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Per Prom 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation ATTACHED

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

OMB No 1545-0052

2009

		110te: The touristics this year								·		
For	calenc	dar year 2009, or tax year beginning	, and ending									
G (Check		al return of a former publi	IC C	hanty		F	inal	return			
		Amended return	Address change		Name	change						
Use	the IF						•		tification nur	nber		
1	label.	THE ATTERBURY FAMILY FO				48	<u>-12</u>	02	943			
Oth	erwis	e, <u>C/O MIDLAND PROPERTIES</u>	INC			1			er (see page	10 of the inst	ructions	•)
	print	Number and street (or P O box number if mail is not deli	vered to street address)	R	oom/suite	91	<u>3 - 6</u>	<u>77</u>	<u>-5300</u>			
01	type.	2001 SHAWNEE MISSION PAI	RKWAY			C If ex	emption	1 арр	lication is pen	dıng, check l	nere 🕨	٠ L
See	Speci	fic City or town, state, and ZIP code				D 1. F	oreign	orgai	nizations, chec	k here	•	<u>-</u> [
Inst	ruction	s SHAWNEE MISSION K	S 66205			2. F	oreign i	orgar	nizations meet	ing the		
н	Check t	type of organization: X Section 501(c)(3) exempt pri	vate foundation				-	_	ck here and a		ation 🕨	٠ [
	Section	n 4947(a)(1) nonexempt chantable trust Other ta	xable private foundation			E If pro	ate fou	undat	ion status was	terminated	under	_
1 F	aır mar	ket value of all assets at end J Accounting meth	od. Cash X Ac	cru	ıal	secti	on 507	(b)(1)(A), check he	re	•	٠
of	year (from Part II, col. (c), Other (specif	y)			F If the	founda	ation	is in a 60-mon	th terminatio	n	_
	ne 16)					unde	r sectio	วก 50	7(b)(1)(B), che	ck here	>	· [
	art I	Analysis of Revenue and Expenses (The	(a) Revenue and							(d) Disbi	ırsemen	ıts
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	1	(b) Net inv		(c)		justed net	ľ	antable	
		the amounts in column (a) (see page 11 of the instructions))	books		inco	me		III	come		poses asıs only	v)
	1	Contributions, gifts, grants, etc , received (attach schedule)		\top				T		11:10:5		1
	2	Check ► X if the foundation is not required to attach Sch	т В	1	·····	·····		1	TYE()	EIVED		·
	3	Interest on savings and temporary cash investments	30,073	3		30,073		m			70	
	4	Dividends and interest from securities	62,822			52,822		Ø	NOV 1	⊈ 2010	löl	
	5a	Gross rents		+		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9		17 12 12 	0	
4.	b	Net rental income or (loss)		+							Tr'	
ine	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-40,284	1			- 1	******		M, UT		
'en	b	Gross sales price for all assets on line 6a -40, 28	·····	+					Thursday - 1			
Revenue	1 _		<u> </u>	+		0						
ш	7	Capital gain net income (from Part IV, line 2)		+					0			
	8	Net short-term capital gain		+								
	9	Income modifications		╁								
	10a	Gross sales less returns & allowances		╫				******				
	b	Less: Cost of goods sold		-								
	C	Gross profit or (loss) (attach schedule)	45.000	+								
	11	Other income (attach schedule) STMT 2	-45,999	_		2 205						
	12	Total. Add lines 1 through 11	6,612	4		2,895	-		0			
S	13	Compensation of officers, directors, trustees, etc.		+						·		
enses	14	Other employee salaries and wages	<u> </u>	+								
be	15	Pension plans, employee benefits										—
Ä	16a	Legal fees (attach schedule)								· · · · ·		
ē	b	Accounting fees (attach schedule) STMT 3	17,116			14,036						
and Administrative Exp	C	Other professional fees (attach schedule)		1-								
Ţ	17	Interest	346	_								
ij	18	Taxes (attach schedule) (see page 14 of the instructions) ${ m STMT}$ 4	4,268	<u></u>				_		—		
\dmir	19	Depreciation (attach schedule) and depletion		╀-								
ğ	20	Occupancy		╄								
þ	21	Travel, conferences, and meetings		\perp								
ă.	22	Printing and publications		┸								
Ď	23	Other expenses (att. sch.) STMT 5	282	<u>: </u> _								
Operating	24	Total operating and administrative expenses.				ļ						
era		Add lines 13 through 23	22,012	<u>:</u>	1	4,036						_0
þ	25	Contributions, gifts, grants paid	348,596	1						3	48,5	96
_	26_	Total expenses and disbursements. Add lines 24 and 25	370,608	3	1	4,036			0	3	48,5	96
	27	Subtract line 26 from line 12:			-							
	a	Excess of revenue over expenses and disbursements	-363,996	5								
	Ь	Net investment income (if negative, enter -0-)		\perp	7	8,859						
	l c	Adjusted net income (if negative, enter -0-)							0			

