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Form **990-PF** 

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

ATTACHED OMB No 1545-0052 2009

**EXTENSION** 

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For	calenda	ar year 2009, or tax year beginning ,	and ending							
GC	heck al	ll that apply.	eturn of a former public	charity		Final return				
_		Amended return Add	lress change	X Name	e change					
Use	the IRS	Name of foundation			A Emp	loyer identification nui	mber			
	abel.				48	-1203265				
	erwise	THE KEITH & MARGIE WEBER	FOUNDATION_		B Telep	B Telephone number (see page 10 of the instructions)				
;	orint	Number and street (or P O box number if mail is not delivere	ed to street address)	Room/suite	91	3-6 <u>77</u> -5300				
or	type.	2001 SHAWNEE MISSION PARK	YAW		C If exe	emption application is pen	ding, check here			
See	Specifi	C City or town, state, and ZIP code			D 1. Fo	oreign organizations, chec	ck here			
Instr	uctions	SHAWNEE MISSION KS	66205		2. Fo	oreign organizations meet	ing the			
H C	heck ty	pe of organization: X Section 501(c)(3) exempt private	foundation			5% test, check here and a				
_			le private foundation		E If priv	rate foundation status was	s terminated under			
		et value of all assets at end J Accounting method:	Cash X Acc	rual	section	on 507(b)(1)(A), check he	re 🕨			
of	vear (fr	rom Part II, col (c), Other (specify)			F If the	foundation is in a 60-mor	nth termination			
	e 16) ▶		be on cash basis )		unde	r section 507(b)(1)(B), che	eck here			
_	irt l	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements			
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net	for chantable			
		the amounts in column (a) (see page 11 of the instructions) )	books	inco	ome	income	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)					//			
	1	Check ► X if the foundation is <b>not</b> required to attach Sch B								
Revenue	i	Interest on savings and temporary cash investments	28,853		28,853					
		Dividends and interest from securities	93,056		93,056					
		Gross rents			/					
		Net rental income or (loss)				·· <del>··</del> ·········				
	ĺ	Net gain or (loss) from sale of assets not on line 10 STMT 1	-245,459			<del></del>				
ē		Gross sales price for all assets on line 6a 438,047	215,155							
Š	j	Capital gain net income (from Part IV, line 2)			0	······································				
ш.		Net short-term capital gain	<del>-</del>			0				
	1	Income modifications								
	i -	Gross sales less returns & allowances		<del></del>						
•		LeREGE HOURS DID				<u></u>				
	1 1	Gross profit or (loss) (attaph schedule)								
			119							
	185	Other income (attachnsche 64) STMT 2  Total. Add lines 1 through 15	-123,431	1.3	21,909	0				
<u> </u>		Compensation of officers, directors, trustees, etc.			11,000					
penses		On Corbibs et salaries and wages								
Su.	I 1	Pension plans, employee benefits								
	l	Legal fees (attach schedule)								
Ω̈́		Accounting fees (attach schedule) STMT 3	12,270		9,295					
۷e		Other professional fees (attach schedule) STMT 4	17,474		17,474					
ati	1	Interest	346		346					
NUW & SUM Administrative Ex		Taxes (attach schedule) (see page 14 of the instructions) STMT 5	-15,896		3-10					
Ξ.		Depreciation (attach schedule) and depletion								
<u>≅</u> E		· · · · · · · · · · · · · · · · · · ·		<del> </del>						
₹₹	ŧ	Occupancy Travel, conferences, and meetings	<del></del>	- <u></u>						
g	1	Printing and publications					<del></del>			
<u></u>	J		37,668		6,860		<del></del>			
⇒ï ⊒		· · · · · ·	37,000		, 3 , 3 0 0					
䥀	1	Total operating and administrative expenses.	51,862	_	3,975		0			
_ Jec		Add lines 13 through 23	248,000		, , , , , , ,		248,000			
ō		Contributions, gifts, grants paid	299,862		3,975	0	248,000			
		Total expenses and disbursements. Add lines 24 and 25	233,002		,3,3/3		240,000			
	1 //	Subtract line 26 from line 12:	-423,293							
`_	1 11 1	Excess of revenue over expenses and disbursements	-423,233	<del></del>	7 924					
V	7 (	Net investment income (if negative, enter -0-)			7,934	0				
	_ <u>C</u>	Adjusted net income (if negative, enter -0-)				01	- 000 DC			

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

	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End o	End of year		
	ranı	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	221,072	<u>308</u> ,383	308,383		
1	3	Accounts receivable >					
		Less: allowance for doubtful accounts					
	4	Pledges receivable ▶					
	•	Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
ŀ	6	Receivables due from officers, directors, trustees, and other	<del>                                     </del>				
	U	disqualified persons (attach schedule) (see page 16 of the					
		, , , , ,					
ĺ	_	instructions)			<u>-</u>		
(0)	7	Other notes and loans receivable (att. schedule)	İ				
	_	Less allowance for doubtful accounts ▶	<del> </del>		<del></del>		
ë	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges	550 000		·····		
۹	10a	Investments—U.S. and state government obligations (attach schedule) STMT 7	550,000				
	b	Investments—corporate stock (attach schedule) SEE STMT 8	1,127,624	1,482,998	1,482,998		
	С	Investments—corporate bonds (attach schedule)			······································		
	11	Investments—iand, buildings, and equipment basis					
		Less accumulated depreciation (attach sch.)			·		
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule) SEE STATEMENT 9	2,378,692	2,850,603	2,850,603		
ı	14	Land, buildings, and equipment basis					
		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ▶			· <u> </u>		
	16	Total assets (to be completed by all filers—see the					
		Instructions Also, see page 1, Item I)	4,277,388	4,641,984	4,641,984		
$\exists$	17	Accounts payable and accrued expenses	4,944	9,286			
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
흲		•					
Ĕ	21	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ► SEE STATEMENT 10 )	16,310	469			
	22		21,254	9,755			
$\dashv$	_23	Total liabilities (add lines 17 through 22)	21,254	<u> </u>			
,,		Foundations that follow SFAS 117, check here X					
<b>Net Assets or Fund Balances</b>		and complete lines 24 through 26 and lines 30 and 31.	4 056 134	4 630 000			
ŭ	24	Unrestricted	4,256,134	4,632,229			
a	25	Temporanly restricted	L				
8	26	Permanently restricted					
1		Foundations that do not follow SFAS 117, check here					
핍		and complete lines 27 through 31.					
or	27	Capital stock, trust principal, or current funds					
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
se	29	Retained earnings, accumulated income, endowment, or other funds					
As	30	Total net assets or fund balances (see page 17 of the					
et	}	instructions)	4,256,134	4,632,229			
ž	31	Total liabilities and net assets/fund balances (see page 17					
		of the instructions)	4,277,388	4,641,984			
_	Part I		<u> </u>				
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	st agree with				
'		of-year figure reported on prior year's return)		1	4,256,134		
_				2	-423,293		
		r amount from Part I, line 27a r increases not included in line 2 (itemize) ► SEE STATEMENT 11	••	3	1,115,183		
			•	4	4,948,024		
		nes 1, 2, and 3 eases not included in line 2 (itemize) ► SEE STATEMENT 12		5	315,795		
			N line 20				
_6	lotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	), line 30		4,632,229		

