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

OMB No 1545-0052

2009

Department of the Treasury
Internal Revenue Service

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

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply. ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	The DePriest Family Foundation Inc 2902 Frederick Ave St. Joseph, MO 64506		A Employer identification number 35-2263621
			B Telephone number (see the instructions) 816-233-7043
			C If exemption application is pending, check here <input type="checkbox"/>
			D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 208,837.		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc. received (att sch)	6,000.			
2	Ch <input type="checkbox"/> if the foundn is not req to att Sch B				
3	Interest on savings and temporary cash investments	50.	50.	50.	
4	Dividends and interest from securities	5,204.	5,204.	5,204.	
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain/(loss) from sale of assets not on line 10	-78,642.			
b	Gross sales price for all assets on line 6a	172,802.			
7	Capital gain/loss (from Part IV, line 2)		0.		
8	Net short-term capital gain			0.	
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit (loss) (attach sch)				
11	Other income (attach schedule) See Statement 1	37.	37.	37.	
12	Total. Add lines 1 through 11	-67,351.	5,291.	5,291.	
13	Compensation of officers, directors, trustees, etc.	0.			
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach sch) See St 2	1,115.	1,115.	1,115.	
c	Other prof fees (attach sch) See St 3	3,904.	3,904.	3,904.	
17	Interest				
18	Taxes (attach schedule) (see instr) See Stm 4	54.	54.	54.	
19	Depreciation (attach sch) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)				
24	Total operating and administrative expenses. Add lines 13 through 23	5,073.	5,073.	5,073.	
25	Contributions, gifts, grants paid Part XV	4,850.			4,850.
26	Total expenses and disbursements. Add lines 24 and 25	9,923.	5,073.	5,073.	4,850.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	-77,274.			
b	Net investment income (if negative, enter -0-)		218.		
c	Adjusted net income (if negative, enter -0-)			218.	

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

Beginning of year

End of year

(a) Book Value

(b) Book Value

(c) Fair Market Value

ASSETS	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	14,848.	8,062.	8,062.
	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 (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	488.	484.	484.
	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	LIABILITIES	11	Investments – land, buildings, and equipment basis		
		Less: accumulated depreciation (attach schedule)			
12		Investments – mortgage loans			
13		Investments – other (attach schedule)	222,990.	152,506.	200,291.
14		Land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
15		Other assets (describe)			
16		Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	238,326.	161,052.	208,837.
17		Accounts payable and accrued expenses			
18		Grants payable			
19	Deferred revenue				
20	Loans from officers, directors, trustees, & other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe)				
23	Total liabilities (add lines 17 through 22)	0.	0.		
NET FUND ASSETS OR BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	238,326.	161,052.	
	30	Total net assets or fund balances (see the instructions)	238,326.	161,052.	
	31	Total liabilities and net assets/fund balances (see the instructions)	238,326.	161,052.	

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)	1	238,326.
2	Enter amount from Part I, line 27a	2	-77,274.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	161,052.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30.	6	161,052.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a see attached schedules		P	Various	Various
b see attached schedules		P	Various	Various
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 36,348.		36,669.	-321.
b 136,454.		214,775.	-78,321.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			-321.
b			-78,321.
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>		2	-78,642.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 </div>		3	-321.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	9,643.	210,835.	0.045737
2007	12,700.	238,571.	0.053234
2006	13,350.	235,390.	0.056714
2005		57,992.	
2004			

2 Total of line 1, column (d)	2	0.155685
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.038921
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	178,741.
5 Multiply line 4 by line 3	5	6,957.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2.
7 Add lines 5 and 6	7	6,959.
8 Enter qualifying distributions from Part XII, line 4	8	4,850.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instr.)		1	4.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% 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, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	4.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	4.
6 Credits/Payments:			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a	488.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	488.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	484.	
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
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.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		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? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
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 law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XIV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) MO		
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? <i>If 'No,' attach explanation</i>	X	
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 year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>Barbara Braznell</u> Telephone no <u>816-364-1818</u> Located at <u>2902 Frederick Ave St Joseph MO</u> ZIP + 4 <u>64506</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> <u>N/A</u>			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	N/A
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 before the first day of the tax year beginning in 2009?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions)	2 b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3 b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

N/A

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

6b X

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

7b N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MICHAEL D. DEPRIEST 2902 FREDERICK AVE ST JOSEPH, MO 64506	Director 1.00	0.	0.	0.
BARBARA A. BRAZNELL 2902 FREDERICK AVE ST JOSEPH, MO 64506	Director 1.00	0.	0.	0.
LAURA N. KOZMINSKI 1094 ISLAND DRIVE COURT ANN ARBOR, MI 48105-2049	Director 1.00	0.	0.	0.
S. GENEVIEVE DEPRIEST 1914 KENTUCKY LAWRENCE, KS 66046	Director 0	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter **NONE**.