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only. (See instructions.)	Beginning of year	End o	of year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			,
	2	Savings and temporary cash investments	159,981	41,277	41,277
J	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	ĺ		
		disqualified persons (attach schedule) (see page 16 of the			
ı		instructions)			
-	7	Other notes and toans receivable (att. schedule)			
- [Less. allowance for doubtful accounts ▶			
3	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments—U.S. and state government obligations (attach schedule) STMT 6	1,600,000	1,200,000	1,200,000
- [b	Investments—corporate stock (attach schedule) SEE STMT 7	103,779	88,647	88,647
-	С	Investments—corporate bonds (attach schedule)			
- 1	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
ĺ	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) SEE STATEMENT 8	2,521,853	3,033,100	3,033,100
1	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
ı	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
\perp		ınstructions Also, see page 1, item l)	4,385,613	4,363,024	4,363,024
	17	Accounts payable and accrued expenses	1,265	14,025	
S	18	Grants payable .	330,000	170,000	
<u></u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			
<u>=</u> :	21	Mortgages and other notes payable (attach schedule)			
ᅦ	22	Other liabilities (describe ► SEE STATEMENT 9)		3,691	
4	23	Total liabilities (add lines 17 through 22)	331,265	187,716	
es		Foundations that follow SFAS 117, check here ► X and complete lines 24 through 26 and lines 30 and 31.			
ည	24	Unrestricted	4,054,348	4,175,308	
ॿ	25	Temporarily restricted			
ä	26	Permanently restricted			
믿		Foundations that do not follow SFAS 117, check here ▶			
리		and complete lines 27 through 31.	İ	1	
Net Assets or Fund Balanc	27	Capital stock, trust principal, or current funds			
ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds			
A	30	Total net assets or fund balances (see page 17 of the			
ᇹ		instructions)	4,054,348	4,175,308	
z	31	Total liabilities and net assets/fund balances (see page 17			•
		of the instructions)	4,385,613	4,363,024	
	Part I				
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	t agree with		4 0
		of-year figure reported on pnor year's return)		1	4,054,348
		amount from Part I, line 27a		2	-363,996
		r increases not included in line 2 (itemize) ► SEE STATEMENT 10		3	765,154
		ines 1, 2, and 3		4	4,455,506
		eases not included in line 2 (itemize) SEE STATEMENT 11	 Nuna 30	5	280,198 4,175,308
-6	<u>rotal</u>	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	<u>, me so</u>	101	±,1/5,308

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income						
(a) List and descrit 2-story bnck ware	(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da						
1a N/A								
b								
<u>c</u>								
_ d	·- <u>-</u>							
e	·							
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or plus exper	other basis nse of sale		(h) Gain or (loss) (e) plus (f) minus (g)			
a								
b								
_с								
d								
e								
Complete only for assets snowin	g gain in column (h) and owned by the for				iains (Col. (h) gain minus			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess			c), but not less than -0-) or Losses (from col (h))			
a								
b								
С								
d					<u> </u>			
	If gain, also enter in F							
2 Capital gain net income or (net ca	2							
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6)	:						
If gain, also enter in Part I, line 8,	If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).							
If (loss), enter -0- in Part I, line 8				3				
Part V Qualification Ur	nder Section 4940(e) for Reduce	ed Tax on Net I	<u>nvestment Incor</u>	ne				
(For optional use by domestic private	foundations subject to the section 4940(a) tax on net investr	nent income.)					
If section 4940(d)(2) applies, leave th	is part blank.							
Man the formation to be for the cont	tion 4040 tops on the disturbance to be	of any connected that he	do	X No				
	tion 4942 tax on the distributable amount lify under section 4940(e). Do not comple		ase penour [] res	· [V] 140				
		·—··	- f					
	each column for each year; see page 18 o	of the instructions be		ies	(d)			
(a) Base penod years Calendar year (or tax year beginning			(c) If noncharitable-use asse		Distribution ratio (col (b) divided by col (c))			
2008	372,		4,855,6		0.07677			
2007	517,		6,168,3		0.08390			
2006	281,		5,258,8		0.05343			
2005	223,		4,932,3		0.04529			
2004	234,	204]	4,489,9	91 - 1	0.05216			
2 Total of line 1, column (d)				2	0.31156			
	5-year base penod—divide the total on lin	e 2 by 5, or by the						
number of years the foundation h	as been in existence if less than 5 years			3	0.062314			
4 Enter the net value of nonchantal	ble-use assets for 2009 from Part X, line s	5		4	4,224,15			
		• •						
5 Multiply line 4 by line 3 .				. 5	263,224			
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			6	789			
7 Add lines 5 and 6				7	264,013			
Enter qualifying distributions from	n Part XII. line 4			8	348,596			
If line 8 is equal to or greater than	n line 7, check the box in Part VI, line 1b,	and complete that p	art using a 1% tax rat		210,350			
Part VI instructions on page 18	<u> </u>							