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Form 990-PF (2009) THE KEI	TH & MARGIE WEBER F	MOITADNUC	48-1203265		Page
Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
(a) List and describ	be the kind(s) of property sold (e.g., real estate, shouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a PUBLICLY TRADEL	SECURITIES		P	VARIOUS	VARIOUS
b					
<u>c</u>	<del></del>				ļ
d					
<u>e</u>		,			<u> </u>
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis ense of sale		or (loss) ) minus (g)
a 478,331			683,506		-205,175
b					
_с					
_d				<del></del> _	·
Complete only for accets shown	g gain in column (h) and owned by the fo	nundation on 12/31	/60		<del></del>
Complete only for assets showing	<u> </u>	<del></del>			(h) gain minus less than -0-) <b>or</b>
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		om col (h))
_a				·	-205,175
_b					
_c		<del></del>			<del></del>
_d				<del></del>	
_e	If gain, also enter in	Part Line 7			<del></del> -
2 Capital gain net income or (net ca	apital loss)  If (loss), enter -0- in	<b>.</b>		2	-205,175
• • • •	s) as defined in sections 1222(5) and (6	· —			
- ·	column (c) (see pages 13 and 17 of the	instructions).			
If (loss), enter -0- in Part I, line 8	der Section 4940(e) for Reduc	ad Tay on Not	Investment Inco	3	
	foundations subject to the section 4940			1116	
		a) tax on net inves	anon moome.		
If section 4940(d)(2) applies, leave th	is part blank.		_	_	
Was the foundation liable for the sect	ion 4942 tax on the distributable amount	of any year in the	base period? 🔲 Ye	s X No	
If "Yes," the foundation does not qual	ify under section 4940(e). Do not comple	ete this part.			
1 Enter the appropriate amount in e	each column for each year; see page 18	of the instructions I	before making any ent	nes	
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use asse		(d) pution ratio yided by col (c))
2008	303		5,337,4		0.056861
2007	249		6,342,6		0.039337
2006	197.	581	5.062.2	217	0.039031

(a) Base penod years Calendar year (or tax year beginning in)	Base period years Advised quelles and distributions Net value of propher table use proofs			(d) Distribution ratio (col (b) divided by col (c))	
2008	2008 303,493 5,337,465				
2007	249,500	6,342,610		0.039337	
2006	197,581	5,062,217		0.039031	
2005	170,751	4,267,210		0.040015	
2004	149,300	3,707,550		0.040269	
<ul> <li>2 Total of line 1, column (d)</li> <li>3 Average distribution ratio for the 5-year banumber of years the foundation has been</li> <li>4 Enter the net value of noncharitable-use and</li> </ul>	3	0.215513 0.043103 4,342,678			
5 Multiply line 4 by line 3	5 Multiply line 4 by line 3				
6 Enter 1% of net investment income (1% o	6 Enter 1% of net investment income (1% of Part I, line 27b)				
7 Add lines 5 and 6	7	187,761			

Enter qualifying distributions from Part XII, line 4

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

248,000

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Forn	1990-PF (2009) THE KEITH & MARGIE WEBER FOUNDATION 48-1203265				Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the i	nstructio	ns)		
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)	-			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			<u>579</u>
	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)	1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	-		0
3	Add lines 1 and 2	3		579	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			579
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 7, 938				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d	Backup withholding erroneously withheld 6d	-			
7	Total credits and payments Add lines 6a through 6d	7		<u>_7,</u>	<u>938</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10		10		<del></del>	<u>359</u>
11	Zinor die amedin et am 17 to 201 et am 201	11			
Pa	art VII-A Statements Regarding Activities		<del>-</del> 1	<del></del> -	
1a			-	Yes	
	participate or intervene in any political campaign?		1a	$+\!-$	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		1		,,
	of the instructions for definition)?		1b	┼	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				1
	published or distributed by the foundation in connection with the activities				7.7
С	Did the foundation file Form 1120-POL for this year?		1c	<del></del> -	<u> </u>
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. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				37
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				v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	├──	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a	┢	<del>  ^-</del>
b	If "Yes," has it filed a tax return on Form 990-T for this year?  West have a liquidation termination discolution or substantial contraction during the year?	1N / E	4b 5	$\vdash$	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.	-	1-	$\vdash$	1-1
	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 legislation that effectively amends the governing instrument so that no mandatory directions that				
	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 3	χV	7	X	<del></del>
_	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		-		
8a	instructions) ► MO				1
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	•			1
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	•	V		
3	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		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				<del></del> -
	names and addresses		10		$\mathbf{x}_{-}$
	The state of the s		orm 99	0-PF	

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, 	990-PF(2009) THE KEITH & MARGIE WEBER FOUNDATION 48-120326	5			P	age
	rt VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
• •	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11	ļ	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			}		
12	August 17, 2008?			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications.	ation?		13	X	
13	Website address > WWW WEBERFAMILYFOUNDATION.ORG					
14	The books are in care of ► KEITH WEBER	hone no 🕨	913-6	77-	530	0
14	2001 SHAWNEE MISSION PARKWAY					
	Located at ► SHAWNEE, KS	ZIP+4 ▶	66208	3		
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here					▶ [
15	and enter the amount of tax-exempt interest received or accrued during the year	▶ .	15			
D <sub>2</sub>	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly):		_			
ia	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X Yes	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X Yes	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_	_		l	
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	_	_			l
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days.)	Yes	X No			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulat	ions	_			
b	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?			1b		X
	Organizations relying on a current notice regarding disaster assistance check here		▶ 🗍			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_			
С	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		•			
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and					
а		Yes	X No			
	6e, Part XIII) for tax year(s) beginning before 2009?  If "Yes " list the years ▶ 20 , 20 , 20 , 20		_		}	
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20 . Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					İ
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	(relating to incorrect valuation of assets) to the year's undistributed incorrect (in applying section of assets) to the year's undistributed incorrect (in applying section).		N/A	2b		
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		, -			
С						
	▶ 20 , 20 , 20 , 20  Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
3a	Did the foundation hold more than a 2% direct of indirect interest in any business enterprise		[]	E	i	i

If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Form 990-PF (2009)

4a

4b

X No

N/A

Yes

at any time during the year?

foundation had excess business holdings in 2009.)

Forn	1 990-PF (2009) THE KEITH & MARGIE WEBER FOUND			<del></del>		Page	_
Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be	Required (co	<u>ntinued)</u>		<del></del>	_
5a	During the year did the foundation pay or incur any amount to		_				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section			Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,		<b>(</b> -3			
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Yes X No				
	(4) Provide a grant to an organization other than a charitable, etc., organization						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the inst		Yes X No				
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational		r1			
	purposes, or for the prevention of cruelty to children or animals?			Yes X No			
þ	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions of	described in	,			
	Regulations section 53 4945 or in a current notice regarding disaster assistance	e (see page 22 of t	he instructions)?	_N/A	5b		_
	Organizations relying on a current notice regarding disaster assistance check his	ere		▶ ∐			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax	/- 🗀				
	because it maintained expenditure responsibility for the grant?		N/A 📙	Yes   No			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums					
	on a personal benefit contract?		_	Yes X No			
ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit cont	ract?		6Ь	X	_
	If "Yes" to 6b, file Form 8870			<b>=</b>			
	At any time during the tax year, was the foundation a party to a prohibited tax sh		_	Yes X No			-
	If yes, did the foundation receive any proceeds or have any net income attributa			N/A	7b		_
Pa	art VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	/ Paid Employ	yees,		
	and Contractors	4' - 1 00	- 541 1 4 41			<del>-</del>	_
1 1	ist all officers, directors, trustees, foundation managers and their compensa-	tion (see page 22	of the instructio	T			_
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit		ense account,	
	(a) Name and address	hours per week devoted to position	plans and deferred			allowances	
			<del></del>	compensation	<del> </del>		-
SE	E STATEMENT 13		ļ				
		<del></del>		<del> </del> -			-
	•						
		<u> </u>	<del></del>	<del> </del>	<del> </del>		-
			1		1		
	<del></del>	<u> </u>		<del> </del>	╁		-
	•		1	1			
2	Compensation of five highest-paid employees (other than those included on	line 1—see nage	23 of the instruc	ctions)	Щ		•
_	If none, enter "NONE."	ime i see page	20 Of the manac	crons).			
		(h) Tille and ausen	· · · · · · · · · · · · · · · · · · ·	(d) Contributions to	T		•
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,	
		devoted to position		plans and deferred compensation	other	allowances	
NC	NE				-		
		j					
		]					
•	•			1			
	•						
Гota	number of other employees paid over \$50,000			•	<b>•</b>		
				Fo	m 990	PF (2009)	

