

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Interr	nal Reve	nue Service	The organization may have to use a copy of this return to satisfy sta	ate reporting requirements	Inspection
A F	or the	2009 ca	endar year, or tax year beginning and ending		
В	Check if	Please	C Name of organization	D Employer identifica	tion number
а		use IRS	The Stanley H. Durwood Foundation	1	
	_Addre _chang	e print or	c/o Raymond F. Beagle, Jr		
	Name chang	e type	Doing Business As	43-683	28087
	Initial return		Number and street (or P 0. box if mail is not delivered to street address) Room/s		
	Termin	Instruc-	2345 Grand Boulevard, Suite 2800	816-4	60-5823
<u>L</u>	Amen		City or town, state or country, and ZIP + 4	G Gross receipts \$	22,204,423.
L_	Application pendication		Kansas City, MO 64108	H(a) Is this a group retu	ırn
	pena	F Nar	ne and address of principal officer R F Beagle, Jr	for affiliates?	Yes X No
				MO H(b) Are all affiliates includ	led?Yes No
			is. X 501(c) ( 3  ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a lis	t (see instructions)
		te: ▶ N /		H(c) Group exemption r	
_		organizatio	<del></del>	Year of formation: 1999 M S	State of legal domicile MO
Pa	art I	Summ			
မွ	1		scribe the organization's mission or most significant activities Support	a named public	charity.
Activities & Governance			tatement #1.		
/err			s box I if the organization discontinued its operations or disposed of r	1 3	_
ő	L		f voting members of the governing body (Part VI, line 1a)	3	$\frac{2}{0}$
ళ	1		f independent voting members of the governing body (Part VI, line 1b)	4	
ties	1		ber of employees (Part V, line 2a)	5	
ž	1		ber of volunteers (estimate if necessary) s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
¥	1	_	atted business taxable income from Form 990-T, line 34	7b	0.
_	-	Net unles	ated business taxable income nontributing 950-1, line 54	Prior Year	Current Year
	8	Contribut	ons and grants (Part VIII, line 1h)	THO Team	Odifent fedi
nue	I		service revenue (Part VIII, line 2g)		
Revenue	1	•	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,074,212.	<4,127,070.>
æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<635,421.>	<del></del> _
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,791.	<4,127,070.>
			d similar amounts paid (Part IX, column (A), lines 1-3)	1,655,882.	1,492,300.
	1		paid to or for members (Part IX, column (A), line 4)		
Ø			other compensation, employee benefits (Part IX, column (A), lines 5-10)	189,431.	194,420.
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)		- <del></del>
ф	b	Total fund	Iraising expenses (Part IX, column (D), line 25)		
ij	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	261,766.	216,918.
	18	Total exp	enses Add lines 13-17 (must equal Part 1X, delumn (A) line	2,107,079.	1,903,638.
	19	Revenue	less expenses Subtract line 18 from line 12	<1,668,288.>	<6,030,708.>
Net Assets or Fund Balances	ŀ		ets (Part X, line 16)	Beginning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line 16)  MAY 2 4 2010 (6)	47,537,665.	41,507,251.
no H	21	Total liabi	lities (Part X, line 26)	5,050,000.	4,020,295.
蓬	22		s or fund balances. Subtract line 21 from line 20	42,487,665.	37,486,956.
Pa	art II		ture Block OGDEN, UT		
		and comple	lties of permit. I declare that I have examined this leterm-including accompanying schedules and statem te. Declaration preparer (other than officer) is based on all information of which preparer has any knowl	ents, and to the best of my knowledge : ledge	and belief it is true correct
		1. 6/	AR. Ol	· /	10/10
Sig		Sin	ature of officer / gan	Date Date	15/10
Her	е	D D			
		TVD	F Beagle / Jr, Trustee / C J Egan, Trustee or print name and title	<u>.ee</u>	
_		-	1 Doto	Check if Preparer's	identifying number
Paid	d	Preparer's	5-17-10	self- employed   (see instru	ictions)
	parer's	Firm's name		EIN >	
Use	Only	yours if self-employ	6d) ▶2345 Grand Boulevard	LIN	<del></del>
;		address, an ZIP + 4	Kansas City, MO 64108	Phone no. ► (8)	16) 292-2000
May	y the II	<b></b>	s this return with the preparer shown above? (see instructions)	1 11010 10. 5 (0.	Yes No
	01 02-0		A For Privacy Act and Paperwork Reduction Act Notice, see the separate	e instructions.	Form <b>990</b> (2009)

