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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Just

Treated as a Private Foundation

OMB No 1545-0052

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning , 2009, and ending Initial return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS CATHERINE E ALLIN-BRADSHAW FOUNDATION 48-1224316 label. Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print or type. 2902 W 67TH TERRACE (913) 236-8082 See Specific If exemption application is City or town, state, and ZIP code Instructions. pending, check here D 1. Foreign organizations, check here SHAWNEE MISSION, KS 66208 2 Foreign organizations meeting the 85% test check here and attach H Check type of organization | X | Section 501(c)(3) exempt private foundation computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated Fair market value of all assets at end J Accounting method | X Cash | under section 507(b)(1)(A), check here . of year (from Part II, col. (c), line Other (specify) If the foundation is in a 60-month termination 16) ▶ \$ 111,173. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here . > Part | Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) for charitable expenses per may not necessarily equal the amounts in income income nurposes books column (a) (see page 11 of the instructions) (cash basis only) 20,000 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to Check > 2 attach Sch B. ATCH Interest on savings and temporary cash investments 4,290 4,290 ATCH Dividends and interest from securities Net rental income or (loss) _ -233Net gain or (loss) from sale of assets not on line 10 RECEIVED assets on line 6a 080 Capital gain net income (from Part IV, line 2), Net short-term capital gain MAY 1 4 2010 S Income modifications . Gross sales less returns OGDEN. UT and allowances · · · b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) 31. 31 ATCH 3 Other income (attach schedule) 24,094 4,327 12 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Expenses Pension plans, employee benefits 15 16a Legal fees (attach schedule) **b** Accounting fees (attach schedule) ATCH 4 1,000. 1,000. 0 Administrative c Other professional fees (attach schedule). . . 17 78 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings and 22 Operating Other expenses (attach schedule) 23 24 Total operating and administrative expenses. 1,078 0 0 1,000. Add lines 13 through 23 5,000 5,000. 25 Contributions, gifts, grants paid 6,078 6,000. 0 Ō 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 18,016 a Excess of revenue over expenses and disbursements 4,327. b Net investment income (if negative, enter -0-) -0c Adjusted net income (if negative, enter -0-). .

Part		Ralance Sheets	Attached schedules and amounts in the description column should by rend-of-year	Beginning of year	End o	f year
	1	- Jananice Officets	amounts only (See instructions)	(a) Book Vialue	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	1,674.	59,748.	59,748
	2		cash investments			
	3	Accounts receivable			'	
		Less allowance for dou	btful accounts			
	4	Pledges receivable				
		Less allowance for dou	btful accounts ▶			
	5	Grants receivable				
	6		fficers, directors, trustees, and other			
	"		ach schedule) (see page 16 of the instructions)			
	7		receivable (attach schedule)			
	'		btful accounts			
						-
ssets	8	Inventories for sale or us	e			
SS(9	Prepaid expenses and d	eferred charges	90,144.	50,086.	51,425
Ä		investments - U.S. and stat	e government obligations (attach schedule) .	90,144.		51,423
						
	11 c	Investments - land, buildings	bonds (attach schedule)			
1	12	Investments - mortgage	loans			
	13 14	Land, buildings, and	ich schedule)			
J	15	Other assets (describe 1	>_) _			
	16		pleted by all filers - see the			
Į	. •	,	age 1, item I)	91,818.	109,834.	111,173
\dashv	17					
-)	18					*
- 1						
≅۱	19					
=	20		rs trustees, and other disqualified persons	-		
71	21		tes payable (attach schedule)			
	22	Other liabilities (describe	>)			
		T (.111.1) /-dd (47 (hanvet 00)			
\dashv			s 17 through 22)			
S		and complete lines 2	ow SFAS 117, check here 24 through 26 and lines 30 and 31.			, , , , , , , , , , , , , , , , , , ,
2	24	Unrestricted				
<u>a</u>	25	Temporarily restricted .				
ğ	26	Permanently restricted .				
빏		Foundations that do	not follow SFAS 117,	İ		
		check here and comp	olete lines 27 through 31. ▶ X	01 010	100 024	
ō	27	Capital stock, trust princ	ipal, or current funds	91,818.	109,834.	
SSets	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
SS	29	Retained earnings, accumul	ated income, endowment, or other funds	0.	0.	
Net A	30	Total net assets or fund	balances (see page 17 of the			
2		instructions)		91,818.	109,834.	
			assets/fund balances (see page 17			
		of the instructions)		91,818.	109,834.	_
2			nges in Net Assets or Fund Ba	alances	****	·
			ances at beginning of year - Part II, c		ree with	·
			on prior year's return)			91,818.
,	Enter	amount from Part I h	ne 27a		2	18,016
	Othai	r increases not include	ne 27a d in line 2 (itemize) ▶		3	
						109,834
	nuu I	nico I, Z, allu o				100,001
		eases not included in li		E Port II solumn /h lu	5	109,834.
_	rotal	net assets or fund bal	ances at end of year (line 4 minus line	: ο) - Μαπ II, column (b), lir	ne 30 6	
			**ATCH 6			Form 990-PF (2009)