Form	1990-PF (2009) THE ATTERBURY FAMILY FOUNDATION 48-1202943				Page 4
Pa	Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	structions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			789
_	here ► X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
·	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			C
3	Add lines 1 and 2	3			789
	"	4			, <u>, , , , , , , , , , , , , , , , , , </u>
4	√T`	5			789
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	3			703
6	Credits/Payments	1			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 4 0 0				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c 500				
d	Backup withholding erroneously withheld 6d 6d				
7		7			900
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			5
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10		10			<u> 106</u>
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 106 Refunded ▶ 1	11			
Pa	rt VII-A Statements Regarding Activities			,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1 <u>b</u>		X
	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.				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				ļ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
-	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
-	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		12
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	11/12	5		Х
5	·				
	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
6					
	By language in the governing instrument, or By state to a late of the transfer and the constraint matter mant as that as mondature dispersions that		l		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			v	}
_	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	.v	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		ļ		
	instructions) ► MO		{		
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		ľ		
	4942(J)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				_
	27)? If "Yes," complete Part XIV		9		<u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ŀ		
	names and addresses		10		<u>X</u> _
		For	m 99 ()-PF	(2009)

Form 990-PF ((2009) THE ATTERBURY FAMILY FOUNDATION	48-1202943	Page
Part VIII	Information About Officers, Directors, Trustees, Foundati	on Managers, Highly Paid E	imployees,
	and Contractors (continued)		
3 Five hig	hest-paid independent contractors for professional services (see page 23 of	the instructions). If none, enter "N	ONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
-			
Total number of	of others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	tion's four largest direct chantable activities during the tax year. Include relevant statistical info and other beneficianes served, conferences convened, research papers produced, etc.	mation such as the number of	Expenses
1 N/A		· · · · · · · · · · · · · · · · · · ·	
. 11/11			•
2			
-			
3			
4			
	•	•	}
		·	
Part IX-B	Summary of Program-Related Investments (see page 24	of the instructions)	
Describe the tw	vo largest program-related investments made by the foundation during the tax year on lines 1 a		Amount
1 N/A			
·			
	•	·	
2			
		•	
All other progra	am-related investments. See page 24 of the instructions		<u> </u>
3			
	·		
Total. Add line:	s 1 through 3	>	

Form 990-PF (2009) THE ATTERBURY FAMILY FOUNDATION Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc... purposes: а Average monthly fair market value of securities 1a 2,579,719 1b 1,496,499 Average of monthly cash balances 212,261 Fair market value of all other assets (see page 24 of the instructions) 1c 4,288,479 Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 4,288 3 Subtract line 2 from line 1d 3 4 Cash deemed held for charitable activities. Enter 11/2 % of line 3 (for greater amount, see page 25 of 64,327 the instructions) 4,224,152 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 211,208 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here | and do not complete this part.) Minimum investment return from Part X, line 6 211,208 1 789 Tax on investment income for 2009 from Part VI, line 5 Income tax for 2009 (This does not include the tax from Part VI.) 2b b С Add lines 2a and 2b 2c 3 210,419 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 4 Recoveries of amounts treated as qualifying distributions 210,419 5 5 Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) 6 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 210,419 line 1 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1a 348,596 1b Program-related investments—total from Part IX-B ь 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the: а Suitability test (prior IRS approval required) За b Cash distribution test (attach the required schedule) 3b 348, 596 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 4 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 page 26 of the instructions) 5 789 6 807 Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form 990-PF (2009) THE ATTERBURY FAMILY FOUNDATION 48-1202943 Undistributed Income (see page 26 of the instructions) (c) (d) (b) 2009 Years prior to 2008 2008 Corpus Distributable amount for 2009 from Part XI. 210,419 Undistributed income, if any, as of the end of 2009. a Enter amount for 2008 only b Total for prior years. 20 _____ , 20 ____ , 20 ____ Excess distributions carryover, if any, to 2009: a From 2004 **b** From 2005 c From 2006 120,217 d From 2007 130,790 e From 2008 251,007 Total of lines 3a through e Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ ____ 348,596 a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) 210,419 d Applied to 2009 distributable amount 138,177 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: 389,184 a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b. Taxable amount-see page 27 of the instructions Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount-see page 27 of the instructions f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2010. 389,184 Subtract lines 7 and 8 from line 6a Analysis of line 9: 10 Excess from 2005 Excess from 2006 120,217 Excess from 2007 130,790 Excess from 2008