	1990 (2009) c/o Raymond F. Beagle, Jr.	43-6828087	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	To support the Greater Kansas City Community Foundatio	n and to prov	ride
	grants to aid and support public charities served by t		
	Kansas City Community Foundation.		
2	Did the organization undertake any significant program services during the year which were not listed on		
~			X No
	the prior Form 990 or 990-EZ?	∟_	LAL NO
_	If "Yes," describe these new services on Schedule O	<u> </u>	₩
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? LYes	XNo
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ including grants of \$ 1,492,300.)	(Revenue \$	)
	The Greater Kansas City Community Foundation is the ta	xpayer's	
	supported charitable organization. The taxpayer made	direct grants	to
	various charities as described in Schedule I in suppor	t of the	
	Community Foundation's charitable purposes.		
			·
		<del></del>	
		<del></del>	
4b	(Code <sup>-</sup> ) (Expenses \$ including grants of \$ )	(Revenue \$	)
		<del></del>	
		<del></del>	
		<u> </u>	<del></del>
4c	(Code: ) (Expenses \$ including grants of \$ )	(Revenue \$	)
		<del></del>	
4d	Other program services (Describe in Schedule O)		
70	(Expenses \$ including grants of \$ ) (Revenue \$	1	
40	Total program service expenses ► \$ 1,492,300.		
	Total program scratce expenses # # # # # # # # # # # # # # # # # #	Form Q	90 (2000)

<ul> <li>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice is reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III</li> <li>Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D bid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II</li> <li>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III</li> <li>Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or procedule counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II</li> <li>Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowment If "Yes," complete Schedule D, Part VI</li> <li>Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, II as applicable</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII</li> <li>Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its tot assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>Did t</li></ul>				Yes	No
<ul> <li>Is the organization required to complete Schedule B, Schedule of Contributors?</li> <li>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidal public office? If "Yes," complete Schedule C, Part I</li> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice is reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III</li> <li>Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the nation provide advise of under or any similar funds or accounts? If "Yes," complete Schedule D lid the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D lid the organization intention of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II</li> <li>Did the organization intention collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III</li> <li>Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or procredit consoleng, dight management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V</li> <li>Is the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowment If "Yes," complete Schedule D, Part V</li> <li>Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI</li> <li>Di</li></ul>			1	х	
<ul> <li>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidal public office? If "Yes," complete Schedule C, Part I</li> <li>4 Section 501(c)(A), 501(c)(S), and 501(c)(G) organization engage in lobbying activities? If "Yes," complete Schedule C, 5 Section 501(c)(A), 501(c)(S), and 501(c)(G) organizations. Is the organization subject to the section 6033(e) notice is reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III</li> <li>6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right provide advise or other securities. Part III</li> <li>9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide advised to repart 20 or oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VII is the organization report an amount for an advised organization, hold assets in term, permanent, or quasi-endowment If "Yes," complete Schedule D, Part VII is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII</li> <li>9 Did the organization report an amount for investments - other securities in Part X, line 13 that</li></ul>			2		X
public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations. Is the organization subject to the section 603(e) notice i reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or procredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VIII  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowment If 'Yes," complete Schedule D, Part VIII  Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its to assets reporte	3				
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Form 990 (2009) c/o Raymond F. Beagle, Jr.

Part IV Checklist of Required Schedules (continued)

		ļ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u></u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	] .		]
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	[		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	l		
	Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	[		
	instructions for applicable filing thresholds, conditions, and exceptions)			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28c		x
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		<del> </del>	<del> </del>
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del>	$\vdash$	
UL.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u>L</u> _
		Form	990 (	2009)