Form 990-PF(2009) THE KEITH & MARGIE WEBER FOUNDATION 4	48-1203265	Page 7			
Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid Em	ployees,			
3 Five highest-paid independent contractors for professional services (see page 23 of the	instructions), If none, enter "NON	IE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation			
NONE					
Total number of others receiving over \$50,000 for professional services		<u> </u>			
Part IX-A Summary of Direct Charitable Activities					
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.					
1 N/A					
1 1,711	•				
•					
2					
3					
4					
	<del> </del>	<u></u>			
Part IX-B Summary of Program-Related Investments (see page 24 of					
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount			
1 N/A					
2					
•	<i></i>				
All other program-related investments. See page 24 of the instructions	<del></del>	<del></del>			
3	/				
·	1				
•					

Total. Add lines 1 through 3

2 2 Amounts set aside for specific chantable projects that satisfy the 3 Suitability test (prior IRS approval required) 3a 3b Cash distribution test (attach the required schedule) 248,000 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 5 Enter 1% of Part I, line 27b (see page 26 of the instructions) 5 6 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)

Pa	rt XIII Undistributed Income (see page 26 of	the instructions)			,
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				216,555
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only			252,411	
	Total for pnor years: 20 , 20 , 20				······································
3	Excess distributions carryover, if any, to 2009:				
	From 2004				
	From 2005				
c	From 2006				
_	From 2007	]			
	From 2008				
_	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
•	line 4· ▶ \$ 248,000				
а	Applied to 2008, but not more than line 2a			248,000	
	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)				<u> </u>
А	Applied to 2009 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
U	indicated below:	•			
_	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
_	Enter the amount of prior years' undistributed				
L	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
	Subtract line 6c from line 6b Taxable				
u	amount—see page 27 of the instructions				
	Undistributed income for 2008 Subtract line				
e	4a from line 2a Taxable amount—see page				
	27 of the instructions			4,411	
£	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2010				216,555
7	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)				
8	Excess distributions carryover from 2004 not				
0	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
0	Excess distributions carryover to 2010.				
9	Subtract lines 7 and 8 from line 6a				
40					
10	Analysis of line 9 Excess from 2005				
a		1			
b	Excess from 2006	1			
ب 2	Excess from 2007	7			
d	Excess from 2008 Excess from 2009	1			
е	LAUGSS HUITI 2003				- 000 DE

	1990-PF (2009) THE KEITH &					etice (1)	Page
	ert XIV Private Operating For				zit vii-A, que	<u> 50011 9)</u>	
1a	If the foundation has received a ruling or			aung •			
h	foundation, and the ruling is effective for Check box to indicate whether the found		=	abed in section	4942(j)(3) or	4942	
b 2a	Enter the lesser of the adjusted net	Tax year	rading louridation descri	Pnor 3 years	4342(J(3) O	1 43421	<u> </u>
Za	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 200	6	(e) Total
	investment return from Part X for	(14)	<del></del>		<del></del>		
	each year listed			1		[	
b	85% of line 2a	<del></del>					
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						
e	Qualifying distributions made directly					1	
	for active conduct of exempt activities.					İ	
	Subtract line 2d from line 2c		ļ		<del></del>		
3	Complete 3a, b, or c for the			į		1	
	alternative test relied upon:				ļ		
а	"Assets" alternative test—enter:						
	(1) Value of all assets				<del></del>		
	(2) Value of assets qualifying under						
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3					<del></del>	
b	of minimum investment return shown in			}			
	Part X, line 6 for each year listed			j			
С	"Support" alternative test—enter						
	(1) Total support other than gross			}			
	investment income (interest,				<u> </u>		
	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)						
	(3) Largest amount of support from						
	an exempt organization (4) Gross investment income					<del></del>	
Pa	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation	had \$5,000 o	r more i	n assets at
	any time during the ye	•	•		, 0,000		
1	Information Regarding Foundation Mar						
а	List any managers of the foundation who		re than 2% of the total	contributions receive	d by the foundation	on	
	before the close of any tax year (but only	if they have contribut	ted more than \$5,000)	(See section 507(d)	(2).)		
	N/A		·		· · · · · · · · · · · · · · · · · · ·		
þ	List any managers of the foundation who				ge portion of the		
	ownership of a partnership or other entity	) of which the founda	tion has a 10% or grea	ter interest.			
	N/A	1.016.1			<del></del>		
2	Information Regarding Contribution, G				l daaa aat aasaat		
	Check here ► X If the foundation only unsolicited requests for funds If the foundation						
	organizations under other conditions, con			o or the mondedons)	to individuals of		
a	The name, address, and telephone numb			d be addressed:	<del></del>		
a	N/A	2. 3. 2.0 poroon to W	oppnositone enter				
	,						
b	The form in which applications should be	submitted and inform	nation and materials the	ey should include:			
	N/A						
С	Any submission deadlines:						
	N/A			alala ida da			
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable fi	eias, kinds of institut	ions, or other fact	ors:	
	N/A				<del></del>		000 DE

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 14 248,000 248,000 ▶ 3a Total Approved for future payment N/A 3b Total