138,177

Excess from 2009

Pa	art XIV Private Operating For	undations (see p	age 27 of the inst	tructions and Part	VII-A, question 9)				
	1a If the foundation has received a ruling or determination letter that it is a private operating									
	foundation, and the ruling is effective for 2009, enter the date of the ruling									
b										
2a	Enter the lesser of the adjusted net	Tax year	l l l l l l l l l l l l l l l l l l l	Prior 3 years	5 12 g/(0 / 0.					
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total				
	investment return from Part X for	(1) 200	1	(1)	(-)					
	each year listed									
6	85% of line 2a									
b										
С	Qualifying distributions from Part XII,				:					
	line 4 for each year listed			-						
d	Amounts included in line 2c not used directly									
	for active conduct of exempt activities			<u> </u>						
е	Qualifying distributions made directly									
	for active conduct of exempt activities									
	Subtract line 2d from line 2c									
3	Complete 3a, b, or c for the									
	alternative test relied upon:									
а	"Assets" altemative test—enter:									
	(1) Value of all assets									
	(2) Value of assets qualifying under				•					
	section 4942(j)(3)(B)(i)									
b	"Endowment" alternative test—enter 2/3									
	of minimum investment return shown in									
	Part X, line 6 for each year listed									
c	"Support" alternative test—enter									
	(1) Total support other than gross									
	investment income (interest,				ĺ					
	dividends, rents, payments on									
	securities loans (section									
	512(a)(5)), or royalties)		·							
	(2) Support from general public				·					
	and 5 or more exempt									
	organizations as provided in section 4942(j)(3)(B)(iii)				i					
	(3) Largest amount of support from									
	an exempt organization (4) Gross investment income									
- D	art XV Supplementary Inform	action (Complete	this part only if	the foundation ha	d \$5,000 or more	in accete at				
F-6	any time during the ye	•	•		ia \$5,000 or more	iii assets at				
<u> </u>	Information Regarding Foundation Mar		or the motion							
a	List any managers of the foundation who	-	e than 2% of the total (contributions received h	w the foundation					
4	before the close of any tax year (but only				•					
	ALAN L. ATTERBURY	in they have continued	ou more than \$0,000).	(000 3000011 307 (0)(2).	•)					
	List any managers of the foundation who	own 10% or more of t	he stock of a comorati	on (or an equally large	portion of the	<u> </u>				
IJ	ownership of a partnership or other entity				portion of the					
	N/A) of willer the louridat	on has a 10 % or great	er merest.						
	Information Regarding Contribution, G	ant Gift Loan Scho	larchin etc. Program			_				
_	Check here ► X if the foundation only				oc not accont					
			•	~	•					
	unsolicited requests for funds. If the found			or the instructions) to i	naiviouals or					
	organizations under other conditions, con									
9	The name, address, and telephone numb	er of the person to wh	om applications should	d be addressed:						
	N/A									
	The form of the base of the ba	nubmitted and afe		at about direction						
ь	The form in which applications should be N/A	submitted and informa	auon and matenais the	y snoula include:						
	Any submission deadlines:									
•	N/A									
d	Any restrictions or limitations on awards,	such as by geographic	cal areas, chantable fie	elds, kinds of institution	s, or other factors					
	N/A				· · · · · · · · · · · · · · · · · · ·					
						000 DE				

Part XV · Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or status of Amount contribution recipient Name and address (home or business) Paid during the year SEE STATEMENT 13 348,596 ▶ 3a 348,596 Total Approved for future payment N/A ▶ 3b Total

	A Analysis of Income-Producing Ac	tivities		Γ		
Enter gross ar	mounts unless otherwise indicated.	Unrelate	d business income	Excluded	d by section 512, 513, or 514	(e) Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
	service revenue					BIC MORGEOUS)
f					·	
g Fees	and contracts from government agencies					
	nip dues and assessments					
	n savings and temporary cash investments			14	30,073	
	and interest from securities			14	62,822	
	income or (loss) from real estate. financed property					
	ebt-financed property					
	income or (loss) from personal property			T f		
	estment income					
8 Gain or (lo	oss) from sales of assets other than inventory		-40,284			
9 Net incom	e or (loss) from special events					
10 Gross prof	fit or (loss) from sales of inventory					
11 Other reve						
b <u>SEE</u>	STATEMENT 14			-	-45,999	
						
e	Add columns (b), (d), and (e)	-	-40,284		46,896	0
	I line 12, columns (b), (d), and (e)	<u> </u>	-40,204		13	6,612
	et in line 13 instructions on page 28 to verify calculation	ons)			,,	0,012
Part XVI-I			ent of Exempt Pu	rposes	 }	
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purport	is reported in co	olumn (e) of Part XVI-A	contribu	ited importantly to the	of the
 _	instructions)					
<u> N/A</u>						
						
		-				
						
				_		
						
						
					_	
						
						
						<u> </u>
	 					
						·
			_ _	· · · · · · · · · · · · · · · ·		
						

Form 990-PF (2009)

EIN ► 43-1395134

Phone no 816-842-0960

STEVEN

2101

Firm's name (or yours if self-employed), address,

and ZIP code

Τ.