-	(a) List an	s and Losses for Tax on Ir and describe the kind(s) of property sol	d (e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
_		orick warehouse, or common stock, 20	00 shs MLC Co)	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
1	a SEE PART IV SCH	EDULE				<u> </u>
_	b					
_	<u>c</u>			-		
_	<u>d</u>			+	_	
_	<u>e</u>	(f) Depreciation allowed	(g) Cost or other basis	 		L
_	(e) Gross sales price		(h) Gain or (lo (e) plus (f) minu			
_	ab			 		
	c			1		
_	d					
_	e					
_(Complete only for assets s	howing gain in column (h) and o	wned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
_	a					
_	b					
_	<u></u> _			<u> </u>		
_	d				****	
_	e			ļ.,		
2	Capital gain net income or		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		-233.
3	Net short-term capital gair	n or (loss) as defined in sections	· · ·			
	If gain, also enter in Part I,	, line 8, column (c) (see pages 1	3 and 17 of the instructions)			
_		line 8		3		
	Part V Qualification Un	nder Section 4940(e) for Rec	duced Tax on Net Investment Inc	come		
lf	section 4940(d)(2) applies,	leave this part blank				
		the section 4942 tax on the distr not qualify under section 4940(e	ributable amount of any year in the b	ase period	۱۶ <u>X</u>	Yes No
_			•	oforo mok	na any antros	
_	(a)		ar, see page 18 of the instructions be	eiore maki	ng any entries (d)	
	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2008	AL WILL				
	2007					
	2006			-		
	2005	-				
_	2004		<u> </u>		_	
2	Total of line 1 column (d)			2		
3	Average distribution ratio	for the 5-year base period - divid	de the total on line 2 by 5, or by the			
Ĭ	•		ss than 5 years	3		
	, , , , , , , , , , , , , , , , , , ,					
4	Enter the net value of non	charitable-use assets for 2009 fr	rom Part X, line 5	4	<u> </u>	
5	Multiply line 4 by line 3	5				
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		-
7	Add lines 5 and 6			7	·	
8	Enter qualifying distributio	ns from Part XII, line 4		8		
	If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box e 18	in Part VI, line 1b, and complete t	hat part u	sing a 1% tax	rate See the

Pa	t Vi Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	he in	structi	ions)
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 ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			87.
	here ▶ 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	_		0.7
3	Add lines 1 and 2			87.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			87.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			07.
6	Credits/Payments			
_	2009 estimated tax payments and 2008 overpayment credited to 2009			
b	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (1 of 11 octor)			
	Backup withholding erroneously withheld			0.
7	Enter any penalty for underpayment of estimated tax Check here I if Form 2220 is attached			
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			87.
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
10 11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
	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		Х
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 b		Х
	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?	1 c		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 ►\$	1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$	1		
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			١,,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			,
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_	Х	
_	conflict with the state law remain in the governing instrument?	<u>6</u> 7	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 XV			
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) \blacktriangleright KS,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b_	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(J)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			v
	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			х
	names and addresses	10		Λ

to all years listed, answer "No" and attach statement - see page 20 of the instructions)

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

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

enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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X

3 b

4 a

XNo

because it maintained expenditure responsibility for the grant?

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes," attach the statement required by Regulations section 53 4945-5(d)

If "Yes" to 6b, file Form 8870

(a) Name and address of each employee paid more than \$50,000

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums

7 a At any time during the tax year, was the foundation a pa	arty to a pronibileo lax	sheller transaction?	res No	• L l l
b If yes, did the foundation receive any proceeds or have	any net income attribu	itable to the transaction	?	7b
Part VIII Information About Officers, Directors and Contractors	<u> </u>			
1 List all officers, directors, trustees, foundation n	nanagers and their	compensation (see	page 22 of the instr	uctions).
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 7		0.	0.	
2 Compensation of five highest-paid employees (of if none, enter "NONE."	ther than those inc	luded on line 1 - se	e page 23 of the inst	tructions).