The Stanley H. Durwood Foundation c/o Raymond F. Beagle, Jr.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ► Cayman Islands			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			4.5
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_ :		
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C-		Х
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
٠,	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a		х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ĭ	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			İ
a	Initiation fees and capital contributions included on Part VIII, line 12	}		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	{		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
	1	Form	990	(2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent  1b	<u>기</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u> _
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	ļ	,,	
	governing body?	7a	Х	<del>-,,</del> -
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	[		
	by the following	l _	v	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			<del></del>
	D	10-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
	and branches to ensure their operations are consistent with those of the organization?	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<del>  ' '</del>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		Х
	Does the organization have a written conflict of interest policy? If "No," go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
b	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		<del>-,,-</del>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,,	
а	The organization's CEO, Executive Director, or top management official	15a	Х	<del></del>
b	Other officers or key employees of the organization	15b	<b> </b>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		] :	)
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		166		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b	L	
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ► None .			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply	, 101		
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ind fina	ancial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza $Raymond\ F.\ Beagle,\ Jr.\ -\ (816)460-5823$	ition 🕨	_	
	2345 Grand Blvd., #2800, Kansas City, MO 64108			
		Form	990 (	2009)

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	/21	(C) Position (check all that apply)				ha)	( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated Complete employee		from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Charles J. Egan, Jr. Trustee	30.00	х						82,482.	0.	(
Raymond F. Beagle, Jr. Trustee	30.00	х						82,482.	0.	_ (
				_						
,					<del>                                     </del>					
				-						
<del></del>			l		1					
		-	-	-	-	<del> </del>	-			

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		(-000)

Part VII Section A.	. Officers, Directors, Tru	stees, Key E	mplo	oyee	s, a	nd l	Hıgh	est	Compensated Employ	ees (continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
Name	e and title	Average	١.,		Pos				Reportable	Reportable		Estima	
		hours per	(C	heck	all	that	арр	ly)	compensation from	compensation from related	۱	amour othe	
		week	Individual trustee or director						the	organizations		compen	
			e or d	tee			sated		organization	(W-2/1099 MIS	C)	from	
			truste	al tru:		ayee	ышо		(W-2/1099-MISC)			organız and rel	
			Ividua	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former				organiza	
			를	Sul	ijo	, Ke	울등	For				Ŭ	
			<u> </u>	_						·			
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		1											
	<del></del>		-		<u> </u>	-		_					
							-						
			L_				<u> </u>		164,964.	<del></del>	0.		0.
1b Total 2 Total number of i	individuals (including but n	et limited to th	2000	hote		hove	a) w/	30 r	<del></del>	000 in reportable			<del></del> ·
	om the organization	ot innited to tr	1056	11516	au a	DOVE	e, wi	10 11	eceived more triait \$100	,,000 iii teportabie	i		0
compensation in	om the organization											Ye	
3 Did the organizat	tion list any former officer,	director or tru	istee	, ke	y en	plo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes,"	complete Schedule J for s	uch individual										3	X
	al listed on line 1a, is the su									the organization			
	inizations greater than \$150											4	<u> </u>
	isted on line 1a receivé or a				from	any	/ unr	elat	ted organization for serv	ices rendered to		5	X
Section B. Independe	? If "Yes," complete Sched lent Contractors	ule J for Such	pers	OII				-	<del></del>	<del></del>		_ 3   _	
	ble for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	 pens	ation from	
the organization	17017												
	(A)				-				(B)			(C)	
<del></del>	Name and business	address						-	Description of s	ervices		ompensal	ion
								-					
										[			
								寸					
								J					
								_					
2 Total number of	ındependent contractors (ı	ncluding but -	10t I	mito	d to	the	ee le	etec	1 above) who recoved =	ore than			
	independent contractors (inpensation from the organia	=	IUL II	mute	u to		se II: O	ol <del>e</del> C	з аволеј мно гесемео п	IOIE IIIGII			
+ · + + + + + + + + + + + + + + + + + +												Form <b>990</b>	(2009)

840,904. Form **990** (2009)

<4,127,070.

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions.

<4,967,974.

# Form 990 (2009) c/o Raymond F. Beagle, Jr. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,492,300.	1,492,300.		
2	Grants and other assistance to individuals in				<del>.</del>
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	164,964.		164,964.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ļ		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,501.		21,501.	
8	Pension plan contributions (include section 401(k)			T	
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,955.	· · · · · · · · · · · · · · · · · · ·	7,955.	
11	Fees for services (non-employees)				
а	Management	105,145.		105,145.	
ь	Legal	2,815.		2,815.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees '	92,770.		92,770.	
g	Other	341.		341.	
12	Advertising and promotion				
13	Office expenses	340.		340.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,066.		7,066.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.)  Fees - John MacDonald c	8,000.		8,000.	
a	Fees - payroll service	441.		441.	
D	rees payroir service				
C					<del></del>
d				<del> </del>	
e f	All other expenses				
	Total functional expenses Add lines 1 through 24f	1,903,638.	1,492,300.	411,338.	
25 26	Joint costs, Check here J if following	2,505,050.			
ZÜ	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	coocational campaign and fundraising solicitation			L	Form <b>990</b> (20