KANSAS

OSBORNE.

BURLINGTON STREET

CPA

64116

11/11/2010 2:06 PM

48-1202943 .

Federal Statements

FYE: 12/31/2009

Statement 1	1 - Form	990-PF,	Part I, Line	6a - Sale	of Assets

	How Receive	d	Whom Sold	Date Acquire		
Date Sold	Sale Price	Cost	Expense	Deprec	iation	Net Gain / Loss
\$	N/LOSS FROM PAS -49,602 \$ I/LOSS FROM PASS	Ş	\$	\$	\$	-49,602
TOTAL \$	9,318 -40,284 \$	0 \$) \$	0 \$	9,318

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description				
	_	Revenue per Books	Net Investment Income	Adjusted Net Income
ORDINARY INCOME-PARTNERSHIPS	\$	520	\$	\$
RENTAL INCOME-PARTNERSHIPS	Ÿ	-13,715	Ψ	Ψ
SEC 1256 GAIN-PARTNERSHIPS		•		
OTHER INCOME-PARTNERSHIPS		10		
OTHER		-411		
PORTFOLIO DEDUCTS-PARTNERSHIP		5,820		
	_	-38,223		
TOTAL	\$_	-45,999	\$0	\$0

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description								
		∕Total	_	Net Investment		Adjusted Net		Charitable Purpose
MIDLAND PROPERTIES INC	ċ	14 026	<u>ب</u>	14 026	<u>ب</u>		ب.	
STEVEN T OSBORNE, CPA	Ş	14,036	Ģ	14,036	Ģ		Ş	
		3,080	_				_	
TOTAL	\$	17,116	\$_	14,036	\$	0	\$_	0

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

Description	n				
	1	Fotal	Net Investment	Adjusted Net	Charitable Purpose
CURRENT TAX	\$	699 \$	\$		\$

A4500. THE ATTERBURY FAMILY FOUNDATION
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FYE: 12/31/2009

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

Description		_ 						
		Total	_	Net Investment		Adjusted Net	_	Charitable Purpose
FOREIGN TAX	¢	77	¢		Ċ		¢	
DEFERRED TAX	Ÿ		٧		٧		٧	
moma t		3,492	<u>,</u> –	0		0	<u>,</u> –	
TOTAL	۶ <u></u>	4,268	÷ =	<u>U</u>	^ې =		ې	U

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description					
	Т	otal	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	Ş	;
EXPENSES					
MISCELLANEOUS					
DAWY DDDG		119			
BANK FEES		163			
TOTAL	\$	282 \$	0 \$	0 \$	0

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Federal Statements

FYE: 12/31/2009

Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description						
	_	Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
FEDERAL HOME LOAN BANK						
	\$_	1,600,000 \$_	1,200,000	MARKET	\$_	1,200,000
TOTAL	\$_	1,600,000 \$_	1,200,000		\$_	1,200,000

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description		<u></u>				
	_	Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
COMMON STOCK-EXXON MOBIL CORP						
	\$_	103,779 \$	88,647	MARKET	\$_	88,647
TOTAL	\$_	103,779 \$	88,647		\$_	88,647

Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
REIT-ANTHRACITE CAPITAL INC				
\$ REIT-GENERAL GRWTH PPTYS INC	2,230 \$	96	MARKET	\$ 96
	1,290	11,560	MARKET	11,560
MLP-KAYNE ANDERSON MLP INVT CO	48,900	75 120	MARKET	75,120
LLC-K/H LEE'S SUMMIT, LLC	10,500	73,120	11111112	,5,120
	85,000	85,000	MARKET	85,000
TRIANGLE PEAK PARTNERS GLOBAL ALL	0C 2,316,608	2,632,088	МАРКЕТ	2,632,088
TORCH HILL INVESTORS	, ,	2,002,000		
DADWIAN TARIDOMODO A	5,741	8,955	MARKET	8,955
PARKWAY INVESTORS A	62,084	220,281	MARKET	220,281
TOTAL \$	2,521,853 \$	3,033,100		\$ 3,033,100
=				

Statement 9 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beg of	inning Year	 End of Year
DEFERRED FEDERAL EXCISE TAX CURRENT FEDERAL EXCISE TAX	\$		\$ 3,492 199
TOTAL	\$	0	\$ 3,691

A4500 THE ATTERBURY FAMILY FOUNDATION

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Federal Statements

FYE: 12/31/2009

Statement 10 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
FLOW THRU BOOK V TAX DIFFERENCES	\$ 291,667
MARKET TO MARKET ADJUSTMENT	326,987
GRANT ADJUSTMENTS	 146,500
TOTAL	\$ 765,154