(b) Title, and average

hours per week devoted to position

(c) Compensation

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(e) Expense account, other allowances

NONE

Page 6

Х

6 b

(d) Contributions to

employee benefit

plans and deferred compensation

information About Officers, Directors, Frustees, Foundation Managers, Highly Paid Empand Contractors (continued)	loyees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If non	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
NONE	
	İ
	NONE
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
·	•
	-
2	-
3	
	-
4	_
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

rom	1 990-PF (2009)		Page &
Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundat	ions,
1	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	72,446.
b	Average of monthly cash balances	1b	30,711.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	103,157.
е			
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	O blood to Ofern be Ad	3	103,157.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	af the small sections.	4	1,547.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	101,610.
6	Minimum investment return. Enter 5% of line 5	6	5,081.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	te operating	
	foundations and certain foreign organizations check here > and do not complete this p		
1	Minimum investment return from Part X, line 6	1	5,081.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 87.		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	87.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,994.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,994.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	4,994.
		L	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	6,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the fo	oundation
	qualifies for the section 4940(e) reduction of tax in those years		

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P	art XIII Undistributed Income (see page 2	26 of the instructio	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				4,994.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			4,021.	
b	07 06 05 1	-	222.		
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b					
С	From 2006				
d	_				
е	From 2008				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$6,000.				
а	Applied to 2008, but not more than line 2a			4,021.	
b	Applied to undistributed income of prior years (Election				
_	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				1,979.
	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2009	0.			0.
6	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		222.		
С	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.		222.		
d	Subtract line 6c from line 6b Taxable				_
e	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.				3,015.
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				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.	_ [
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				
	Excess from 2005		-		-
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
е	Excess from 2009 0 .		Í	1	

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1 ą	If the foundation has foundation, and the ruling								
b	Check box to indicate wh					(3) or 4942(J)(5)			
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total			
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0,102)			
b	85% of line 2a								
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								
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line								
3 a	2d from line 2c Complete 3a, b, or c for the alternative test relied upon 'Assets' alternative test - enter								
	(1) Value of all assets (2) Value of assets qualifying under section								
b	4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest-								
_	ment return shown in Part X line 6 for each year listed				ļ				
С	"Support" alternative test - enter (1) Total support other than								
	gross investment income (interest, dividends rents,								
	payments on securities loans (section 512(a)(5)),								
	or royallies) (2) Support from general			 					
	public and 5 or more exempt organizations as provided in section 4942								
	(j)(3)(B)(iii)								
	(4) Gross investment income								
Pa		iry Information (Co Juring the year - see			ation had \$5,000	or more in assets			
1	Information Regarding								
а	List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))								
	CATHERINE E	. ALLIN-BRADSH	AW						
b	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest								
	NONE								
2	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:								
	Check here ► X if the unsolicited requests for organizations under oth	or funds. If the found	ation makes gifts, gr	ants, etc (see page	table organizations a 28 of the instructio	nd does not accept ns) to individuals or			
а	The name, address, an	d telephone number o	f the person to whom	applications should b	e addressed				
b	The form in which appli	cations should be sub	mitted and information	n and materials they	should include				
C	Any submission deadlin	es							
d	Any restrictions or lim	nitations on awards,	such as by geograp	ohical areas, charita	ble fields, kinds of i	nstitutions, or other			

Part XV Supplementary Information (co	ontinued)							
3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year								
ATTACHMENT 8								
			<u> </u>	5,000.				
b Approved for future payment			▶ 3a	3,000.				
b Approved for future payment								
*								
Total			▶ 3b					