	Part XVI-A	Analysis of Income-Producing Analysis of Income-Producing Analysis unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
~_11	,		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program sei	rvice revenue.					the instructions )
			-		ļ		
		<del></del>	-	<del></del>	<del> </del> -		
		·			ļ		
			-				
	_		-				<del></del>
	f	d contracts from government groups	-	<del> </del>		<del></del>	
2		d contracts from government agencies dues and assessments					<del></del>
		savings and temporary cash investments			14	28,853	
4		nd interest from securities	<b> </b>		14	93,056	
		come or (loss) from real estate					
٠		anced property					· <del></del>
		t-financed property					<del></del>
6		come or (loss) from personal property					
	Other invest						
8	Gain or (loss	s) from sales of assets other than inventory		-40,284	18	-205,175	
	-	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other revent	ue. <b>a</b>					
	b ORDII	NARY INCOME	_		14	520	
	c SECT	ION 1256 CONTRACTS	-		14	10	
	d OTHE	R INCOME	_		14	-411	
	e		-				
		d columns (b), (d), and (e)		-40,284		-83,147	
		ne 12, columns (b), (d), and (e)				13	-123,43
_		in line 13 instructions on page 28 to verify calculate		ant of Evenue Di			<del></del> -
	Part XVI-B	Relationship of Activities to the A					
	Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp					of the
		instructions.)		., .	•	. , , ,	
_	N/A						
_							
				·			
				·			
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P	art XVII	Information Reg Exempt Organiz		ansfers To and	l Transactio	ons and Relation	nships With No	oncharitable		
1	Did the	organization directly or inc		ge in any of the follo	owing with any	other organization de	scribed		Yes	No
-	ın' sectio	on 501(c) of the Code (oth								
_	organiza		dation to a n	anaharitahla ayama	t araanization o	.f				ĺ
а	_	rs from the reporting found	Jauon to a n	опспанавіе ехентр	t organization c	"		15(4)		v
	(1) Cas						-	1a(1)		X
L	. ,	er assets						1a(2)		
D	-	ansactions:	-hl					45(4)		v
		es of assets to a nonchant	-	=	_	•		1b(1)		X
		chases of assets from a new and		· •	11			1b(2)		X
	• •	tal of facilities, equipment		seis				1b(3) 1b(4)		$\frac{\Delta}{X}$
		mbursement arrangement	5					1b(5)	$\neg \dashv$	X
		ns or loan guarantees	ambaraba a	r fundraiona aolioita	Stione			1b(6)		X
_	• •	formance of services or mand of facilities, equipment, mand of facilities, equipment, mand of the facilities of the faci	•	-				1c		X
	-	swer to any of the above	=			mn (h) should always	chow the fair mar			
u		the goods, other assets,								
		any transaction or sharing	_		-					
	(a) Line no	(b) Amount involved		of nonchantable exemp				ns, and shanng arrange	ments	
1/		(b) Amount myored	(c) Name	of noncriantable exemp	or organization	(a) Bosonphan o	Tanoloro, transpond	no, and sharing arrange	incins	
<u>N / </u>	<u>A</u>		<del> </del>			<del> </del>				
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			<del> </del>	<del></del>						
				<del></del>						
						<u> </u>	<del></del>			
	descnbe	undation directly or indired ed in section 501(c) of the	Code (other				S	Yes	X	No
b	If "Yes,"	complete the following so	hedule	1 4) 7		<del></del>	(a) D			
	37 / 7	(a) Name of organization		(b) Type of org	ganization		(c) Description of re	lationship		
	N/A					 		<del></del>		
		<del></del>				<u> </u>				
		<del></del>		<del></del>						
				<u> </u>				<del></del>		
				L		<del></del>		<del></del>		
		nalties of penjury, I declare that safe, correct, and complete/I	t I have exami Declaration of p	ned this return, includin preparer (other than tax	1/1-15	schedules and statement ) is based on all informat	est dre	ny knowledge and has any knowledge		
9	Sign	ature of officer or trustee			Date	<u>/</u>	Title	<del></del>		
Sign Here	Paid Preparer's Use Only	Preparer's signature		(Sx	•	Date	Check if self-employed ▶	Preparer's identifyii number (see Signa page 30 of the instr	ature on uctions)	
็ด	aid bare		CUIDITIES	T M CODOD	ME CDA		<del>-</del>	P003590	ן טע	
	P'rep Use	Firm's name (or yours if	STEVEN				<u> </u>	N. N. 1205	774	
	п. –	self-employed), address, and ZIP code		BURLINGTON		1716		N► 43-1395		
		and zin code	N. KA	NSAS CITY	, MO 64	116	] Ph	none no 816-842 Form <b>990</b> -		

### T1300 THE KEITH & MARGIE WEBER FOUNDATION 48-1203265

**Federal Statements** 

FYE: 12/31/2009

Statement 1 - Form	990-PF, Part I <u>, Line 6a - Sale of Asset</u>	S

	Description		How Received	Who	
Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
SHORT-TERM GA	N/LOSS FROM PA -49,603 \$		TITY	ė	\$ -49,603
LONG-TERM GAIN			TITY	<del>ب</del>	•
	9,319				9,319
TOTAL \$	-40,284 \$	0	\$0	\$0	\$

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

Description				
	_	Revenue per Books	Net Investment Income	Adjusted Net Income
ORDINARY INCOME	\$	520	ċ	Ċ
SECTION 1256 CONTRACTS	٦		4	<del>y</del>
OTHER INCOME		10		
	_	-411		
TOTAL	\$_	119	\$ 0	\$0

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

Description		_						
		Total	_	Net Investment		Adjusted Net	_	Charitable Purpose
MIDLAND PROPERTIES INC	<b>.</b>	0 205	<b>ب</b>	0 205	بن		۸.	
STEVEN T OSBORNE, CPA	Þ	9,295	Þ	9,295	Ð		Þ	
		<u>2,975</u>						
TOTAL	\$	12,270	\$_	9,295	\$	0	\$	0

#### Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	 _						
	 Total	_	Net Investment	_	Adjusted Net	_	Charitable Purpose
INVESTMENT ADVISIORY FEES							
	\$ 17,474	\$_	17,474	\$		\$_	
TOTAL	\$ 17,474	\$_	17,474	\$_	0	\$_	0

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### -T1300 THE KEITH & MARGIE WEBER FOUNDATION 48-1203265 Federal Statements 48-1203265

FYE: 12/31/2009

#### Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Description				
	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAX PAID				
\$ TAX REFUND	871 \$		\$	\$
IFA RELOND	-959			
DEFERRED FEDERAL EXCISE TAX	15 041			
OTHER	-15,841			
<u> </u>	33			
TOTAL \$	-15,896 \$	0	\$0	\$0

### Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description							
		Гotal	_	Net Investment	Adjusted Net	_	Charitable Purpose
EXPENSES	\$		\$		\$	\$	
MISCELLANEOUS		0.01					
PORTFOLIO DEDUCTIONS	- PSHIPS	201 36,860		36,860			
BANK FEES		607		33,333			
TOTAL	\$	37,668	\$	36,860	\$	 0 \$	0

## •T1:300 THE KEITH & MARGIE WEBER FOUNDATION 48-1203265 Federal Statements

FYE: 12/31/2009

Statement 7 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	 <del></del>				
	 Beginning of Year	nd of 'ear	Basis of Valuation		Fair Market Value
FEDERAL HOME LOAN BANK					
	\$ 550,000	\$ 	MARKET	\$	
TOTAL	\$ 550,000	\$ 0		\$_	0

#### Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
		Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
ANGLO AM PLC ADR	_				_	
ALUMINA LTD ADS	\$	9,935 \$	31,104	MARKET	\$	31,104
ANGLOGOLD ASFANTI LTD SPON ADR		3,300	5,050	MARKET		5,050
		17,485	16,393	MARKET		16,393
BARRICK GOLD CORP		18,348	25,518	MARKET		25,518
BHP BILLITON LTD		2,703	4,825	MARKET		4,825
BP PLC		16,452		MARKET		17,333
CAMECO CORP		•				
EL PASO CORPORATION		4,778		MARKET		8,911
ENCANA CORP		8,746	10,980	MARKET		10,980
		26,633	18,559	MARKET		18,559
GOLD FIELDS LTD ADS		17,467	13,661	MARKET		13,661
IMPALA PLATINUM HLDS LTD ADR		4,001	7,581	MARKET		7,581
IMPERIAL OIL LTD		28,122	34,639	MARKET		34,639
IVANHOE MINES LTD		·				
KINROSS GOLD CORP		2,071	·	MARKET		8,620
LIHIR GOLD LTD ADR			17,425	MARKET		17,425
		6,557		MARKET		
LOMIN PLC SP ADR		2,737		MARKET		
NEWCREST MINING LTD SON ADR		7,986	12,582	MARKET		12,582
NEWMONT MINING CORP HLDG CO		20,391		MARKET		ŕ
NOVAGOLD RESOURCES INC NEW						
RIO TINTO PLC ADS		1,348		MARKET		
		1,067	2,585	MARKET		2,585