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 <u>MAKING DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.</u>	4,850.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	173,266.
b	Average of monthly cash balances	1b	8,197.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	181,463.
e	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	181,463.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,722.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	178,741.
6	Minimum investment return. Enter 5% of line 5	6	8,937.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	8,937.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	4.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	4.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,933.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,933.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,933.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	4,850.
b	Program-related investments — total from Part IX-B	1b	
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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,850.
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 (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,850.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				8,933.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years: 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				723.
d From 2007				1,062.
e From 2008				
f Total of lines 3a through e	1,785.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 4,850.				
a Applied to 2008, but not more than line 2a			0.	
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 2009 distributable amount				4,850.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	1,785.			1,785.
6 Enter the net total of each column as indicated below:				
a 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 2008 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				2,298.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ASHLAND UNITED METHODIST CHURCH 2711 ASHLAND AVENUE ST JOSEPH, MO 64506			RELIGIOUS BENEFIT	3,000.
ST. JOSEPH SYMPHONY 120 S. 8TH ST JOSEPH, MO 64501			PROMOTE LOCAL MUSIC/SYMPHONY	500.
ROBIDOUX RESIDENT THEATRE 118 S. 8TH ST JOSEPH, MO 64501			PROMOTE LOCAL THEATRICAL PRODUCTIONS	500.
CENTRAL HIGH SCHOOL-THEATRE/VOCAL 2602 EDMOND ST JOSEPH, MO 64501			LOCAL HIGH SCHOOL THEATRICAL & VOCAL PRODUCTIONS	500.
ALLIED ARTS FUND 118 S. 8TH ST JOSEPH, MO 64501			PROMOTE LOCAL ARTS	350.
Total			3a	4,850.
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)	
1 Program service revenue:						
a						
b						
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						50.
4 Dividends and interest from securities						5,204.
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						
8 Gain or (loss) from sales of assets other than inventory						-78,642.
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a NON DIV DISTRIBUTIONS						37.
b						
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)						-73,351.
13 Total. Add line 12, columns (b), (d), and (e)						-73,351.

(See worksheet in the instructions for line 13 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

The DePriest Family Foundation Inc

Employer identification number

35-2263621

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)(____) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate 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 aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

The DePriest Family Foundation Inc

35-2263621

Part I Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Michael DePriest/Barb Braznell 2902 Frederick Avenue St Joseph, MO 64506	\$ 6,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

The DePriest Family Foundation Inc

35-2263621

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization

Employer identification number

The DePriest Family Foundation Inc

35-2263621

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions)

► \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

2009

Federal Statements

Page 1

Client 20165

The DePriest Family Foundation Inc

35-2263621

5/19/10

11 44AM

Statement 1
Form 990-PF, Part I, Line 11
Other Income

	(a) Revenue per Books	(b) Net Investment Income	(c) Adjusted Net Income
NON DIV DISTRIBUTIONS	\$ 37.	\$ 37.	\$ 37.
Total	<u>\$ 37.</u>	<u>\$ 37.</u>	<u>\$ 37.</u>

Statement 2
Form 990-PF, Part I, Line 16b
Accounting Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
TAX PREPARATION	\$ 1,115.	\$ 1,115.	\$ 1,115.	
Total	<u>\$ 1,115.</u>	<u>\$ 1,115.</u>	<u>\$ 1,115.</u>	<u>\$ 0.</u>

Statement 3
Form 990-PF, Part I, Line 16c
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
AGENCY FEES	\$ 3,904.	\$ 3,904.	\$ 3,904.	
Total	<u>\$ 3,904.</u>	<u>\$ 3,904.</u>	<u>\$ 3,904.</u>	<u>\$ 0.</u>

Statement 4
Form 990-PF, Part I, Line 18
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FEDERAL EXCISE TAX	\$ 4.	\$ 4.	\$ 4.	
FOREIGN TAXES	50.	50.	50.	
Total	<u>\$ 54.</u>	<u>\$ 54.</u>	<u>\$ 54.</u>	<u>\$ 0.</u>

