
e I	b	assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	10a	and allowances				
	l	Less Cost of goods sold	<u> </u>			
		Gross profit or (loss)	<8,242.	> 0.		STATEMENT 2
	11	Other income Total. Add lines 1 through 11	31,005.	947.	-	SIAIEMENI 2
	12 13	Compensation of officers, directors, trustees, etc	10,000.	0.		10,000.
	14	Other employee salaries and wages	10,000.			10,000.
	15	Pension plans, employee benefits			, %	
es		Legal fees			-(3)	
ens		Accounting fees			(3) WAY 1. 7 2	110
Š		Other professional fees			*	
ě	17	Interest	410.	410.	" ", • • • •	0.
ati	18	Taxes STMT 3	87.	40.		- 0.
iist	19	Depreciation and depletion				
Ë	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
ğ	22	Printing and publications				
ğ	23	Other expenses			Ī	
aţį	24	Total operating and administrative				
Operating and Administrative Expens		expenses. Add lines 13 through 23	10,497.	450.		10,000.
0	25	Contributions, gifts, grants paid	38,708.			38,708.
	26	Total expenses and disbursements				
	L_	Add lines 24 and 25	49,205.	450.		48,708.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	<18,200.			
		Net investment income (If negative, enter -0-)		497.		ļ
7257	C	Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	L

3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 3 0. 4 154,824.	10	rm 9	10-PF (2015) THE MARSHALL FAMILY FOU			332446 Page 2
1 Cach - non-interest-bearing 45 , 594 44 , 087 .	F	art				
2 Savings and temporary cash investments 3 Accounts receivable ▶ Less; allowance for doubtful accounts ▶ Less; allowance for doubtful accounts ▶ Less; allowance for doubtful accounts ▶ Constructions 7 Own reass actions exeasing 15 Clarist receivable 8 Recovables due from officers, directors, trustees, and other doupsailed persons 7 Own reass actions exeasing 16 Investments - Outper as took 18 Investments - Outper as took 18 Investments - Corporate bonds 19 Investments - Corporate bonds 11 Investments - Corporate bonds 12 Investments - Investments - Corporate bonds 13 Investments - Corporate bonds 14 Investments - Corporate bonds 15 Investments - Investments - Corporate bonds 16 Corporate Investments - Investments - Investments - Corporate bonds 17 Investments - Investments - Investments - Corporate bonds 18 Investments - Corporate bonds 19 Investments - Investments - Investments - Investments - Corporate bonds 19 Investments - Inves			Column should be for the or year amounts only			
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Less: allowance for obubitul accounts ▶ 4 Pendights records			- · · · ·			
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Second complete lines 27 through 20 20 20 20 20 20 20 20			disqualified persons			
Second complete lines 27 through 20 20 20 20 20 20 20 20		7	Other notes and loans receivable			
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31 Total liabilities and net assets/fund balances 173,024. 154,824.	é	30	- · · · · · · · · · · · · · · · · · · ·			
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 173,024. 2 <18,200.> 3 0. 4 154,824.	_		ļ			
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 154,824.		31	Total liabilities and net assets/fund balances	173,024.	154,824.	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	_			· · · · · · · · · · · · · · · · · · ·		
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30						
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2 <18,200.> 3 0. 4 154,824. 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30				30		4
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 154,824.						
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 154,824.					2	
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 6 154,824.					3	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30						
			· · · · · · · · · · · · · · · · · · ·			
	6	ıotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	[6]	