# T1300. THE KEITH & MARGIE WEBER FOUNDATION 48-1203265 Federal Statements

FYE: 12/31/2009

### Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description	Beginning	End of	Basis of	Fair Market
SILVER STANDARD RESOURCES INC	of Year	Year	Valuation	Value
\$	2,184 \$		MARKET	\$
SUNCOR ENERGY INC COM	4,095		MARKET	
MAGNA INTL INC	7,722	10,571	MARKET	10,571
PANASONIC CORPORATION ADR	8,409	9,701	MARKET	9,701
STORA ENSO OYJ ADS	11,386		MARKET	
TOMKINS F H PLC SPON ADR	4,942		MARKET	
WACOAL HOLDINGS CORP	13,503	11,246	MARKET	11,246
SEGA SAMMY HLDGS 1 ADR	7,530	•	MARKET	7,892
KIRIN BREWERY ADR	14,867	.,	MARKET	.,
SHISEIDO ADR		16 000		16 000
CONOCO LTD SPN ADR	13,549		MARKET	16,988
NEXEN INC CO	27,239		MARKET	17,566
OAO GAZPROM ADR	6,311		MARKET	14,884
PETRO CANADA	11,215	20,069	MARKET	20,069
ROYAL DUTCH SHELL PLC ADS CL B	4,684		MARKET	
AEGON N V	17,383	19,648	MARKET	19,648
BERKSHIRE HATHAWAY INC CL B	3,001	7,936	MARKET	7,936
	28,926	29,574	MARKET	29,574
BROOKFIELD ASSET MANAGEMENT	27,089	39,347	MARKET	39,347
CURRENCYSHARES JAPANESE YEN TRUST	4,954		MARKET	
FANNIE MAE (USA) COM NPV	354	550	MARKET	550
HACHIJUNI BANK LTD ADR	6,708	7,483	MARKET	7,483
HONG KONG EXCHANGE	14,100		MARKET	
ICICI BANK LTD ADS	4,813	23,154	MARKET	23,154
LEGG MASON INC	11,065	19,634		19,634
LONDON STOCK EXCHANGE	13,608		MARKET	
MASTERCARD INC	5,003	24,062		24,062

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## • T1300 THE KEITH & MARGIE WEBER FOUNDATION 48-1203265 Federal Statements

FYE: 12/31/2009

### Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description	_				
_	Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
MITSUI SUMITOMO INSURANCE CO ADR	10,046 \$	8.307	MARKET	\$	8,307
NASDAQ OMX GROUP INC	•	·	MARKET	٧	
NYSE EURONEXT	23,993				21,782
PROMISE CO NBB ADR	32,473	1/,/61	MARKET		17,761
SEVEN & I HOLDINGS CO LTD	11,504		MARKET		
SOCIETE GENERALE SPONSORED ADR	1,480		MARKET		17,239
TUDENT LOAN CORP	3,193	6,321	MARKET		6,321
SUMITOMO TRUST & BANK ADR	7,708		MARKET		
BS AG	6,893	5,893	MARKET		5,893
	6,221	6,747	MARKET	-	6,747
VISA INC	6,976		MARKET		
ANOFI AVENTIS	20,357	21,245	MARKET		21,245
ODAFONE GROUP PLC SPONS		18,149	MARKET		18,149
SHARES FTSE / XINHUA CHINA 25	21,759		MARKET		
SHARES MSCI EMERGING MARKETS	17,479		MARKET		
SHARES FTSE/XINHUA CHINA 25	·	11,114	MARKET		11,114
SHARES MSCI PAC EX-JAPAN	13,781		MARKET		7,364
SHARES S&P LATIN AMER 40 INDEX	17,574	28,674			28,674
OWER SHARES DB US\$\$ INDEX BULLISH	17,574				
EMBRA-EMPRESA BRASILEIRA DE AERONAU	T	14,887			14,887
SEKISUI HOUSE SPN ADR			MARKET		7,716
CECHNIP ADS	12,633		MARKET		8,715
ODAFONE GROUP	8,398	7,655	MARKET		7,655
BEIJING CAP AIRPORT INTL H	18,049		MARKET		
CARNIVAL CORP PAIRED CTF	10,160		MARKET		
	17,024	22,183	MARKET		22,183
CVS CORP COM			MARKET		
DAIWA HOUSE IND LTD	14,313	9,823	MARKET		9,823

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#### Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description End of Basis of Fair Market Beginning Valuation Value Year of Year DISNEY (WALT) CO COM STK 17,125 MARKET 12,048 \$ 17,125 FUJIFILM HLDGS CORP 14,310 19,300 MARKET 19,300 GRUPO TELEVISA S A 23,168 MARKET 23,168 LAS VEGAS SANDS 2,105 MARKET TIME WARNER INC 22,318 MARKET 22,318 23,037 TOPPAN PRINTING 6,938 MARKET 6,938 15,695 WOLTERS KLUWER N V S 14,862 MARKET 14,862 ALCATEL LUCENT 8,884 MARKET 8,884 5,753 CHINA UNICOM (HONG KONG) LTD 14,827 MARKET 14,827 CHUNGHWA TELECOM CO SPON ADR MARKET LEUCADIA NATIONAL CORP 16,272 MARKET 16,272 KT CORP SPONS ADR 18,059 MARKET LEUCADIA NATIONAL CORP 13,543 MARKET LM ERICSSON TELEPHONE CO ADR 6,607 MARKET NIPPON TELEG & TEL SPON ADR 20,451 MARKET 22,948 20,451 NOKIA CORP 13,403 MARKET 13,403 SIEMENS A G ADS 15,074 13,572 MARKET 13,572 SK TELECOM CO LTD ADS 6,981 20,406 MARKET 20,406 SWISSCOM AG NBB ADS 15,279 18,331 MARKET 18,331 T D K CORP 12,587 7,222 MARKET 7,222 TELECOM ITALIA S P A ADR 15,642 MARKET 16,125 15,642 BURLINGTON NORTHERN SANTA FE 23,092 35,109 MARKET 35,109 UNION PACIFIC CORP MARKET 13,384 ALLEGHENY ENERGY INC 15,004 MARKET 21,637 15,004 CENTRAIS ELECTRICAS BRASILEIRAS 4,555 MARKET 3,653 4,555 CENTRAIS ELECTRICAS BRASILEIRAS PFD 7,501 13,146 MARKET 13,146

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#### Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description End of Basis of Fair Market Beainnina of Year Valuation Value Year HUANENG PWR INTL INC 5,600 MARKET 5,600 7,295 \$ KOREA ELECTRIC PWR SPONSORED ADR 9,474 11,865 MARKET 11,865 NV ENERGY INC MARKET 47,482 RELIANT ENERGY INC 12,970 17,406 MARKET 17,406 UNITED UTILITIES PLC SP ADR 9,494 MARKET 10,683 9,494 CLAYMORE/ALPHASHARES CHINA R/E 24,743 MARKET 24,743 ISHARE MSCI AUSTRAILIA IND FD 13,521 22,041 MARKET 22,041 ISHARE MSCI CANADA IND FUND 6,846 MARKET 6,846 POWERSHARES INDIA 6,731 MARKET 6,731 ISHARES MSCI GERMANY IND 24,796 24,796 MARKET CENOVUS ENERGY INC 14,440 MARKET 14,440 KAO CORP SP ADR 16,822 MARKET 16,822 PHILIP MORRIS INTERNATIONAL INC 31,902 MARKET 31,902 REXAM PLC ADS 3,613 MARKET 3,613 NINTENDO CO LTD ADR 9,322 MARKET 9,322 AXIS CAPITAL HOLDINGS LTD 6,563 MARKET 6,563 CHINA LIFE INSURANCE CO LTD 33,594 MARKET 33,594 CME GROUP INC COM 21,501 MARKET 21,501 NOVARTIS AG ADS 20,738 MARKET 20,738 GENZYME GENERAL DIVISION 10,831 MARKET 10,831 ISHARES MSCI EMERGING MARKETS 14,733 MARKET 14,733 CARREFOUR S A ADR 15,119 MARKET 15,119 DAI NIPPON PRTG SPON 13,954 MARKET 13,954 INTERCONTINENTAL EXCHANGE COM 25,155 MARKET 25,155 MELCO PBL ENTERTAINMENT LTD ADS 3,474 MARKET 3,474 TIME WARNER CABLE 7,905 MARKET 7,905

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Statement 8 - Form 990-PF, Pa	rt II, Line 10b - Corporate 🤄	Stock Investments (continued)