Form-990F-Part II - Line 13 (c)



WACHOVIA

Wachovia Trust Statement

Statement Period: 12/01/2009 - 12/31/2009
 Account Number: 3420014555
 IP Number: 5302146 B 203 00002

Account Title: DE PRIEST FAMILY FOUNDATION
 WACHOVIA BANK, N.A.
 AS AGENT UNDER AGREEMENT DTD
 12/12/05

ACCOUNT STATEMENT

Investment Analysis Detail

Shares/ Par Value/ Units	Description	Total Tax Cost	Market Value As Of 12/31/09	% Total Account	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
PRINCIPAL ASSETS							
EQUITIES							
DOMESTIC FUNDS							
552.411	ARTISAN SMALL CAP VALUE FD INV CL	5,082.18	7,916.05	3.8	2,833.87	9	0.1
	AVERAGE UNIT TAX COST	\$9 200					
	UNIT MARKET PRICE	\$14.330					
	CUSIP / TICKER: 04314H501 / ARTVX						
293.722	BLACKROCK U S OPPORTUNITIES PORTFOLIO CLI	6,787.91	9,874.93	4.7	3,087.02	20	0.2
	AVERAGE UNIT TAX COST	\$23 110					
	UNIT MARKET PRICE	\$33 620					
	CUSIP / TICKER: 091929760 / BMCIX						
458.456	BRANDYWINE BLUE FD	8,648.09	9,898.07	4.8	1,249.98	31	0.3
	AVERAGE UNIT TAX COST	\$18 860					
	UNIT MARKET PRICE	\$21 590					
	CUSIP / TICKER: 10532B101 / BLUEX						
1,622.042	DELAWARE GRP EQUITY FDS II DIVER VALUE I	11,886.08	14,695.70	7.1	2,809.62	339	2.3
	AVERAGE UNIT TAX COST	\$7 330					
	UNIT MARKET PRICE	\$9 060					
	CUSIP / TICKER: 24610C857 / DDVIX						
211.163	FIDELITY ADV LEVRGD COMPNY-1	3,515.85	5,916.79	2.8	2,400.94	33	0.6
	AVERAGE UNIT TAX COST	\$16 650					
	UNIT MARKET PRICE	\$28 020					
	CUSIP / TICKER: 315805374 / FLVIX						

Wachovia Trust Statement

Statement Period: 12/01/2009 - 12/31/2009
 Account Number: 3420014555
 IP Number: 5302146 B 203 00002

Account Title: DE PRIEST FAMILY FOUNDATION
 WACHOVIA BANK, N.A.
 AS AGENT UNDER AGREEMENT DTD
 12/12/05

Investment Analysis Detail *continued*

Shares/ Par Value/ Units	Description	Total Tax Cost	Market Value As Of 12/31/09	% Total Account	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
460 959	FORWARD SMALL CAP EQUITY FUND INSTL	5,212.17	6,905.17	3.3	1,693.00	18	0.3
	AVERAGE UNIT TAX COST						
	UNIT MARKET PRICE						
	CUSIP / TICKER: 349913889 / FFHIX						
327 893	HARTFORD CAPITAL APPREC-I AVERAGE UNIT TAX COST	6,462.77	10,036.80	4.8	3,574.03	141	1.4
	UNIT MARKET PRICE						
	CUSIP / TICKER: 416649309 / ITHIX						
998 357	JOHN HANCOCK CLASSIC VALUE I AVERAGE UNIT TAX COST	9,444.46	14,376.34	6.9	4,931.88	161	1.1
	UNIT MARKET PRICE						
	CUSIP / TICKER: 409902756 / JCVIX						
432 370	MANAGERS TIMESSQ M/C GRW=PR AVERAGE UNIT TAX COST	3,571.37	5,101.97	2.4	1,530.60	0	0.0
	UNIT MARKET PRICE						
	CUSIP / TICKER: 561709833 / TMDPX						
470 849	RS VALUE FUND CL Y AVERAGE UNIT TAX COST	6,634.26	9,727.74	4.7	3,093.48	17	0.2
	UNIT MARKET PRICE						
	CUSIP / TICKER: 74972H614 / RSVYX						
1,427,326	WELLS FARGO ADVANTAGE ENDEAVOR SELECT FD CLJ	8,749.51	12,032.36	5.8	3,282.85	39	0.3
	AVERAGE UNIT TAX COST						
	UNIT MARKET PRICE						
	CUSIP / TICKER: 949915565 / WFCIX						
TOTAL DOMESTIC FUNDS		\$75,994.65	\$106,481.92	51.1%	\$30,487.27	\$808	0.8%