	-A · Analysis of Income-Produ			. *		 -
Enter gros	s amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt function income
1 Progra	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a						
b _						
c						
d	·		<u></u>			
e						
f						
_	es and contracts from government agencies ership dues and assessments			_		
	on savings and temporary cash investments		-	14	6.	
	ids and interest from securities			14	4,290.	
	ital income or (loss) from real estate					
	bt-financed property					*
	debt-financed property		*****			
	al income or (loss) from personal property					
	nvestment income			<u> </u>		
	(loss) from sales of assets other than inventory			18	-233.	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory.					
	evenue a					
	SCELLANEOUS INCOME					31
d			 	~		
е <u>—</u>		-				
	I Add columns (b), (d), and (e)			1	4,063.	31
	dd line 12, columns (b), (d), and (e)					
See works	heet in line 13 instructions on page 28 t	o verify calcu	lations)			<u> </u>
	-B Relationship of Activities			xempt Purp	oses	
Line No.	Explain below how each activity					thuted importantly t
	the accomplishment of the fo	undation's	exempt purposes (other than b	v providing funds for	such purposes) (Se
•	page 29 of the instructions)		, , , ,		, , , , , , , , , , , , , , , , , , , ,	,,,
L1B	MISCELLANEOUS INCOME D	DERIVED	FROM EXECUTION	OF EXEM	PT	
·	PURPOSE.					
		 -				
						· · · · · · · · · · · · · · · · · · ·

-			·			
	, , , , , , , , , , , , , , , , , , ,		·			· · · · · · · · · · · · · · · · · · ·
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_			··	<u></u>		 ,
	<u> </u>					
						
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			· · · · · · · · · · · · · · · · · · ·			
			·			
	· = = : 					

Forn	n 990-PF	(2009)				48-12243	316		Pa	ge 13
Pa	rt XVI	Information Exempt Orga		Transfers To and Trans	actions	and Rela	tionships With	Nonc	harit	able
1	in se	ection 501(c) of the C	Code (other than	engage in any of the follown section 501(c)(3) organization	ns) or in	any other or section 527,	rganization described relating to political		Yes	No
ā	Trăns	fers from the reporting		oncharitable exempt organization of				10/11		Х
								1		<u>x</u>
		transactions						10(2)		
•			haritable exempt	organization	_			16(1)		Х
				exempt organization						X
				ets						X
	(4) R	eimbursement arrangem	ents					1b(4)		X
	(5) Lo	oans or loan guarantees						1b(5)		X
	• •			fundraising solicitations				i		X
			-	other assets, or paid employees					four r	
C				'Yes," complete the following vices given by the reporting						
				gement, show in column (d)						
	Value	in any transaction o	, sharing arran	gernand, and in column (4)	,	geo				
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organization	(d) De	scription of trans	sfers, transactions, and sha	anng arra	ngeme	nts
		N/A			N/A					
						.				
									<u> </u>	
										
			<u></u>							
										
					- 					
								-		
					 					
2 a		•	-	ited with, or related to, one or 501(c)(3)) or in section 527?				Ye	s 🗀	No
b	If "Yes	s," complete the followin		437			(a) December of relation			
		(a) Name of organizatio	<u>n</u>	(b) Type of organization			(c) Description of relation	Snip		
		·	··							
							· · · · · · · · · · · · · · · · · · ·			
			1							
	Under belief,	penalties of penuly, I decl it is true correct, and com	are that I have explete Declaration of	amined this return, including accomp of preparer (other than taxpayer or fi	panying scheduciary) is b	edules and state ased on all info	ments, and to the best of ments, and to the best of mention of which prepare	of my kr er has ar	nowledg iy knov	ge and vledge
ان	ightharpoonup	gnature of officer or thuttee		-	Date	445	Title			
후		1		Date	, ,		Preparer's			
Sign Here	Paid Preparer's Use Only	Preparer's signature	Stuer	Eleven 5	/3/10	Check if self-employ	/ed ► number (S page 30 of	ee Signa the instr	ture or actions)	
	Paid repare se Or	Firm's name (or yours if	CBIZ N	MHM, LLC			EIN ▶ 34-1874	260		
	ء ⊃	self-employed), address		TOMAHAWK CREEK PARE						
		and ZIP code	LEAWOO	DD, KS	66	5211	Phone no 913.2	34.1 orm 99		2009)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors '

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

OMB No 1545-0047

Name of the organization Employer identification number CATHERINE E ALLIN-BRADSHAW FOUNDATION 48-1224316 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and 11 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

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

Name of organization

CATHERINE E ALLIN-BRADSHAW FOUNDATION

Employer identification number 48-1224316

			т
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DECISION INSIGHT, INC. 1000 WALNUT, SUITE 1500 KANSAS CITY, MO 64106	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

SCHEDUL'E D (Farm 1041)

Capital Gains and Losses

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Employer identification number 48-1224316