, (a) List and d	escribe the k	osses for Tax on Inv and(s) of property sold (e.g., r g or common stock, 200 shs. N	eal estate,	Income	l · Ē	How acquired - Purchase	(c) Dat	e acquired day, yr.)	(d) Date sold (mo., day, yr.)
	- Walenouse,	, or common stock, 200 sns. r	VILO CO.)		D	- Donation	(110.,		(mo., day, yr.)
b ì	ONE				┝				
C	101111								
d					1				
е									
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis xpense of sale				Gain or (loss us (f) minus	
<u>a</u>			_				. _		
<u>b</u>					\dashv		_		
d					$\overline{}$				
e					-				
	wing gain in	column (h) and owned by the	foundation	on 12/31/69	\dashv		(I) Gaine (Col. (h) gain	minue
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)			òl. (k), bui	not less that s (from col. (n -0-) or
<u>a</u>		-				.			
b				<u> </u>	_				
С					Ì				
d							_	-	
e									
2 Capital gain net income or (ne3 Net short-term capital gain or If gain, also enter in Part I, line	(loss) as def	ined in sections 1222(5) and (7 7	}	2			
If (loss), enter -0- in Part I, line					Ŋ	3			
Part V Qualification (For optional use by domestic pri		Section 4940(e) for R					come		
If section 4940(d)(2) applies, leave Was the foundation liable for the self "Yes," the foundation does not contact the section of the section	section 4942 qualify under	tax on the distributable amou section 4940(e). Do not comp	olete this par	rt					Yes X No
1 Enter the appropriate amount (a)	ili each colu		ructions bei	ore making any e			г		(d)
Base periód years Calendar year (or tax year begi	nning in)	(b) Adjusted qualifying distrib		Net value of no	(c) nchar	itable-use asset		Distrib (col. (b) div	oution ratio rided by col. (c))
2014		20	,650. ,550.			973,49 820,13	9 •		.038675
2012			,350.			605,31		_	.046835
2011			,398.			557,86			.050905
2010			,495.	·		569,48			.041257
			·					Τ	
2 Total of line 1, column (d)							2		.213703
3 Average distribution ratio for t	he 5-year ba	se period - divide the total on l	line 2 by 5,	or by the number	of ye	ars		1	
the foundation has been in exi	stence if less	s than 5 years					3		.042741
4 Enter the net value of nonchar	ıtable-use as	sets for 2015 from Part X, line	e 5				4		1,012,371.
5 Multiply line 4 by line 3							5		43,270.
6 Enter 1% of net investment in	come (1% of	Part I, line 27b)					6		5.
7 Add lines 5 and 6							7		43,275.
8 Enter qualifying distributions f							8		48,708.
If line 8 is equal to or greater t See the Part VI instructions.	han line 7, cl	neck the box in Part VI, line 1b	, and comp	lete that part using	g a 19	% tax rate.			

Form 990-PF (2015) THE MARSHALL FAMILY FOUNDATION, INC. 74-283244		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	ruction	ons)
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)		_
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%		5.
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).		•
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
3 Add lines 1 and 2		5.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5.
6 Credits/Payments:		
a 2015 estimated tax payments and 2014 overpayment credited to 2015		
b Exempt foreign organizations - tax withheld at source 6b		
c Tax paid with application for extension of time to file (Form 8868)		
d Backup withholding erroneously withheld		•
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 attached 8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		5.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	_	
Part VII-A Statements Regarding Activities	IV-	al Na
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Ye	
any political campaign?	-	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		 ^
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
distributed by the foundation in connection with the activities.	1	.
c Did the foundation file Form 1120-POL for this year?	╁┈	<u> X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •		
		ŀ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 •	1	
managers. \(\bigs \) \(\bigs		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 instrument, articles of incorporation, or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1	x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	+	$\frac{1}{x}$
b if "Yes," has it filed a tax return on Form 990-T for this year? N/A	_	+==
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	+	 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:		ŀ
• 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 law		1
remain in the governing instrument?	x	1
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
	1	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)		
KS		
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)	1	
of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 5	1	Х
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	1	1
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	1.	Х
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT 6	X	

if the foundation agreed to make a grant to or to employ the official for a period after

section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?

b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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?

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

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

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

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

termination of government service, if terminating within 90 days.)

before the first day of the tax year beginning in 2015?

defined in section 4942(j)(3) or 4942(j)(5)):

before 2015?

during the year?

If "Yes," list the years ▶

statement - see instructions.)