Description							
		Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
WYNN RESORTS LTD	<u> </u>		٠,	20 021	MA DIZE	<u>بن</u>	20.02
ROHM CO LTD UNSP ADR	\$		\$	·	MARKET	\$	20,033
TOTAL	_ \$	1,127,624	\$	1,482,998	MARKET	- \$	5,598 1,482,998
			· <u>-</u>		·	-	
Statement 9 - For	m 99	0-PF, Part II, Li	ne	13 - Other Inve	stments		
Description							
	_	Beginning of Year	_	End of Year	Basis of Valuation	. <u>-</u>	Fair Market Value
REIT-VORNADO REALTY TRUST COM	\$		\$	10.701	MARKET	\$	10,701
TRIANGLE PEAK PARTNERS	4	2,316,608	т	·		٣	
PARKWAY INVESTORS W LLC				2,632,088			2,632,088
TOTAL	 \$	62,084	_ خ	2,850,603	MARKET	, \$	207,814 2,850,603
TOTAL	<i>γ</i> ==	2,370,002	۲=	2,030,003		٧=	2,030,003
Statement 10 - Fo	orm 9	90-PF, Part II, I	Lin	e 22 - Other Lia	abilities		
Description				inning Year	End o		
DEFERRED EXCISE TAX LIABLITY		\$		16,310	\$		<u> </u>
TOTAL		\$		16,310	\$	4 (	59
Statement 11 - Fo	orm 9	990-PF, Part III,	Li	ne 3 - Other Inc	reases		
Description					Amount		
MARKET TO MARKET ADJUSTMENT FLOW THROUGH PSHIP NON DEDUCTION ROUNDING	BLE :	EXPENSE	•	\$	823,423 291,759 1		
TOTAL				\$	1,115,183		
Statement 12 - Fo	rm 9	90-PF, Part III,	Lir	ne 5 - Other Dec	reases		
Description					Amount		
PARTNERSHIP INCOME VS DISTRIBUTIONE TAX PENALTY	rion	DIFFERENCE		\$	315,479 316		
				<del></del>			

**Federal Statements** 

FYE: 12/31/2009

LEAWOOD KS 66208

48-1203265

### Statement 13 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address

Address		,				
	Title	Average Hours	Compensation	Benefits	Expenses	
A KEITH WEBER	CHAIRMAN	0.00	0	0	0	
2411 W 59TH ST	CUATKIMIN	0.00	<b>V</b>	J	v	
MISSION HILLS KS 66208						
MARJORY WEBER	PRESIDENT	0.00	0	0	0	
2411 W 59TH ST	PRESIDENT	0.00	Ç	J	·	
MISSION HILLS KS 66208						
LESLIE OLRICH	VP, TREASURE	0.00	0	0	0	
2411 W 59TH ST	VI , III	<b>0.</b>	-	-	-	
MISSION HILLS KS 66208						
PATRICIA WEBER	VP, SECRETAR	0.00	0	0	0	
2411 W 59TH ST	VF, DICKETIA	0.00	v	_	· ·	
MISSION HILLS KS 66208						
ANN GROSZEK	ASST SEC/TR	0.00	0	0	0	
12855 PEMBROKE CIRCLE						