Statement 11 - Form 990-PF, Part III, Line 5 - Other Decreases

Description		Amount
FLOW THRU DISTRIBUTION / INCOME DIFFERENCE	\$	280,198
TOTAL	\$	280,198

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FYE: 12/31/2009

Statement 12 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, <u>Etc.</u>

Name and Address

Address		-			
	Title	Average Hours	Compensation	Benefits	Expenses
ALAN L ATTERBURY	BOARD CHAIR	0.00	0	0	0
1228 W 57TH					
KANSAS CITY MO 64113					
MARY P ATTERBURY		0.00	0	0	0
1228 W 57TH	PRESIDENT	0.00	0	0	0
KANSAS CITY MO 64113					
JENNIFER L ATTERBURY					
2001 SHAWNEE MISSION PA	VP & SECY ARKWAY	0.00	0	0	0
SHAWNEE MISSION KS 6620	05				
ANDREW L ATTERBURY					
2001 SHAWNEE MISSION PA	VP & TREAS ARKWAY	0.00	0	0	0
SHAWNEE MISSION KS 6620	05				
DAVID A ATTERBURY	MD.	0.00	0	0	•
1228 W 57TH	VP	0.00	0	0	0
KANSAS CITY MO 64113					
ANNE GROSZEK	ASST TREAS	0.00	0	0	0
12855 PEMBROKE CIRCLE	ADDI INDAD	0.00	Ŭ	U	O
LEAWOOD KS 66209					

A4500 THE ATTERBURY FAMILY FOUNDATION 48-1202943 FYE: 12/31/2009	11/11/2010 2:06 PM nents
Form 990-PF, Part XV, Line 1a - Managers Wh	o Contributed Over 2% or \$5,000
Name of Manager	Amount
ALAN L. ATTERBURY	\$
TOTAL	\$0

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48-1202943 FYE: 12/31/2009

Federal Statements

Statement 13 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address	Address	<u></u>
Relationship	Status P	urpose	Amount
AMERICAN RED CROSS	211 W ARMOUR ROAD	KANSAS CITY MO 64111	
NONE	501(C)(3) GENERAL		2,50
CCVI	3101 MAIN STREET	KANSAS CITY MO 64111	
NONE	501(C)(3) GENERAL		3,50
	DETHIC 1111 MAIN STREET	KANSAS CITY MO 64105	
NONE	501(C)(3) GENERAL		2,50
D	3101 MAIN STREET	KANSAS CITY MO 64111	F 64
NONE	501(C)(3) GENERAL 1108 EAST 10TH STREET	KANSAS CITY MO 64106	5,64
CITY UNION MISSION NONE	501(C)(3) GENERAL	KANSAS CITI MO 64106	1,00
	CHOOL 33 WEST 60 STREET	NEW YORK NY 10027	1,00
NONE NONE	501(C)(3) GENERAL	NDW TORK WI 10027	10,50
COLUMBIA LAW SCHOOL		NEW YORK NY 10027	20,50
NONE	501(C)(3) GENERAL	1.2 101111 112 10011	50
DARTMOUTH COLLEGE	6066 DEVELOPMENT OFFICE	HANOVER NH 03755	
NONE	501(C)(3) GENERAL		1,50
ELASALLE EDUCATION	BOX 871317	KANSAS CITY MO 64187	
NONE	501(C)(3) GENERAL		1,00
ARDEN CENTER ASSOCI	ATION 5200 PENNSYLVANIA	KANSAS CITY MO 64112	
NONE	501(C)(3) GENERAL		1,00
HILLIS	8150 WORNALL ROAD	KANSAS CITY MO 64114	
NONE	501(C)(3) GENERAL		1,00
FORDON PARKS ELEMENT		KANSAS CITY MO 64111	
NONE	501(C)(3) GENERAL	TAIDEDENDENGE MO CAOLO	2,10
HARRY S TRUMAN LIBRA		INDEPENDENCE MO 64050	2 00
NONE JACKSON COUNTY CASA	501(C)(3) GENERAL 2544 HOLMES	KANSAS CITY MO 64108	3,00
NONE NONE	501(C)(3) GENERAL	KANDAS CIII MO 04108	3,50
KANSAS CITY REPERTOR		KANSAS CITY MO 64110	3,30
NONE NONE	501(C)(3) GENERAL	14110110 0211 110 01110	20,00
KANSAS CITY ZOO	6800 ZOO DRIVE	KANSAS CITY MO 64132	20,00
NONE	501(C)(3) GENERAL		1,00
(CPT	125 EAST 31 STREET	KANSAS CITY MO 64108	•
NONE	501(C)(3) GENERAL		13,500
MOCSA	PO BOX 876565	KANSAS CITY MO 64187	
NONE	501(C)(3) GENERAL		5,000
NATL MULTIPLE SCLERO		KANSAS CITY MO 64114	
NONE	501(C)(3) GENERAL		1,000
	ATION 4525 OAK STREET	KANSAS CITY MO 64111	
NONE	501(C)(3) GENERAL	#13103.0 GTMV NO. 641.81	123,500
NONPROFIT CONNECT	PO BOX 5813	KANSAS CITY MO 64171	1 50
NONE	501(C)(3) GENERAL	EVANCTON II 60200	1,500
NORTHWESTERN UNIVERS	SITY 2020 RIDGE AVENUE 501(C)(3) GENERAL	EVANSTON IL 60208	1 50/
NONE PEMBROKE HILL SCHOOI	· · · · · ·	KANSAS CITY MO 64112	1,500
NONE TILL SCHOOL	501(C)(3) GENERAL	MANSAS CITI MO 04112	10,000
POWELL GARDENS	1609 NW US HIGHWAY 50	KINGSVILLE MO 64061	10,000
NONE	501(C)(3) GENERAL		5,000
RESTART	918 E 9TH STREET	KANSAS CITY MO 64106	5,000
(COLARI			
	501(C)(3) GENERAL		1.000
NONE SALVATION ARMY	501(C)(3) GENERAL 3637 BROADWAY	KANSAS CITY MO 64111	1,000