Organizations relying on a current notice regarding disaster assistance check here

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b Yes X No b If "Yes," did it have excess business holdings in 2015 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, N/A

Yes X No

Yes X No

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4a

X

X

X

1b

1c

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	975,627.
b	Average of monthly cash balances	1b	975,627. 52,161.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,027,788.
е	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	1,027,788.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,417.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,012,371.
6	Minimum Investment return. Enter 5% of line 5	6	50,619.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
_	Minimum investment return from Part X, line 6	4 T	50,619.
1		1	30,013.
	Income tax for 2015. (This does not include the tax from Part VI.) Add lines 2a and 2b		E
	Distributable amount before adjustments. Subtract line 2c from line 1	2c	50,614.
3 4	Recoveries of amounts treated as qualifying distributions	3 4	0.
5	Add lines 3 and 4		50,614.
6		5	
7	Deduction from distributable amount (see instructions)	6	50,614.
<u>. </u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	50,614.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	48,708.
þ	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:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	·
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	48,708.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	5.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,703.
	Note. The amount on line 6 will be used in Part V. column (h) in subsequent years when calculating whether the foundation of	undifine fe	or the coetion

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII	Undistributed	Income	(see instructions)
raitAiii	Onaisti ibatea	IIICOIIIC	(See motructions

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				50,614.
2 Undistributed income, if any, as of the end of 2015		· -		
a Enter amount for 2014 only			48,593.	
b Total for prior years:				-
,,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 48,708.				
a Applied to 2014, but not more than line 2a			48,593.	
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 2015 distributable amount				115.
e Remaining amount distributed out of corpus	0.			<u> </u>
5 Excess distributions carryover applied to 2015 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				50,499.
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.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.			· -	
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
22601 11 24 16	·			Form 990-DE (2015)

INC.

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ASHBY HOUSE NONE PUBLIC GENERAL FUND 153 SOUTH 8TH STREET SALINA, KS 67401 300. ATCHINSON ANIMAL CONTROL NONE PUBLIC GENERAL FUND 1801 MAIN ST ATCHISON, KS 66002 500. BIG BROTHERS BIG SISTERS NONE PUBLIC GENERAL FUND 353 E AVE A SALINA, KS 67401 300. BOY SCOUTS OF AMERICA NONE PUBLIC GENERAL FUND 644 S. OHIO SALINA, KS 67401 400. CHILD ADVOCACY AND PARENTING SERVICES NONE PUBLIC GENERAL FUND 153 S. 5TH STREET SALINA, KS 67401 300. SEE CONTINUATION SHEET(S) Total 38,708. **▶** 3a b Approved for future payment NONE Total **▶** 3b 0.

Page 12

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		oy section 512, 513, or 514	(e)
•	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a PASS-THROUGH LOSS FROM					
b PUBLICLY-TRADED					
c PARTNERSHIP	211110	<8,242	•>		
d					
e					
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			14	947.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	<u> </u>				
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		-			
11 Other revenue:		,			
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		<8,242	•▶	947.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	<7,295.
(See worksheet in line 13 instructions to verify calculations.)					

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).
- 	
	
	
23621 11-24	15 Form 990-PF (2015

Form 990-PF (2015) THE MARSHALL FAMILY FOUNDATION, INC. 74-2832446 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a)Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A jupy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge eparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the prepare Sign ee instr)? Here PRESIDENT X Yes Signature of officer or trustee Print/Type preparer's name Preparer's signature Check If Date self- employed **Paid** LOREN J. YOUNG 05/11/16 P00005242 **Preparer** Firm's EIN ► 48-0567703 Firm's name ► KCOE ISOM,

Form **990-PF** (2015)

Phone no. (785)825-1561

Use Only

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

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.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

<u> </u>	THE MARSHALL FAMILY FOUNDATION, INC.	74-2832446
Organization type (check	k 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	
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contri	
Special Rules		
sections 509(a)(⁻ any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or f cruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, ente purpose. Do not	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ins exclusively for religious, charitable, etc., purposes, but no such contributions total refer the total contributions that were received during the year for an exclusively relection complete any of the parts unless the General Rule applies to this organization becable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box ligious, charitable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Sche on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or or set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

THE MARSHALL FAMILY FOUNDATION, INC.