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### Statement 14 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Relationship   Status	Name	Add	lress	Address	<del></del> _
NONE	Relationship	Status	Purpos	se	∖mount
NONE	AMERICAN RED CROSS	211 W ARMOUR	BLVD K/	ANSAS CITY MO 64111	
NOME					16,000
REAST CANCER 3-DAY	BOYS & GIRLS CLUB OF		L RD K.	ANSAS CITY MO 64131	•
NOME	NONE	501 (C) (3) GENER	AL		2,500
CHILDREN'S MERCY HOSPITAL BOX 21956   RANSAS CITY MO 64127   5,000   CITY UNION MISSION   FOX 270107   RANSAS CITY MO 64127   4,000   CITY UNION MISSION   FOX 270107   RANSAS CITY MO 64127   4,000   RENVER FOUNDATION   501 (C) (3) GENERAL   RANSAS CITY MO 64126   20,000   RESENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE   RANCHO MIRAGE CA 92270   10,000	BREAST CANCER 3-DAY	165 TOWNSHIP	LINE RD JF	ENKINTOWN PA 19046	
NONE					500
NONE			K.F	ANSAS CITY MO 64121	
NONE					5,000
DENNER FOUNDATION				ANSAS CITY MO 64127	
NONE   SOI   CC   (3)   GENERAL   RANCHO MIRAGE CA 92270   NONE   SOI   CC   (3)   GENERAL   RANCHO MIRAGE CA 92270   10,000   RAVESTERS   3801 TOPPING AVENUE   KANSAS CITY MO 64129   2,500   RONCE   SOI   CC   (3)   GENERAL   RONCHO MIRAGE CA 92270   RONCE   SOI   CC   (3)   GENERAL   RONCHO MIRAGE CA 92270   RONCE   SOI   CC   (3)   GENERAL   RONCHO MIRAGE CA 92270   RONCE   SOI   CC   (3)   GENERAL   RONCHO MIRAGE CA 92270   RONCHO MIRAG					4,000
EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL NONE 501 (C) (3) GENERAL NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 3637 BROADWAY NONE 501 (C) (3) GENERAL SALVATION ARMY 364108 SALVATION ARMY 364108 SALVATION ARMY 364108 SALVATION ARMY 364108 SALVATION ARMY 364			· · · · · · · · · · · · · · · · · · ·	INVER CO 80246	
NONE   501 (C) (3) GENERAL   2,500					
HARVESTERS   3801 TOPPING AVENUE   KANSAS CITY MO 64129   2,500				ANCHO MIRAGE CA 92270	
NONE   501 (C) (3)   GENERAL   HOUSTON TX 77202   1,000					10,000
HOUSTON CENTER FOR CONTEM 4848 MAIN STREET   NONE   501 (C) (3) GENERAL   1,000				ANSAS CITY MO 64129	
NONE			<del></del>	<u></u>	2,500
ANDERSON RANCH ARTS CENTE 5263 OWL CREEK ROAD NONE 501 (C) (3) GENERAL ROCKVILLE MD 20850  METACANCER 11 N WASHINGTON ST ROCKVILLE MD 20850  PEEBLER PSP RESEARCH FD PO BOX 3700 SUN VALLEY ID 83353 NONE 501 (C) (3) GENERAL RANSAS CITY MO 64106  RESTART 918 E 9TH ST KANSAS CITY MO 64106  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64106  ROARING FORK CONSERVANCY PO BOX 3349 BASALT CO 81621 SOUNCE SOI (C) (3) GENERAL RANSAS CITY MO 64108  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64108  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64108  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64108  SALVATION ARMY 3637 BROADWAY KANSAS CITY MO 64101  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64101  SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500 NONE 501 (C) (3) GENERAL RANSAS CITY MO 64106  SHEFFIELD PLACE 6604 EAST 12TH ST KANSAS CITY MO 64108  SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD NONE 501 (C) (3) GENERAL RANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL RANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL RANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL RANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL RANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL RANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64171  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64171  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64101  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64101  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64101  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64101  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64101  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64101  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64108  DANDERSON CANCER PO BOX 297967 HOUSTON TX 77297  NONE 501 (C) (3) GENERAL RANSAS CITY MO 64108				OUSTON TX 77202	
NONE					
METACANCER         11 N WASHINGTON ST NONE         ROCKVILLE MD 20850           NONE         501 (C) (3) GENERAL         2,500           PEEBLER PSP RESEARCH FD PO BOX 3700 NONE         501 (C) (3) GENERAL         1,000           RESTART         918 E 9TH ST NONE         KANSAS CITY MO 64106         1,000           ROARING FORK CONSERVANCY PO BOX 3349 NONE         501 (C) (3) GENERAL         5,000           RONALD MCDONALD HOUSE         2501 CHERRY ST NONE         KANSAS CITY MO 64108         3,000           SALVATION ARMY NONE         3637 BROADWAY NONE         KANSAS CITY MO 64111         10,000           SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500 NONE         SAN FRANCISCO CA 64104         20,000           SHEFFIELD PLACE         6604 EAST 12TH ST NOWNE         KANSAS CITY MO 64126         5,000           SUITHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD NONE         KANSAS CITY MO 64126         2,500           SPECIAL OPERATIONS FUND         1215 19TH STREET, NW NONE         WASHINGTON DC 20036         2,500           SPECIAL OPERATIONS FUND         1215 19TH STREET, NW NONE         WASHINGTON DC 20036         20,000           ST LUKE'S EPISCOPAL HOSP 6720 BERTHER AVE NONE         501 (C) (3) GENERAL         HOUSTON TX 77030         60,000           ST LUKE'S HOSPITAL NONE         501 (C) (3) GENERAL         KANSAS CITY MO 64171 <td< td=""><td></td><td></td><td></td><td>NOWMASS VILLAGE CO 81</td><td></td></td<>				NOWMASS VILLAGE CO 81	
NONE   501 (C) (3) GENERAL   2,500					2,500
PEEBLER PSP RESEARCH FD				OCKVILLE MD 20850	
NONE   SO1 (C) (3) GENERAL   ST					2,500
RESTART 918 E 9TH ST KANSAS CITY MO 64106  NONE 501 (C) (3) GENERAL  ROARING FORK CONSERVANCY PO BOX 3349  RONALD MCDONALD HOUSE 501 (C) (3) GENERAL  RONALD MCDONALD HOUSE 2501 CHERRY ST KANSAS CITY MO 64108  NONE 501 (C) (3) GENERAL  SALVATION ARMY 3637 BROADWAY KANSAS CITY MO 64111  NONE 501 (C) (3) GENERAL  SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500  SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500  SHEFFIELD PLACE 6604 EAST 12TH ST KANSAS CITY MO 64108  SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD KANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL  SPECIAL OPERATIONS FUND 1215 19TH STREET, NW WASHINGTON DC 20036  NONE 501 (C) (3) GENERAL  ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE HOUSTON TX 77030  NONE 501 (C) (3) GENERAL  ST LUKE'S HOSPITAL PO BOX 119000  MD ANDERSON CANCER PO BOX 297967  NONE 501 (C) (3) GENERAL  TRUMAN MEDICAL CENTER 2310 HOLMES  KANSAS CITY MO 64108  KANSAS CITY MO 64171  RONG 501 (C) (3) GENERAL  20,000  KANSAS CITY MO 64171  ANDRE 501 (C) (3) GENERAL  20,000  KANSAS CITY MO 64171  COUNTY 77297  RONGE 501 (C) (3) GENERAL  COUNTY 77297  RONGE 501 (C) (3) GENERAL  KANSAS CITY MO 64108				JN VALLEY ID 83353	
NONE   501 (C) (3) GENERAL   BASALT CO 81621   5,000					1,000
ROARING FORK CONSERVANCY   PO BOX 3349   BASALT CO 81621   5,000				NSAS CITY MO 64106	
NONE 501 (C) (3) GENERAL 5,000  RONALD MCDONALD HOUSE 2501 CHERRY ST KANSAS CITY MO 64108 NONE 501 (C) (3) GENERAL 3,000  SALVATION ARMY 3637 BROADWAY KANSAS CITY MO 64111 NONE 501 (C) (3) GENERAL 10,000  SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500 SAN FRANCISCO CA 64104 NONE 501 (C) (3) GENERAL 20,000  SHEFFIELD PLACE 6604 EAST 12TH ST KANSAS CITY MO 64126 NONE 501 (C) (3) GENERAL 5,000  SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD KANSAS CITY MO 66103 NONE 501 (C) (3) GENERAL 2,500  SPECIAL OPERATIONS FUND 1215 19TH STREET, NW WASHINGTON DC 20036 NONE 501 (C) (3) GENERAL 20,000  ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE HOUSTON TX 77030 NONE 501 (C) (3) GENERAL 20,000  ST LUKE'S HOSPITAL PO BOX 19000 KANSAS CITY MO 64171 NONE 501 (C) (3) GENERAL 20,000  MD ANDERSON CANCER PO BOX 297967 HOUSTON TX 77297 NONE 501 (C) (3) GENERAL 20,000  TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108					10,000
RONALD MCDONALD HOUSE				ASALT CO 81621	
NONE   501 (C) (3) GENERAL   SALVATION ARMY   3637 BROADWAY   KANSAS CITY MO 64111   10,000					5,000
SALVATION ARMY 3637 BROADWAY KANSAS CITY MO 64111  NONE 501 (C) (3) GENERAL  SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500 NONE 501 (C) (3) GENERAL  SHEFFIELD PLACE 6604 EAST 12TH ST NONE 501 (C) (3) GENERAL  SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD NONE 501 (C) (3) GENERAL  SPECIAL OPERATIONS FUND 1215 19TH STREET, NW NONE 501 (C) (3) GENERAL  ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE NONE 501 (C) (3) GENERAL  ST LUKE'S HOSPITAL NONE 501 (C) (3) GENERAL  ST LUKE'S HOSPITAL NONE 501 (C) (3) GENERAL  TRUMAN MEDICAL CENTER 2310 HOLMES  TRUMAN MEDICAL CENTER  SAN FRANCISCO CA 64104  LOO,000  SAN FRANCISCO CA 64104  LO				NSAS CITY MO 64108	
NONE 501 (C) (3) GENERAL 10,000  SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500 NONE 501 (C) (3) GENERAL 20,000  SHEFFIELD PLACE 6604 EAST 12TH ST KANSAS CITY MO 64126 5,000  SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD KANSAS CITY MO 66103 2,500  SPECIAL OPERATIONS FUND 1215 19TH STREET, NW NONE 501 (C) (3) GENERAL 20,000  ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE NONE 501 (C) (3) GENERAL 60,000  ST LUKE'S HOSPITAL PO BOX 119000 KANSAS CITY MO 64171 20,000  MD ANDERSON CANCER PO BOX 297967 HOUSTON TX 77297  NONE 501 (C) (3) GENERAL 20,000  TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108					3,000
SAN FRANCISCO COMMUNITY F 225 BUSH ST, STE 500 NONE 501 (C) (3) GENERAL 20,000  SHEFFIELD PLACE 6604 EAST 12TH ST KANSAS CITY MO 64126 NONE 501 (C) (3) GENERAL 5,000  SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD KANSAS CITY MO 66103 NONE 501 (C) (3) GENERAL 2,500  SPECIAL OPERATIONS FUND 1215 19TH STREET, NW WASHINGTON DC 20036 NONE 501 (C) (3) GENERAL 20,000  ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE HOUSTON TX 77030 NONE 501 (C) (3) GENERAL 60,000  ST LUKE'S HOSPITAL PO BOX 119000 KANSAS CITY MO 64171 NONE 501 (C) (3) GENERAL 20,000  MD ANDERSON CANCER PO BOX 297967 HOUSTON TX 77297 NONE 501 (C) (3) GENERAL 20,000  TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108				NSAS CITY MO 64111	
NONE 501 (C) (3) GENERAL 20,000  SHEFFIELD PLACE 6604 EAST 12TH ST KANSAS CITY MO 64126  NONE 501 (C) (3) GENERAL 5,000  SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD KANSAS CITY MO 66103  NONE 501 (C) (3) GENERAL 2,500  SPECIAL OPERATIONS FUND 1215 19TH STREET, NW WASHINGTON DC 20036  NONE 501 (C) (3) GENERAL 20,000  ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE HOUSTON TX 77030  NONE 501 (C) (3) GENERAL 60,000  ST LUKE'S HOSPITAL PO BOX 119000 KANSAS CITY MO 64171  NONE 501 (C) (3) GENERAL 20,000  MD ANDERSON CANCER PO BOX 297967 HOUSTON TX 77297  NONE 501 (C) (3) GENERAL 20,000  TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108					10,000
SHEFFIELD PLACE				N FRANCISCO CA 64104	
NONE       501 (C) (3) GENERAL       5,000         SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD       KANSAS CITY MO 66103       2,500         NONE       501 (C) (3) GENERAL       2,500         SPECIAL OPERATIONS FUND       1215 19TH STREET, NW       WASHINGTON DC 20036         NONE       501 (C) (3) GENERAL       20,000         ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE       HOUSTON TX 77030       60,000         NONE       501 (C) (3) GENERAL       60,000         ST LUKE'S HOSPITAL       PO BOX 119000       KANSAS CITY MO 64171       20,000         MD ANDERSON CANCER       PO BOX 297967       HOUSTON TX 77297       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108					20,000
SOUTHWEST BLVD HEALTH CTR 340 SOUTHWEST BLVD       KANSAS CITY MO 66103         NONE       501 (C) (3) GENERAL       2,500         SPECIAL OPERATIONS FUND       1215 19TH STREET, NW       WASHINGTON DC 20036         NONE       501 (C) (3) GENERAL       20,000         ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE       HOUSTON TX 77030       60,000         NONE       501 (C) (3) GENERAL       KANSAS CITY MO 64171       20,000         MD ANDERSON CANCER       PO BOX 297967       HOUSTON TX 77297       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108				NSAS CITY MO 64126	
NONE       501 (C) (3) GENERAL       2,500         SPECIAL OPERATIONS FUND       1215 19TH STREET, NW       WASHINGTON DC 20036         NONE       501 (C) (3) GENERAL       20,000         ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE       HOUSTON TX 77030         NONE       501 (C) (3) GENERAL       60,000         ST LUKE'S HOSPITAL NONE       PO BOX 119000       KANSAS CITY MO 64171         NONE       501 (C) (3) GENERAL       20,000         MD ANDERSON CANCER NONE       PO BOX 297967       HOUSTON TX 77297         NONE       501 (C) (3) GENERAL       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108					5,000
SPECIAL OPERATIONS FUND       1215 19TH STREET, NW       WASHINGTON DC 20036         NONE       501 (C) (3) GENERAL       20,000         ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE       HOUSTON TX 77030         NONE       501 (C) (3) GENERAL       60,000         ST LUKE'S HOSPITAL NONE       PO BOX 119000       KANSAS CITY MO 64171         NONE       501 (C) (3) GENERAL       20,000         MD ANDERSON CANCER PO BOX 297967 NONE       HOUSTON TX 77297         NONE       501 (C) (3) GENERAL       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108				NSAS CITY MO 66103	
NONE 501 (C) (3) GENERAL 20,000  ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE HOUSTON TX 77030  NONE 501 (C) (3) GENERAL 60,000  ST LUKE'S HOSPITAL PO BOX 119000 KANSAS CITY MO 64171  NONE 501 (C) (3) GENERAL 20,000  MD ANDERSON CANCER PO BOX 297967 HOUSTON TX 77297  NONE 501 (C) (3) GENERAL 20,000  TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108					2,500
ST LUKE'S EPISCOPAL HOSP 6720 BERTNER AVE       HOUSTON TX 77030         NONE       501 (C) (3) GENERAL       60,000         ST LUKE'S HOSPITAL       PO BOX 119000       KANSAS CITY MO 64171         NONE       501 (C) (3) GENERAL       20,000         MD ANDERSON CANCER       PO BOX 297967       HOUSTON TX 77297         NONE       501 (C) (3) GENERAL       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108			•	SHINGTON DC 20036	_
NONE       501 (C) (3) GENERAL       60,000         ST LUKE'S HOSPITAL       PO BOX 119000       KANSAS CITY MO 64171         NONE       501 (C) (3) GENERAL       20,000         MD ANDERSON CANCER       PO BOX 297967       HOUSTON TX 77297         NONE       501 (C) (3) GENERAL       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108					20,000
ST LUKE'S HOSPITAL       PO BOX 119000       KANSAS CITY MO 64171         NONE       501 (C) (3) GENERAL       20,000         MD ANDERSON CANCER       PO BOX 297967       HOUSTON TX 77297         NONE       501 (C) (3) GENERAL       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108				USTON TX 77030	
NONE       501 (C) (3) GENERAL       20,000         MD ANDERSON CANCER       PO BOX 297967       HOUSTON TX 77297         NONE       501 (C) (3) GENERAL       20,000         TRUMAN MEDICAL CENTER       2310 HOLMES       KANSAS CITY MO 64108					60,000
MD ANDERSON CANCER PO BOX 297967 HOUSTON TX 77297  NONE 501 (C) (3) GENERAL 20,000  TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108				NSAS CITY MO 64171	
NONE 501 (C) (3) GENERAL 20,000 TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108					20,000
TRUMAN MEDICAL CENTER 2310 HOLMES KANSAS CITY MO 64108				USTON TX 77297	
					20,000
NONE 501 (C) (3) GENERAL 5,000				NSAS CITY MO 64108	
	NONE	501 (C) (3) GENERA	$7\Gamma$		5,000