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Federal Statements

FYE: 12/31/2009

Statement 13 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address	Address	
Relationship St	atus Purpo	ose	Amount
SOUTHWEST BLVD HEALTH CTR	340 SOUTHWEST BLVD	KANSAS CITY MO 66103	
NONE 501(C	(3) GENERAL		2,500
STARLIGHT THEATRE	4600 STARLIGHT ROAD	KANSAS CITY MO 64132	
NONE 501(C	(3) GENERAL		5,000
TRUMAN MEDICAL CENTER	2310 HOLMES	KANSAS CITY MO 64108	
NONE 501(C	(3) GENERAL		1,000
UMKC CONSERVATORY OF MUSI	4949 CHERRY STREET	KANSAS CITY MO 64110	
NONE 501 (C	(3) GENERAL		5,000
UMKC FOUNDATION	311 ADMINISTRATIVE CENTER	KANSAS CITY MO 64110	
NONE 501(C	(3) GENERAL		108,350
VASCULAR ANOMALY FD	1204 W 66TH TERR	KANSAS CITY MO 64113	
NONE 501(C)	(3) GENERAL		1,500
WASHINGTON UNIVERSITY	ONE BROOKINGS DRIVE	ST LOUIS MO 63130	
NONE 501(C)	(3) GENERAL		500
WAYSIDE WAIFS	PO BOX 9791	KANSAS CITY MO 64134	
NONE 501(C)	(3) GENERAL		500
WILDWOOD OUTDOOR EDUCATIO	7098 WEST 399 ST	LA CYGNE KS 66040	
NONE 501(C)	(3) GENERAL		1,500
TOTAL			348,596

A4500 THE ATTERBURY FAMILY FOUNDATION 48-1202943

FYE: 12/31/2009

Federal Statements

Statement 14 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue

Description					
	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
ORDINARY INCOME-PARTNERS	HIP	.	1.4	\$ 520	۴
RENTAL INCOME-PARTNERSHI	PS	\$	14	5 520	₽
ODG 1056 GATH DADWHDGUT	.D.C		14	-13,715	
SEC 1256 GAIN-PARTNERSHI	.PS		14	10	
OTHER INCOME-PARTNERSHIP	S		14	-411	
OTHER			7.4		
PORTFOLIO DEDUCTS-PARTNE	יםפע		14	5,820	
PORIFOLIO DEDUCIS-PARINE	псэн		14	-38,223	
TOTAL		\$	0	\$ -45,999	\$ 0