74-2832446

Part Ì	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARBARA MARSHALL 1714 UPPER MILL TERRACE SALINA, KS 67401	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARSHALL FAMILY ENTERPRISES 1714 UPPER MILL TERRACE SALINA, KS 67401	\$10,000.	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)

Employer identification number

THE MARSHALL FAMILY FOUNDATION, INC.

74-2832446

Part 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
		\$\$Schedule B (Form	

Name of orga	anization			Employer identification number				
THE MA	RSHALL FAMILY FOUNDAT	ION, INC.		74-2832446				
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet completing Part III, enter the total of exclusively religi	e columns (a) through (e) and the follo	WING line entry. For organization	ns				
	Use duplicate copies of Part III if addition	onal space is needed.	y - Lenter billo into one					
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
		(e) Transfer of gif	t					
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held				
		(e) Transfer of gif	1					
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held				
			_					
	(e) Transfer of gift							
_	Transferee's name, address,	Relationship of tra	nsferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-								
-	(e) Transfer of gift							
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
-								
-			-					

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient DOMESTIC VIOLENCE ASSOCIATION OF NONE PUBLIC GENERAL FUND CENTRAL KANSAS PO BOX 1854 SALINA, KS 67402-1854 500. FIRST UNITED METHODIST CHURCH NONE PUBLIC GENERAL FUND 122 S. 8TH STREET SALINA, KS 67401 2,600. NONE KANSAS WESLEYAN UNIVERSITY PUBLIC GENERAL FUND 100 E. CLAFLIN SALINA, KS 67401 5,000. KU ENDOWMENT FOUNDATION NONE PUBLIC GENERAL FUND PO BOX 928 LAWRENCE, KS 66044-0928 1,000. MEALS ON WHEELS NONE PUBLIC GENERAL FUND 245 N. 9TH STREET SALINA, KS 67401 500. NONE OCCK, INC. PUBLIC GENERAL FUND 1710 W. SCHILLING AVE. SALINA, KS 67401 2,000. PRESBYTERIAN MANOR FOUNDATION NONE PUBLIC GENERAL FUND 2601 E. CRAWFORD SALINA, KS 67401 500. ROLLING HILLS WILDLIFE PARK NONE PUBLIC GENERAL FUND 625 N. HEDVILLE SALINA, KS 67401 2,500. NONE SALINA ANIMAL SHELTER PUBLIC GENERAL FUND 329 N. 2ND STREET 100. SALINA, KS 67401 SALINA EMERGENCY AID/FOOD BANK NONE PUBLIC GENERAL FUND 255 SOUTH CHICAGO STREET SALINA, KS 67401 500. 36,908. Total from continuation sheets

3 Grants and Contributions Paid During the		<u>, </u>	.,.	
, Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NAT TAX AREA MY PRINCENTON POINTS MICH.	NOVE .			
SALINA HEALTH EDUCATION FOUNDATION 551 E. PRESCOTT	NONE	PUBLIC	GENERAL FUND	
SALINA, KS 67401				50
SALINA SYMPHONY	NONE	PUBLIC	GENERAL FUND	
151 S. SANTA FE				
SALINA, KS 67401				9,00
SALINA UNITED WAY 128 N. SANTA FE	NONE	PUBLIC	GENERAL FUND	
SALINA, KS 67401				1,90
SALINE COUNTY 4-H	NONE	PUBLIC	GENERAL FUND	
300 W. ASH				
SALINA, KS 67401				30
SALVATION ARMY	NONE	PUBLIC	GENERAL FUND	
1137 N. SANTA FE				
SALINA, KS 67401				50
AND THE MISSION OF	VONT			
SANDZEN MUSEUM 401 N FIRST ST	NONE	PUBLIC	GENERAL FUND	:
LINDSBORG, KS 67456				25
SPENCER MUSEUM OF ART	NONE	PUBLIC	GENERAL FUND	
301 MISSISSIPPI STREET				
AWRENCE, KS 66045				4,00
ST. FRANCIS 509 E ELM ST	NONE	PUBLIC	GENERAL FUND	
SALINA, KS 67401				1,00
,				
SUNFLOWER ADULT DAY CARE	NONE .	PUBLIC	GENERAL FUND	
101 W IRON AVE				
SALINA, KS 67401				30
THE CITY	NONE	PUBLIC	GENERAL FUND	
129 N 7TH ST Salina KS 67401				
SALINA, RS 67401 Total from continuation sheets	<u> </u>		<u> </u>	50