Form 990PF-Part II - Line 13(c)



WACHOVIA

Wachovia Trust Statement

ACCOUNT STATEMENT

Statement Period: 12/01/2009 - 12/31/2009
 Account Number: 3420014555
 IP Number: 5302146 B 203 00002

Account Title: DE PRIEST FAMILY FOUNDATION
 WACHOVIA BANK, N.A.
 AS AGENT UNDER AGREEMENT DTD
 12/12/05

Investment Analysis Detail *continued*

Shares/ Par Value/ Units	Description	Total Tax Cost	Market Value As Of 12/31/09	% Total Account	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
INTERNATIONAL FUNDS							
533 013	ALLIANCEBERNSTEIN INT VAL-AD AVERAGE UNIT TAX COST \$9 150 UNIT MARKET PRICE \$13 910 CUSIP / TICKER 018913400 / ABIYX	4,877.07	7,414.21	3.6	2,537.14	115	1.6
610 628	ARTIO INTERNATIONAL EQUITY II-H AVERAGE UNIT TAX COST \$8 800 UNIT MARKET PRICE \$11.780 CUSIP / TICKER 04315J837 / JETIX	5,371.97	7,193.20	3.5	1,821.23	354	4.9
678 800	HARBOR INTERNATIONAL GROWTH FUND INS CL AVERAGE UNIT TAX COST \$7 420 UNIT MARKET PRICE \$11 070 CUSIP / TICKER 411511801 / HAIGX	5,036.70	7,514.32	3.6	2,477.62	71	0.9
145.504	MANAGERS EMERGING MARKETS EQUITY FD AVERAGE UNIT TAX COST \$7 370 UNIT MARKET PRICE \$13 540 CUSIP / TICKER 561717828 / MEMEX	1,072.37	1,970.12	0.9	897.75	4	0.2
TOTAL INTERNATIONAL FUNDS		\$16,358.11	\$24,091.85	11.6%	\$7,733.74	\$544	2.3%
TOTAL EQUITIES		\$92,352.76	\$130,573.77	62.7%	\$38,221.01	\$1,352	1.0%
FIXED INCOME							
TAXABLE DOMESTIC BOND FUNDS							

Form 990PF- Part II- Line 13(c)

Wachovia Trust Statement

Statement Period: 12/01/2009 - 12/31/2009
 Account Number: 3420014555
 IP Number: 5302146 B 203 00002

Account Title: DE PRIEST FAMILY FOUNDATION
 WACHOVIA BANK, N.A.
 AS AGENT UNDER AGREEMENT DTD
 12/12/05

Investment Analysis Detail *continued*

Shares/ Par Value/ Units	Description	Total Tax Cost	Market Value As Of 12/31/09	% Total Account	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
745.910	DODGE & COX INCOME FD AVERAGE UNIT TAX COST \$11,920 UNIT MARKET PRICE \$12,960 CUSIP / TICKER: 256210105 / DODIX	8,894.95	9,666.99	4.6	772.04	505	5.2
1,782.787	EATON VANCE INCOME FD OF BOSTON IN CL AVERAGE UNIT TAX COST \$4,110 UNIT MARKET PRICE \$5,540 CUSIP / TICKER: 277907200 / EIBIX	7,319.11	9,876.64	4.7	2,557.53	927	9.4
1,725.315	MAINSTAY HIGH YIELD CORPORATE BOND FUND CL I AVERAGE UNIT TAX COST \$4,540 UNIT MARKET PRICE \$5,650 CUSIP / TICKER: 56062X708 / MHYIX	7,824.93	9,748.03	4.7	1,923.10	785	8.1
407.293	MFS EMERGING MKTS DEBT FD-I AVERAGE UNIT TAX COST \$11,560 UNIT MARKET PRICE \$14,040 CUSIP / TICKER: 55273E640 / MEDIX	4,710.32	5,718.39	2.7	1,008.07	342	6.0
1,464.223	PIMCO DIVERSIFIED INCOME FD CL I AVERAGE UNIT TAX COST \$8,690 UNIT MARKET PRICE \$10,610 CUSIP / TICKER: 693391880 / PDIIIX	12,726.29	15,535.41	7.5	2,809.12	911	5.9
883.262	PIMCO TOTAL RETURN FD INST CL AVERAGE UNIT TAX COST \$10,240 UNIT MARKET PRICE \$10,800 CUSIP / TICKER: 693390700 / PTTRIX	9,045.70	9,539.23	4.6	493.53	537	5.6
TOTAL TAXABLE DOMESTIC BOND FUNDS		\$50,521.30	\$60,084.69	28.8%	\$9,563.39	\$4,007	6.7%