CAT	THERINE E ALLIN-BRADSHAW FO	UNDATION			48-1224316	
Note: F	orm 5227 filers need to complete only Pa					
Part I	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less		
((a) Description of property Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						
					<u> </u>	
		 				
 -						
				<u> </u>		
b En	iter the short-term gain or (loss), if any, fi	rom Schedule D	-1, line 1b		<u>1</u> !	0
2 Sh	ort-term capital gain or (loss) from Form	is 4684, 6252,	6781, and 882	4	2	
	et short-term gain or (loss) from partners					
	ort-term capital loss carryover Enter the irryover Worksheet	-		•		(
5 Ne	t short-term gain or (loss). Combine line	es 1a through 4	ın column (f)	Enter here and on h	ne 13,	
co Part II	lumn (3) on the back	s - Assets Held	More Than On	e Year	▶ 5	J
	(a) Description of property Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						
				· · · · · · · · · · · · · · · · · · ·		
b En	ter the long-term gain or (loss), if any, fro	om Schedule D-	1, line 6b		6t	-233.
7 Lo	ng-term capital gain or (loss) from Form	s 2439, 4684, 6	6252, 6781, an	d 8824		
8 Ne	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					
9 Ca	pital gain distributions				9	ļ
0 Ga	ın from Form 4797, Part t				10	
1 Loi Ca	ng-term capital loss carryover Enter the rryover Worksheet	ss <u>11</u>	(
2 Ne	t long-term gain or (loss). Combine lines umn (3) on the back	6a through 11	in column (f) 1	Enter here and on li	ne 14a,	-233.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Sche	dule D (Form 1041) 2009						Page 2
Pa	t III Summary of Parts I and II		^(1) Beneficiaries'	(2) Es	tate's		(a) Takal
	Caution: Read the instructions before completing this	part	(see page 5)	or tri	ust's		(3) Total
13	Net short-term gain or (loss)	13					
14	Net long-term gain or (loss):						
а	Total for year	14a					233.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b					
С	28% rate gain	14c					
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15					-233.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo						
to Pa	rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	Part IV a	and the Capital Loss Can	yover Worl	ksheet,	, as nec	essary —————
Pai	t IV Capital Loss Limitation				,	·,	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, III	ne 4c, if a trust), the sn	naller of		Ì	
а	The loss on line 15, column (3) or b \$3,000				16_	ــــــکاـ	233)
Note Came	i: If the loss on line 15, column (3), is more than \$3,000, o r if Form 1041, pag over Worksheet on page 7 of the instructions to figure your capital loss carryove	e 1, lin r	e 22 (or Form 990-T, lii	ne 34), is a	loss, c	:omplet	e the Capital Loss
	t V Tax Computation Using Maximum Capital Gains Rate						
	1041 filers. Complete this part only if both lines 14a and 15 in colu) are dains or an am	ount is er	ntered	l ın Par	t Lor Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is moi			00.11.10.01			
	ion: Skip this part and complete the worksheet on page 8 of the instru						
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar						
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	complete the works	neet on p	age b	3 of the	e instructions if
eitne	er line 14b, col (2) or line 14c, col (2) is more than zero					1	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	. 17		1		
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero				,		
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) 19		<u> </u>		'		
20	Add lines 18 and 19						
21	If the estate or trust is filing Form 4952, enter the					ŀ	
	amount from line 4g, otherwise, enter -0 ▶ 21	-					
22	Subtract line 21 from line 20 If zero or less, enter -0		` 				•
23	Subtract line 22 from line 17 If zero or less, enter -0-		. 23			1	
24	Enter the smaller of the amount on line 17 or \$2,300		. 24		1		
25	Is the amount on line 23 equal to or more than the amount on line 24					1	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					ĺ	
_	No. Enter the amount from line 23						
26	Subtract line 25 from line 24		. 26				
27	Are the amounts on lines 22 and 26 the same?					l	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27	·			
	T					ĺ	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28				
	0.11.11.00						
29	Subtract line 28 from line 27				20		
30	Multiply line 29 by 15% (15)				30		
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate				24	}	
	(see the Schedule G instructions in the instructions for Form 1041).				31		· · · · · · · · · · · · · · · · · · ·
	Add bass 20 and 24				3.0		
32	Add lines 30 and 31		dulo for Estatos		32		
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate				,,		
	(see the Schedule Ginstructions in the instructions for Form 1041).				33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h				, ,	, I	
	G, line 1a (or Form 990-T, line 36)	<u></u>	<u> </u>	<u></u>	34		

Page 2 Schedule D-1 (Form 1041) 2009 Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number # shown or the other side Employer identification number CATHERINE E ALLIN-BRADSHAW FOUNDATION 48-1224316 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (f) Gain or (foss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (see page 4 of the instructions) acquired (mo , day, yr) (mo , day yr) 6a

30,233 08/15/2009 30,000 US TREASURY NOTE 08/06/2007 -233. FEDERAL HOME LOAN BANK 06/27/2008 07/14/2009 30,000. 30,000 NOTE -233.