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Pai	rt X	Balance Sheet		<del></del>		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	48,558.
	3	Pledges and grants receivable, net			3	·
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key	•		
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L			6	
ß	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line	47,537,665.	12	41,458,693.	
	13	Investments program-related See Part IV, line		13	<del>, ''</del>	
	14	Intangible assets		14	·	
ļ	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	47,537,665.	16	41,507,251.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		5,050,000.	18	4,020,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
(S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo				
ğ	—	highest compensated employees, and disqualif				
ڐ	-	of Schedule L			22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities Complete Part X of Schedule D		0.	25	295.
	26	Total liabilities. Add lines 17 through 25		5,050,000.	26	4,020,295.
		Organizations that follow SFAS 117, check h	ere and complete			
ý		lines 27 through 29, and lines 33 and 34.	•			
JCe	27	Unrestricted net assets			27	
a	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117, or	heck here 🕨 🗓 and			
ğ		complete lines 30 through 34.	•		ŀ	
ţ	30	Capital stock or trust principal, or current funds		44,326,112.	30	37,486,956
SSE	31	Paid-in or capital surplus, or land, building, or e		0.	31	37,486,956. 0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		<1,838,447.	>32	0.
Š	33	Total net assets or fund balances		42,487,665.	33	37,486,956.
	34	Total liabilities and net assets/fund balances		47,537,665.	34	41,507,251.

Form **990** (2009)

	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	L.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		х	
	review, or compilation of its financial statements and selection of an independent accountant?	2c		<b>├</b>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	Ì		
	consolidated basis, separate basis, or both.  Separate basis  X Consolidated basis  Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ľ		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		L .

## **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

The Stanley H. Durwood Foundation

c/o Raymond F. Beagle, Jr.

Employer identification number 43-6828087

Part	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	ructions	,	
The org	anization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)			
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	١.		
2	A school des	scribed in section 17	' <b>0(b)(1)(A)(</b> III). (Attach Sc	hedule E)						
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).			
4 🗀	A medical re	search organization o	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	ı). Enter	the hospital's name,
_	city, and stat	te								
5 🗀	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in
-	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6	A federal, sta	ate, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).			
7		on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public described in
	section 170(	( <b>b)(1)(A)(vi).</b> (Comple	te Part II.)							
8 <u>L</u>	A community	y trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗀	□ An organizat	on that normally rec	eives: (1) more than 33 <sup>1</sup>	1/3% of its	support f	rom contri	butions, m	nembershij	p fees, a	nd gross receipts from
			nctions - subject to certa							
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 30, 1975
r—	_	509(a)(2). (Complete	·							
10			perated exclusively to te							
11 🗵			perated exclusively for the							
		_	ations described in secti				2) See <b>se</b> o	ction 509(a	a)(3). Ch	eck the box that
			organization and compl		_					٦
F-	a X Type		• •	• •	e III - Fund	-	_		d L	Type III Other
e L			at the organization is not							
			han one or more publicly						9(a)(1) or	section 509(a)(2)
f	If the organiz	zation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		<u> </u>
		rganization, check th							_	اـــا
g			organization accepted ar							<u> </u>
			lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (ı	ııı) below	77
	-	-	upported organization?							3(1)
		•	n described in (i) above?		•					3(/
	• •	•	person described in (i) o							[11g(III)]
h	Provide the t	following information	about the supported or	ganization	(S)					
		T 2	(iii) Type of	(iv) le the c	organization	(v) Did vo	u notify the	(vi) Is	the	
٠,	me of supported	(ii) EIN	organization	r ,	sted in your	, , ,	ion in col.	organizatio	on in col.	(vii) Amount of
C	irganization		(described on lines 1-9		document?		r support?	(i) organızı U.S.	ea in ine   .?	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
The	Greater		, , , , , , , , , , , , , , , , , , ,							
		43-1152398	7	X	]	x	1	х		1492300.
	0101	13 113333		<del> </del>		<del> </del>	<del></del>	<del></del> -		
				<b>†</b>	<del>                                     </del>	<del>                                     </del>		<u> </u>		··· <del></del> -
				1			1			
	<del></del>	1				T				

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

Schedule A (Form 990 or 990-EZ) 2009

1,492,300.