WACHOVIA

Wachovia Trust Statement

Statement Period: 12/01/2009 - 12/31/2009
 Account Number: 3420014555
 IP Number: 5302146 B 203 00002

Account Title: DE PRIEST FAMILY FOUNDATION
 WACHOVIA BANK, N.A.
 AS AGENT UNDER AGREEMENT DTD
 12/12/05

ACCOUNT STATEMENT

Investment Analysis Detail *continued*

Shares/ Par Value/ Units	Description	Total Tax Cost	Market Value As Of 12/31/09	% Total Account	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
TOTAL FIXED INCOME							
SHORT-TERM RESERVES & CASH							
	WACHOVIA PT MONEY MARKET	9,632.49	9,632.49	4.6	0.00	1	0.0
	AVERAGE UNIT TAX COST						
	UNIT MARKET PRICE						
	CUSIP 997981006						
TOTAL SHORT-TERM RESERVES & CASH							
		\$9,632.49	\$9,632.49	4.6%	\$0.00	\$1	0.0%
TOTAL PRINCIPAL ASSETS							
		\$152,506.55	\$200,290.95	96.1%	\$47,784.40	\$5,360	2.7%
INCOME ASSETS							
SHORT-TERM RESERVES & CASH							
	WACHOVIA PT MONEY MARKET	8,061.87	8,061.87	3.9	0.00	1	0.0
	AVERAGE UNIT TAX COST						
	UNIT MARKET PRICE						
	CUSIP 997981006						
TOTAL SHORT-TERM RESERVES & CASH							
		\$8,061.87	\$8,061.87	3.9%	\$0.00	\$1	0.0%
TOTAL INCOME ASSETS							
		\$8,061.87	\$8,061.87	3.9%	\$0.00	\$1	0.0%
TOTAL ASSETS							
		\$160,568.42	\$208,352.82	100.0%	\$47,784.40	\$5,361	2.6%

2009 Tax Information Statement

Recipient's Name and Address

DEPRIEST FAMILY FOUNDATION, INC.

BARBARA BRAZNELL, DIRECTOR

2902 FREDERICK AVENUE

ST. JOSEPH, MO 64506

Account Number: 3420014555

Recipient's Tax ID number: 35-2263621

Payer's Federal ID number: 20-1535617

Questions? (800)691-8916

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address

WACHOVIA TRUST - NSG TAX

FIDUCIARY TAX DEPARTMENT, NC1161

1525 WEST W.T. HARRIS BLVD.

CHARLOTTE, NC 28288-1161

2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax
								Withheld (Box 4)
Short Term Sales Reported on 1099-B								
59.1670	298706409	AMERICAN EUROPEAN GROWTH FUND CL F	01/07/2009	01/30/2009	1,502.84	1,673.83	-170.99	0.00
52.0990	354713109	FRANKLIN STRATEGIC SER SMALL CAP GROWTH FD CL A (FORMERLY SMALL CL F)	VARIOUS	01/30/2009	1,016.45	1,187.66	-171.21	0.00
93.2220	38141W398	GOLDMAN SACHS MID-CAP VALUE FUND INSTITUTIONAL SHARES	10/20/2008	01/30/2009	1,934.36	2,261.56	-327.20	0.00
197.4760	38142B146	GOLDMAN SACHS CAPITAL GROWTH FUND INSTITUTIONAL SHARES	VARIOUS	01/30/2009	2,549.42	3,042.75	-493.33	0.00
181.6580	38142V829	GOLDMAN SACHS TR REAL ESTATE SECURITIES FUND	01/07/2009	01/30/2009	1,242.54	1,446.00	-203.46	0.00
112.6810	38142Y401	GOLDMAN SACHS GROWTH OPPORTUNITIES INSTITUTIONAL SHARES	01/07/2009	01/30/2009	1,419.78	1,530.21	-110.43	0.00
164.9590	38142Y773	GOLDMAN SACHS LARGE CAP VALUE FUND INSTITUTIONAL SHARES	VARIOUS	01/30/2009	1,322.97	1,551.06	-228.09	0.00
77.9240	575719109	MASS INVS GROWTH STK FD INC CL A	VARIOUS	01/30/2009	714.56	792.30	-77.74	0.00
878.2390	880196209	TEMPLETON FDS INC-FOREIGN FD CL A	VARIOUS	01/30/2009	3,565.65	4,793.26	-1,227.61	0.00
40.2650	939330403	AMERICAN WASHINGTON MUTUAL INVESTORS FD	VARIOUS	01/30/2009	781.54	979.82	-198.28	0.00
23.6310	018913400	ALLIANCEBERNSTEIN INT VAL-AD	01/30/2009	04/22/2009	231.11	216.22	14.89	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Part IV - Form 990 PF