Schedule D-1 (Form 1041) 2009

CATHERINE E ALLIN-BRADSHAW FOUNDATION

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Date Date sold Kind of Property Description acquired Depreciation allowed/ Adj basis FMV Excess of Gain Cost or Gross sale FMV over or price less other as of as of adı basıs allowable 12/31/69 (loss) expenses of sale basis 12/31/69 08/15/2009 US TREASURY NOTE 08/06/2007 -233. 30,000. 30,233. FEDERAL HOME LOAN BANK NOTE 06/27/2008 07/14/2009 30,000. 30,000. -233. TOTAL GAIN(LOSS)

	l	•

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NVEST	
CASH	
TEMP	
l ON	
EREST	
ı H	
PART	
990PE,	
FORM	

CATHERINE E ALLIN-BRADSHAW FOUNDATION

NET INVESTMENT	INCOME	. 9	9
REVENUE AND EXPENSES	PER BOOKS	.9	9
			TOTAL
	DESCRIPTION	CHARLES SCHWAB MONEY MKT DIVS	

ATTACHMENT 1

02719T A10P 4/30/2010

0

ATTACHMENT

C	J
MFNT	
HUAF	
	4

SECHRITES	
FROM	
TNTEREST	101111
DNA	
DIVIDENDS	1,11,11
I ⊢	
PART	
9905	
FORM	

NET	INVESTMENT	INCOME	4,290.
REVENUE AND	EXPENSES	PER BOOKS	4,290.
		DESCRIPTION	CHARLES SCHWAB - INTEREST

4,290.

4,290.

TOTAL

- OTHER INCOME PART I FORM 990PF,

CATHERINE E ALLIN-BRADSHAW FOUNDATION

DESCRIPTION MISCELLANEOUS INCOME

31. EXPENSES PER BOOKS REVENUE AND

31. NET INVESTMENT INCOME

TOTALS

PAGE 19

ATTACHMENT 3

ATTACHMENT

FEES
ACCOUNTING
1
н
PART
990PF,
FORM

CATHERINE E ALLIN-BRADSHAW FOUNDATION

CHARITABLE PURPOSES	1,000.	1,000.
ADJUSTED NET INCOME		.0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	1,000.	1,000.
		TOTALS
DESCRIPTION	ACCOUNTING SERVICES	

FORM 990PF, PART I - TAXES

REVENUE AND

DESCRIPTION

AND EXPENSES PER BOOKS

EXCISE TAX

78.

TOTALS

78.

FORM

CATHERINE E ALLIN-BRADSHAW FOUNDATION

ATTACHMENT 6	ENDING ENDING BOOK VALUE FMV	29,911. 31,097. 0. 0. 20,175. 20,328.	50,086.
FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS	DESCRIPTION	U S T NOTE 4.375% 12/10 U S T NOTE 4.875% 8/09 FED HOME LN BK 4.05% 1/11 FED FARM CR BK 2.25% 4/12	US OBLIGATIONS TOTAL

DIRECTORS, AND TRUSTEES

- LIST OF OFFICERS,

PART VIII

FORM 990PF,

CATHERINE E ALLIN-BRADSHAW FOUNDATION

ATTACHMENT 7

EXPENSE ACCT AND OTHER ALLOWANCES	.0	0.			
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	. 0	0			
COMPENSATION	.0	0.			
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 5.00	GRAND TOTALS			
NAME AND ADDRESS	CATHERINE E. ALLIN-BRADSHAW 2902 W. 67TH TERRACE SHAWNEE MISSION, KS 66208				

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

02719T A10P 4/30/2010

PAGE 24 ATTACHMENT 8

ATTACHMENT 8

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

UNITED AID FOUNDATION 132 E 72ND STREET NEW YORK, NY 10021

501(C)(3) NONE

CHARITABLE DONATION

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

5,000

5,000

TOTAL CONTRIBUTIONS PAID