.T1300 THE KEITH & MARGIE WEBER FOUNDATION
48-1203265 Federal Statements

FYE: 12/31/2009

48-1203265

10/21/2010 12:29 PM

### Statement 14 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name Name		Address	Address	
Relationship	Status	Purpose	Amount	
TOTAL			248,0	00

# Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (c	n page 2	of this form	٦).			
Do not Part	complete Part II unless you have already been granted an automatic 3-month extension on a part Automatic 3-Month Extension of Time. Only submit original (no copies need		iled Form 88	368.			
	oration required to file Form 990-T and requesting an automatic 6-month extension—check	·	and comple	te . ▶ □			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 file income tax returns.	004 to re	quest an ex	tension o			
one of electronic returns	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automate the returns noted below (6 months for a corporation required to file Form 990-T). Howevenically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and or more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file form.	er, you c 990-BL, d signed p	annot file F 6069, or 88 age 2 (Part I	orm 8868 70, group II) of Form			
Type o	Name of Exempt Organization	Employer	identification	n number			
print	THE KEITH & MARGIE WEBER FOUNDATION	48	12032	265			
due date filing you	File by the due date for filing your Number, street, and room or suite no If a P.O. box, see instructions  2001 SHAWNEE MISSION PARKWAY						
return Se							
Check	type of return to be filed (file a separate application for each return):						
☐ For	n 990	$\checkmark$	☑ Form 4720				
☐ For	n 990-BL		☐ Form 5227				
☐ For		☐ Form 6069					
☐ For	m 990-PF		Form 8870	)			
Telep If the If this for the	ooks are in the care of ► KEITH WEBER  none No. ► ( 913 ) 677-5300 FAX No. ► ( )  organization does not have an office or place of business in the United States, check this business in the United S		If thi	. ► □ s is ach			
1 I ur fo	request an automatic 3-month (6 months for a corporation required to file Form til AUGUST 15, 20, 10, to file the exempt organization return for the organization in the organization's return for:  Calendar year 20, 09 or	n 990-T) amed abo	extension ove. The ext	of time ension is			
, •	tax year beginning, 20, and ending	· · · · · · · · · · · · · · · · · · ·	, 20				
2 If							
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, any nonrefundable credits. See instructions.	3a	\$	1,323			
b If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax lyments made. Include any prior year overpayment allowed as a credit.	3b	\$				
c Ba	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, sposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment stem). See instructions.	3c	\$	1,323			
	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 ment instructions.	3-EO and	Form 8879-	EO			