2009 Tax Information Statement

Recipient's Name and Address

DEPRIEST FAMILY FOUNDATION, INC.
BARBARA BRAZNELL, DIRECTOR
2902 FREDERICK AVENUE
ST. JOSEPH, MO 64506

Account Number: 3420014555

Recipient's Tax ID number: 35-2263621

Payer's Federal ID number: 20-1535617

Questions? (800)691-8916

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address

WACHOVIA TRUST - NSG TAX
FIDUCIARY TAX DEPARTMENT, NC1161
1525 WEST W.T. HARRIS BLVD.
CHARLOTTE, NC 28288-1161

Number of shares	CUSIP (Box 5)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
50.1050	04314H501	ARTISAN SMALL CAP VALUE FD	01/30/2009	04/22/2009	519.59	460.97	58.62	0.00
16.0510	091929760	BLACKROCK MCR CP EQ INST	01/30/2009	04/22/2009	395.29	370.94	24.35	0.00
35.3430	277907200	EATON VANCE INCOME FD OF BOSTON IN CL	01/30/2009	04/22/2009	151.62	144.20	7.42	0.00
14.6460	315805374	FIDELITY ADV LEVRGD COMPNY-1	01/30/2009	04/22/2009	265.82	243.86	21.96	0.00
13.0410	349913889	FORWARD SMALL CAP EQUITY FUND INSTL	01/30/2009	04/22/2009	157.14	146.84	10.30	0.00
80.0180	409902756	JOHN HANCOCK CLASSIC VALUE I	01/30/2009	04/22/2009	832.99	756.97	76.02	0.00
32.4400	411511801	HARBOR FD INTL GROWTH FD	01/30/2009	04/22/2009	255.95	240.70	15.25	0.00
22.0730	416649309	HARTFORD CAPITAL APPREC-I	01/30/2009	04/22/2009	474.12	435.06	39.06	0.00
5.0000	552735640	MFS EMERGING MKTS DEBT FD-I	01/30/2009	04/22/2009	59.90	57.30	2.60	0.00
17.3930	561709833	MANAGERS TIMESSQ M/C GRW=PR	01/30/2009	04/22/2009	154.45	143.67	10.78	0.00
24.6720	561717828	MANAGERS EMERGING MARKETS EQUITY FD	01/30/2009	04/22/2009	211.93	181.83	30.10	0.00
25.2890	74972H614	RS VALUE FUND CL Y	01/30/2009	04/22/2009	386.17	356.32	29.85	0.00
27.1750	949915565	WELLS FARGO ADVANTAGE ENDEAVOR SELECT FD	01/30/2009	04/22/2009	173.92	166.58	7.34	0.00
861.9580	957663503	WESTERN ASSET CORE PLUS BOND PORTFOLIO C	01/30/2009	04/22/2009	7,404.22	7,430.08	-25.86	0.00
46.6270	018913400	ALLIANCEBERNSTEIN INT VAL-AD	01/30/2009	07/22/2009	554.39	426.64	127.75	0.00
59.8290	04315J837	ARTIO INTERNATIONAL EQUITY II-I	01/30/2009	07/22/2009	634.19	526.50	107.69	0.00

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2009 Tax Information Statement

Account Number: 3420014555
Recipient's Tax ID number: 35-2263621
Payer's Federal ID number: 20-1535617
Questions? (800)691-8916
☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address
DEPRIEST FAMILY FOUNDATION, INC.
BARBARA BRAZNELL, DIRECTOR
2902 FREDERICK AVENUE
ST. JOSEPH, MO 64506