932021 02-08-10

Pa	Support Schedule for (Complete only if you checke				(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	vi)
Sol		The box on line 5	5, 7, 01 6 01 Part 1)	<u> </u>			
	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				ļ		
	membership fees received. (Do not						
	include any "unusual grants ")	<del></del>					
2	Tax revenues levied for the organ-	]	ļ	1	ļ		
	ization's benefit and either paid to						
	or expended on its behalf			ļ	ļ	ļ. <u> </u>	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	İ					
	by each person (other than a						
	governmental unit or publicly	1		1	1	Ì	
	supported organization) included				Ì		
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,						
	column (f)		L			<u> </u>	
_6_	Public support. Subtract line 5 from line 4	<u></u>			<u> </u>	<u> </u>	L <u></u>
Sec	ction B. Total Support	<b>,</b>		,	·	·	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						İ
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on		L		<u> </u>	<u></u>	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				<u></u>		
11	Total support. Add lines 7 through 10			<u> </u>		<u></u>	
12	Gross receipts from related activities	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2009 (	line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	3 Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			اـــا ◄
t	33 1/3% support test - 2008.If the o	rganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organia	zation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and <b>stop I</b>	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
t	10% -facts-and-circumstances tes	t - <b>2008.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circi	umstances" test, o	check this box and	stop here. Explai	n in Part IV how the	e _
	organization meets the "facts and-cire	cumstances" test	The organization	qualifies as a publ	icly supported org	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 🗀
					Sch	edule A (Form 990	or 990-EZ) 2009

	hedule for Or	gamzatione		0001.011.000(0	71-7 (Complete only	n you checked the bu	ox on line 9 of Part
Section A. Public Su	<u> </u>		T		1	<del>                                     </del>	
Calendar year (or fiscal year	· · · · · ·	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contribu	· I						
membership fees rece	. ,						
include any "unusual (	· -					ļ	
2 Gross receipts from a merchandise sold or s formed, or facilities full	ervices per-						
any activity that is rela organization's tax-exe	ited to the						
3 Gross receipts from a	ctivities that						
are not an unrelated to iness under section 5							
4 Tax revenues levied for	or the organ-						
ization's benefit and e or expended on its be	•						
5 The value of services	or facilities				1		
furnished by a govern							
the organization witho							
6 Total. Add lines 1 thro	· · -				<del></del>	<del> </del>	<del></del>
7a Amounts included on	· -	<del></del>				<del> </del>	
3 received from disqu							
<b>b</b> Amounts included on lines 2	· —						
from other than disqualified p exceed the greater of \$5,000 amount on line 13 for the yea	or 1% of the						
c Add lines 7a and 7b							
8 Public support (Subtract	line 7c from line 6.)						
Section B. Total Sup							
Calendar year (or fiscal year	r beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6							
10a Gross income from inf dividends, payments securities loans, rents and income from simil	eceived on , royalties						
<b>b</b> Unrelated business taxat	le income					1	
(less section 511 taxes)	from businesses						
acquired after June 30, 1	975	_					
c Add lines 10a and 10l	_					<u> </u>	
11 Net income from unre activities not included whether or not the bu	ın lıne 10b,						
regularly carried on  12 Other income Do not	include gain		<del> </del>		<del>                                     </del>	<u> </u>	
or loss from the sale of	of capital		1		1		
assets (Explain in Par 13 Total support (Add lines 9			<del> </del>		<del> </del>		<del>                                     </del>
14 First five years. If the	· · ·	ho organization	's first second thi	d fourth or fifth t	av vear as a secti	op 501(c)(3) organi	zation
check this box and st		ne organization	S mst, second, tim	a, loaith, or mart	ax year as a seem	on so recitor organiz	<b>▶</b>
Section C. Computa		Support Pe	ercentage				
15 Public support percer				column (fl)		15	
16 Public support percer	•			column (1))		16	
Section D. Computa				<del></del>	······	1101	
						17	
·	•	•		ie 13, Column (i))		18	
18 Investment income per 19a 33 1/3% support tes	•			on line 14 and lin	a 15 is more than		
• •		•					17 13 1101
more than 33 1/3%, c		•	,	• •	• • •		<b>▶</b> ∟
b 33 1/3% support tes line 18 is not more that		-					anu
		s nus dox ands	LOD HELE. THE OIGS	mzanon uudiilles i	aa a vuviiciv SUDD	orteu organization	<b>-</b> -
20 Private foundation.			· ·	-		-	

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

The Stanley H. Durwood Foundation

c/o Raymond F. Beagle, Jr.