3 Grants and Contributions Paid During the				
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
USD 339	NONE	PUBLIC	GENERAL FUND	
310 5TH ST				
WINCHESTER, KS 66097		<u> </u>		1,70
UNITED METHODIST CHURCH	NONE	PUBLIC	GENERAL FUND	
921 5TH ST				
CLAY CENTER, KS 67432				25
SALINE COUNTY FAIR	NONE	PUBLIC	GENERAL FUND	
900 GREELEY AVE				
SALINA, KS 67401				30
SALINA EDUCATION FOUNDATION	NONE	PUBLIC	GENERAL FUND	
1511 GYPSUM AVE				
SALINA, KS 67401				30
ALPHA NU BETA FOUNDATION	NONE	PUBLIC	GENERAL FUND	
1425 TENNESSEE ST				
LAWRENCE, KS 66044-0928				40
KANSAS DENTAL FOUNDATION	NONE	PUBLIC	GENERAL FUND	
5200 SW HUNTOON TOPEKA, KS 66604				
TOPERA, NO UUUU				50
CONTRIBUTIONS PASSTHROUGH FROM	NONE			
PUBLICLY-TRADED PARTNERSHIP	NONE			
			-	
Total from continuation sheets		<u> </u>	.1	

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECT	JRITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS			
FLOWTHROUGH FROM ENERGY TRANSFER PARTNERS	947.		0.	947	7. 947		
TO PART I, LINE 4	947.		0.	947	947		
FORM 990-PF		OTHER :	INCO	ME		STATEMENT	2
DESCRIPTION		_		(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
PASS-THROUGH LOSS F PUBLICLY-TRADED PAR				<8,242.>	0.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =		<8,242.>	0.		
FORM 990-PF		TAX	KES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME		
ANNUAL FILING FEE TAX ON UNDISTRIBUTE	— D	40.		40.			0.
INCOME		47.	- —	0.			0.
TO FORM 990-PF, PG	T, PN 18	87.	•	40.			0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	4	
DESCRIPTION	BOOK VALUE	FAIR MARKE	r	
CORPORATE STOCKS	110,737.	898,532.		
TOTAL TO FORM 990-PF, PART II, I	LINE 10B 110,737.	898,532.		
FORM 990-PF EXPLANATION CONCE	ERNING PART VII-A, LINE 8B	STATEMENT	5	
EXPLANATION NOT REQUIRED IN KANSAS				
	UBSTANTIAL CONTRIBUTORS F VII-A, LINE 10	STATEMENT	6	
NAME OF CONTRIBUTOR	ADDRESS			
LARRY L. MARSHALL	1714 UPPER MILL TERRACE SALINA, KS 67401			
MARSHALL MOTOR COMPANY	3500 SOUTH NINTH STREET SALINA, KS 67401			
ANN MCCALL	217 1ST STREET NEW CAMBRIA, KS 67470			
TOM RUPP	142 OVERHILL ROAD SALINA, KS 67401			
SUNFLOWER BANK	3025 CORTLAND CIRCLE SALINA, KS 67401			
MARSHALL FAMILY ENTERPRISES	1714 UPPER MILL TERRACE			

SALINA, KS 67401

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 7 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.