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

Internal Rever		J	File a sepai	ate application for each r	return.			J	
		tomatic 3-Month Extension	n, complete only	Part I and check this box					▶ X
 If you ar 	e filing for an Ac	dditional (Not Automatic) 3-	Month Extension	, complete only Part II (or	n page 2 of this f	om).			
Do not com	plete Part II uni	ess you have already been g	granted an autom	atic 3-month extension on	a previously filed	Form 8	868		
Part I	Automati	c 3-Month Extension	of Time. Only	submit original (no d	copies neede	d).			
A corporatio	n required to file	Form 990-T and requesting	an automatic 6-m	onth extension—check thi	is box and compl	ete			
Part I only	•	., .			·				▶ 🗌
All other con	porations (includ	ing 1120-C filers), partnersh	ips. REMICs. and	trusts must use Form 700	4 to request an e	extensio	n of		
	ncome tax return		.,						
Electronic F	filing (e-file). Ge	enerally, you can electronical	ly file Form 8868	f you want a 3-month auto	matic extension	of time t	o file		
		ow (6 months for a corporation	-	-					
electronically	y if (1) you want	the additional (not automatic	;) 3-month extensi	on or (2) you file Forms 99	0-BL, 6069, or 8	870, gro	опр		
	•	onsolidated Form 990-T. Inst					of Form		
8868 For m	ore details on the	e electronic filing of this form	ı, visit www irs gov	/efile and click on e-file for	Charities & Non	profits.			
Type or	J	empt Organization				Emplo	yer iden	tification nur	mber
print		TERBURY FAMILY		ION					
File by the due date for		DLAND PROPERTI			<u></u>	48-	12029	943	
filing your	1 '	eet, and room or suite no If a HAWNEE MISSION	•	structions.					
return See instructions		post office, state, and ZIP c		address see instructions					
113110000113	1	E MISSION	KS 662						
Check type		iled (file a separate applicati							
Form 9	990		Form 99	0-T (corporation)				Form 4720	
Form 9	990-BL		Form 99	0-T (sec. 401(a) or 408(a)	trust)			Form 5227	
Form 9	990-EZ		Form 99	0-T (trust other than above	e)			Form 6069	
X Form 9	990-PF		Form 10	41-A				Form 8870	
Telephor If the org	ne No ▶ 913 anization does r	e of ► DAVID L .W 3 - 677 - 5300 not have an office or place of time, enter the organization's form.	FAX business in the U			 If this is			▶ □
	group, check th	· · · · · · · · · · · · · · · · · · ·	•	oup, check this box	▶ and a	_			
		ls of all members the extensi							
•		3-month (6 months for a corp	•	•					
until (08/15/10	, to file the exempt organiza	ation return for the	organization named above	. The extension	ıs			
for the	organization's re								
▶ 🎮	calendar year								
▶ [_]	tax year beginn	ning , and e	ending .						
2 If this t	ax year is for les	s than 12 months, check rea	son: 🔲 Initial r	eturn Final return	Change in	accoun	ting pend	od	
3a If this a	application is for	Form 990-BL, 990-PF, 990-T	, 4720, or 6069, e	nter the tentative tax,					
		credits See instructions.		<u> </u>	·-····································	3a	\$		900
	• •	Form 990-PF or 990-T, enter	=						
		le any prior year overpaymen				3b	\$		400
		line 3b from line 3a. Include		· · · · · · · · · · · · · · · · · · ·					
-	•	on or, if required, by using EF	1PS (Electronic F	ecerai i ax Payment			ė.		E00
	n). See instructio	ns nake an electronic fund withd	rawal with this For	m 8868, see Form 8453-F6	O and Form 8879	3c	\$		<u>500</u>
for payment i		TERC OF SIGNATURE WITH		5500, 650 / 6511 6705-20	o and rosin oor:				

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

	68 (Rev 4-2009)			Page .			
If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ <u>X</u>			
Note. O	nly complete Part II if you have already been granted an automatic 3-month extension on a previously filed Forn	า 8868	3				
• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	cor	ies n	eeded)			
Type or		Employer identification number					
print	THE ATTERBURY FAMILY FOUNDATION						
File by the	C/O MIDLAND PROPERTIES INC	48-1202943					
extended	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only					
due date	or 2001 SHAWNEE MISSION PARKWAY						
return Se	e City, town or post office, state, and ZIP code. For a foreign address, see instructions						
Instruction				······			
Check t	pe of return to be filed (File a separate application for each return)			_			
Fc	rm 990 X Form 990-PF L Form 1041-A			Form 6069			
Fo	rm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720			Form 8870			
_	rm 990-EZ Form 990-T (trust other than above) Form 5227						
STOP!	o not complete Part II if you were not already granted an automatic 3-month extension on a previously file	d Forr	n 8868				
• The	books are in the care of DAVID L WOODS						
	phone No ▶ 913-677-5300 FAX No ▶						
	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 If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box							
	he names and EINs of all members the extension is for.						
							
	4 I request an additional 3-month extension of time until $11/15/10$ 5 For calendar year 2009, or other tax year beginning , and ending .						
			4				
6 If this tax year is for less than 12 months, check reason I Initial return Final return Change in accounting period							
7 State in detail why you need the extension							
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE							
A	ND ACCURATE RETURN.			-			
8a If t	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,						
les	s any nonrefundable credits. See instructions	8a	S	900			
_	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	imated tax payments made. Include any prior year overpayment allowed as a credit and any						
	ount paid previously with Form 8868	8b	\$	900			
	lance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit						
	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	s	0			
	Signature and Verification		-				
	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my prect, and complete, and that I am authorized to prepare this form	knowle	dge and	belief,			
Signature	(0)		D.	ate 8-13-15			

Form 8868 (Rev 4-2009)