Employer identification number 43-6828087

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
-	are the organization's property, subject to the organization's	·	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	~ ~ ~	
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or p	LJ	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		TO A DECIDENT DECEMBER OF THE IDEX
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	nicture included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		——————————————————————————————————————
J	year	ioadea, extinguioriea, er terrimiatea by tr	io organization obtaining the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		<b>1</b>
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
Ū	and section 170(h)(4)(B)(ii)?	vo salisty are requirements of seedistrive	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	
Ū	include, if applicable, the text of the footnote to the organiza		
	conservation easements	morro mariora statomorro mai docomo	o the organization o accounting to
Pai	rt III   Organizations Maintaining Collections of	f Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ince sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1		-
а	Revenues included in Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
þ	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2009

(ii) related organizations
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	NO
a(ı)		
a(II)		
3b		
	a(11)	a(ı) a(ıı)

# Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Book value (f) Cost or other basis (other) (g) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Book value

Schedule D (Form 990) 2009

by

(i) unrelated organizations

Total. (Col	umn (b) must equal Form 990, Part X, col (B) line 15)	
Part X	Other Liabilities. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Amount
Federal inc	ome taxes	
Other	payables	295.

Other payables 295.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) > 295.

932053 02-01-10

<sup>2.</sup> FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

ž [] **Employer identification number** subsidizing seats for new 43-6828087 Open to Public nusica sacra, poets in residence, annual fund OMB No 1545-0047 Inspection (h) Purpose of grant or assistance operating support Operating Support Latino Education installation and X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any collaborative theatre Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. FMV, appraisal, other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ٥. 0 ö o ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 120 000 40,000 25,000, 10,000 22,000 (d) Amount of cash grant Foundation (c) IRC section if applicable Durwood Beagle, 43-1152398 44-0545992 20-2576174 44-0545813 43-1392330 General Information on Grants and Assistance (b) EIN Ή. c/o Raymond F. criteria used to award the grants or assistance? Stanley City - 5801 W. 115th Street, Suite 1 (a) Name and address of organization Jewish Community Center of Kansas 5801 W. 115th Street, Suite 101 101 - Overland Park, KS 66211 Metropolitan Ensemble Theatre The Hispanıc Development Fund or government Overland Park, KS 66211 Jewish Community Campus Kansas City, MO 64108 Kansas City, MO 64110 Kansas City, MO 64111 Rockhurst University Name of the organization 1100 Rockhurst Rd Department of the Treasury 820 W. 40th St Internal Revenue Service 2500 Holmes SCHEDULE (Form 990) Part Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

44-0546278

Kansas City Art Institute

Kansas City, MO 64111

4415 Warwick Blvd

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Schedule I (Form 990) 2009

Ourwood interns

0

250,000.

Schedule (-1 (Form 990) 2009 ssessment & parents as OMB No 1545-0047 2009 construction of soccer Open to Public (h) Purpose of grant eachers programming thletic Department; nicrotome equipment Inspection Employer identification number 43-6828087 or assistance operating support stadium (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II ) appraisal, other) (f) Method of valuation (book, FMV, ► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) ~ ٥. ٥. ď (e) Amount of non-cash Schedule I (Form 990), Part II or Part III. assistance (d) Amount of cash grant 322,000, 675,000. 8 300 10,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. The Stanley H. Durwood Foundation (c) IRC section if applicable Jr. Beagle, 43-6003859 43-1097290 43-0971560 43-6003859 (p) EIN Raymond F. City - 5100 Rockhill Road - Kansas University of Missourı ın Kansas University of Missouri - Kansas City School of Dentistry - 5100 Rockhill Road - Kansas City, MO (a) Name and address of organization or government 0/0 Friends of Chamber Music Operation Breakthrough Kansas City, MO 64111 Kansas City, MI 64111 4635 Wyandotte, #201 Name of the organization Department of the Treasury Internal Revenue Service City, MO 64110 SCHEDULE 1-1 3039 Troost (Form 990) 64110 LΗΑ

The Stanley H. Durwood Foundation

c/o Raymond F. Beagle, Jr.