Payer's Name and Address
WACHOVIA TRUST - NSG TAX
FIDUCIARY TAX DEPARTMENT, NC1161
1525 WEST W.T. HARRIS BLVD.
CHARLOTTE, NC 28288-1161

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks Bonds, etc.	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld
(Box 5)	(Box 1b)	(Box 7)	(Box 1a)	(Box 2)				(Box 4)
36.8020	277907200	EATON VANCE INCOME FD OF BOSTON IN CL	01/30/2009	07/22/2009	180.70	150.15	30.55	0.00
25.5470	315805374	FIDELITY ADV LEVRGD COMPNY-1	01/30/2009	07/22/2009	580.42	425.36	155.06	0.00
32.0800	409902756	JOHN HANCOCK CLASSIC VALUE I	01/30/2009	07/22/2009	385.92	303.48	82.44	0.00
64.2400	411511801	HARBOR FD INTL GROWTH FD	01/30/2009	07/22/2009	624.41	476.66	147.75	0.00
21.6490	416649309	HARTFORD CAPITAL APPREC-I	01/30/2009	07/22/2009	558.34	426.70	131.64	0.00
22.8130	561717828	MANAGERS EMERGING MARKETS EQUITY FD	01/30/2009	07/22/2009	252.08	168.13	83.95	0.00
46.3530	018913400	ALLIANCEBERNSTEIN INT VAL-AD	01/30/2009	10/22/2009	673.04	424.13	248.91	0.00
43.5770	04314H501	ARTISAN SMALL CAP VALUE FD	01/30/2009	10/22/2009	615.74	400.91	214.83	0.00
36.1420	04315J837	ARTIO INTERNATIONAL EQUITY II-I	01/30/2009	10/22/2009	459.00	318.05	140.95	0.00
12.3670	091929760	BLACKROCK MCR CP EQ INST	01/30/2009	10/22/2009	412.32	285.80	126.52	0.00
16.3950	315805374	FIDELITY ADV LEVRGD COMPNY-1	01/30/2009	10/22/2009	454.79	272.98	181.81	0.00
69.2150	409902756	JOHN HANCOCK CLASSIC VALUE I	01/30/2009	10/22/2009	1,025.08	654.77	370.31	0.00
25.6060	411511801	HARBOR FD INTL GROWTH FD	01/30/2009	10/22/2009	292.93	190.00	102.93	0.00
5.3550	416649309	HARTFORD CAPITAL APPREC-I	01/30/2009	10/22/2009	158.94	105.55	53.39	0.00
8.6420	561717828	MANAGERS EMERGING MARKETS EQUITY FD	01/30/2009	10/22/2009	114.94	63.69	51.25	0.00
31.1920	74972H614	RS VALUE FUND CL Y	01/30/2009	10/22/2009	646.62	439.50	207.12	0.00
Total Short Term Sales Reported on 1099-B						36,348.19	-320.80	0.00

Long Term 15% Sales Reported on 1099-B

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2009 Tax Information Statement

Page 10 of 23
 Recipient's Name and Address
 Ref: 152
 DEPRIEST FAMILY FOUNDATION, INC.
 BARBARA BRAZNELL, DIRECTOR
 2902 FREDERICK AVENUE
 ST. JOSEPH, MO 64506

Account Number: 3420014555
 Recipient's Tax ID number: 35-2263621
 Payer's Federal ID number: 20-1535617
 Questions? (800)691-8916
☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
 WACHOVIA TRUST - NSG TAX
 FIDUCIARY TAX DEPARTMENT, NC1161
 1525 WEST W.T. HARRIS BLVD.
 CHARLOTTE, NC 28288-1161