Schedule I (Form 990) 2009

Page 2

43-6828087

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information organizations (d) Amount of non-cash assistance Line 2: All grant recipients were U.S. (c) Amount of cash grant (b) Number of recipients described in Code Section 501(c)(3). (a) Type of grant or assistance Part I, Schedule I,

Schedule I (Form 990) 2009

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

The Stanley H. Durwood Foundation c/o Raymond F. Beagle, Jr.

Employer identification number 43-6828087

Form 990, Part VI, Section A, line 7a: The Greater Kansas City Community

Foundation, the taxpayer's supported organization and beneficiary of the

trust, has the power to appoint the taxpayer's trustees.

Form 990, Part VI, Section B, line 11: Each Trustee was provided and copy of the Form 990 before it was filed and was given the opportunity to provide comments prior to filing with the IRS. Each Trustee approved the Form 990 prior to filing with the IRS.

Form 990, Part VI, Section B, Line 15a: The Foundation's beneficiary (the Greater Kansas City Community Foundation) has appointed a special trustee for the purposes of determining reasonable compensation to be paid to the Foundation's trustees and reasonable necessary expenses to be paid by the Foundation. On an annual basis this independent special trustee approves the trustees' compensation.

Form 990, Part VI, Section C, Line 18: The Foundation makes it Form 1023 and its governing documents available upon request.

Form 990, Part VI, Section C, Line 19: The Foundation makes its governing documents available to the public upon request. In addition, certain information regarding the Foundation is found on the website for the Greater Kansas City Community Foundation.

2009 Open to Public Inspection Employer identification number 43-6828087 OMB No 1545-0047 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets public Charity status (if section Public charity 501(c)(3)) e (e ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section 501(c)(3) Ð ਉ ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ত Missourı H. Durwood Foundation ▶ Attach to Form 990. Community Foundation Primary activity Primary activity Jr. c/o Raymond F. Beagle, The Greater Kansas City Community Foundation The Stanley - 43-1152398, 1055 Broadway, Suite 130 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Kansas City, MO 64105 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part 11 Part

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932161 02-04-10

Schedule R (Form 990) 2009

The Stanley H. Durwood Foundation

Schedule R (Form 990) 2009 C/O Raymond F. Beagle, Jr.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

43-6828087

managing partner? Percentage ownership Seneral or Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ amount in box 20 of Schedule 4.1 (Form 1065) Code V-UBI Share of end-of-year assets  $\equiv$ <u>6</u> Disproportionate allocations? Yes No Ξ Share of total income £ Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) Œ Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicite (state or foreign country) ত (d)
( Direct controlling entity Primary activity <u>e</u> Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

Schedule R (Form 990) 2009

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

			ļ
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		<b>^</b>	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?			-
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity		1a	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		- q	×
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan quarantees to or for other organization(s)		₽	×
		<u>ə</u>	×
			_
f Sale of assets to other organization(s)		=	×
q Purchase of assets from other organization(s)		5	×
		Ę	×
		÷	×
			-
j Lease of facilities, equipment, or other assets from other organization(s)		įF	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
Performance of services or membership or fundraising solicitations by other organization(s)		┼╌	×
m Sharing of facilities, equipment, mailing lists, or other assets		E,	×
n Sharing of paid employees		t L	×
			_
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		₽	×
p Reimbursement paid by other organization for expenses		<del>Q</del>	×
q Other transfer of cash or property to other organization(s)		19	X
r Other transfer of cash or property from other organization(s)		1r	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds		
(a) Name of other organization(s)	(b) Transaction	(c) Amount involved	olved
	type (a-r)		
(1) Greater Kansas City Community Foundation	ī	105	,145.
(2)			
(3)			
(5)			
(9)			
932163 02-04-10	Sche	Schedule R (Form 990) 2009	90) 2009

43-6828087

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The Stanley H. Durwood Foundation c/o Raymond F. Beagle, Jr.

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Country)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of- year assets	(f) Disproportonate allocations?	(g) Code V·UBI amount in box 20	(h) General or managing partner?
	( )		country)	Yes No	Į	ž	(Form 1065)	Yes
								_
								_
							-	
							-	
							_	
				_		_		
								-
								_