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks, etc.	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld
(Box 5)	(Box 1b)	(Box 7)		(Box 1a)	(Box 2)			(Box 4)
37.7840	097873400	AMERICAN THE BOND FUND OF F	02/27/2006	01/07/2009	409.96	498.37	-88.41	0.00
70.5440	31428Q507	FEDERATED TOTAL RETURN BOND FUND INSTITUTIONAL SERVICE SHARES	VARIOUS	01/07/2009	723.08	748.96	-25.88	0.00
8.3370	38141W398	GOLDMAN SACHS MID-CAP VALUE FUND INSTITUTIONAL SHARES	02/27/2006	01/07/2009	186.92	307.89	-120.97	0.00
357.3050	38141W810	GOLDMAN SACHS CORE FIXED INCOME FD INSTITUTIONAL SHARES	VARIOUS	01/07/2009	3,033.52	3,519.43	-485.91	0.00
45.8460	55272P208	\$MFS FIXED INCOME TRUST BOND FUND CLASS A	02/27/2006	01/07/2009	487.80	578.12	-90.32	0.00
262.6540	746792100	PUTNAM INCOME FD INC CL A	02/27/2006	01/07/2009	1,360.55	1,767.66	-407.11	0.00
204.0840	097873400	AMERICAN THE BOND FUND OF F	VARIOUS	01/30/2009	2,189.82	2,688.80	-498.98	0.00
255.0900	298706409	AMERICAN EUROPACIFIC GROWTH FD CL F	02/27/2006	01/30/2009	6,479.29	11,050.50	-4,571.21	0.00
1290.4250	31428Q507	FEDERATED TOTAL RETURN BOND FUND INSTITUTIONAL SERVICE SHARES	VARIOUS	01/30/2009	13,097.81	13,585.95	-488.14	0.00
330.4670	354713109	FRANKLIN STRATEGIC SER SMALL CAP GROWTH FD CL A (FORMERLY SMALL	VARIOUS	01/30/2009	6,447.41	12,835.84	-6,388.43	0.00
614.8790	38141W398	GOLDMAN SACHS MID-CAP VALUE FUND INSTITUTIONAL SHARES	VARIOUS	01/30/2009	12,758.74	22,623.08	-9,864.34	0.00
1567.6660	38141W810	GOLDMAN SACHS CORE FIXED INCOME FD INSTITUTIONAL SHARES	VARIOUS	01/30/2009	13,105.69	15,407.90	-2,302.21	0.00
828.1100	38142B146	GOLDMAN SACHS CAPITAL GROWTH FUND INSTITUTIONAL SHARES	02/27/2006	01/30/2009	10,690.90	18,342.63	-7,651.73	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Part IV - Form 990PF

2009 Tax Information Statement

Page 11 of 23
Ref: 152
Recipient's Name and Address
DEPRIEST FAMILY FOUNDATION, INC.
BARBARA BRAZNELL, DIRECTOR
2902 FREDERICK AVENUE
ST. JOSEPH, MO 64506

Account Number: 3420014555
Recipient's Tax ID number: 35-2263621
Payer's Federal ID number: 20-1535617
Questions? (800)691-8916

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
WACHOVIA TRUST - NSG TAX
FIDUCIARY TAX DEPARTMENT, NC1161
1525 WEST W.T. HARRIS BLVD.
CHARLOTTE, NC 28288-1161

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
415.8970	38142V829	GOLDMAN SACHS TR REAL ESTATE SECURITIES FUND	VARIOUS	01/30/2009	2,844.74	7,517.71	-4,672.97	0.00
473.6320	38142Y401	GOLDMAN SACHS GROWTH OPPORTUNITIES INSTITUTIONAL SHARES	VARIOUS	01/30/2009	5,967.76	11,039.88	-5,072.12	0.00
1472.3100	38142Y773	GOLDMAN SACHS LARGE CAP VALUE FUND INSTITUTIONAL SHARES	VARIOUS	01/30/2009	11,807.93	19,706.17	-7,898.24	0.00
208.6490	55272P208	\$MFS FIXED INCOME TRUST BOND FUND CLASS A	VARIOUS	01/30/2009	2,220.03	2,624.23	-404.20	0.00
1383.3890	575719109	MASS INV'S GROWTH STK FD INC CL A	02/27/2006	01/30/2009	12,685.68	18,399.08	-5,713.40	0.00
2578.2430	746792100	PUTNAM INCOME FD INC CL A	VARIOUS	01/30/2009	13,432.65	17,339.90	-3,907.25	0.00
1056.4730	880196209	TEMPLETON FDS INC-FOREIGN FD CL A	VARIOUS	01/30/2009	4,289.28	13,883.65	-9,594.37	0.00
630.3070	939330403	AMERICAN WASHINGTON MUTUAL INVESTORS FD	VARIOUS	01/30/2009	12,234.26	20,308.91	-8,074.65	0.00
Total Long Term 15% Sales Reported on 1099-B					136,453.81	214,774.66	-78,320.85	0.00

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**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	The DePriest Family Foundation Inc	35-2263621
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2902 Frederick Ave	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	St. Joseph, MO 64506	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► Barbara Braznell

Telephone No ► 816-364-1818 FAX No ► 816-364-5918

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.
- The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	488.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)