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# Form **990-PF**

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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning 12/01 11/30 2010 , 2009, and ending Initial return G Check all that apply: Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number Use the SAMMY H. AND JACQUELINE KOURI FOUNDATION 2000 EPIC CENTER, 301 N. MAIN WICHITA, KS 67202 IRS label. 48-1141441 Otherwise, R Telephone number (see the instructions) print 316-267-2000 or type. See Specific С If exemption application is pending, check here Instructions 1 Foreign organizations, check here н X Section 501(c)(3) exempt private foundation Check type of organization: 2 Foreign organizations meeting the 85% test, check Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation here and attach computation If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis.) 31,331 under section 507(b)(1)(B), check here Analysis of Revenue and Part I (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income for charitable income columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 63,712 if the foundn is not req to att Sch B Interest on savings and temporary cash investments 3 Dividends and interest from securities 3 5a Gross rents. b Net rental income or (loss). -3026a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on fine 6a 63,410. Capital gain net income (from Part IV, line 2). 62,410. Net short-term capital gain 62,410 Income modifications 10a Gross sales less returns and allowances. b Less Cost of goods sold c Gross profit/(loss) (att sch). 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 62,413 63,413 62,413 5 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 20 15 Pension plans, employee benefits €7T 16a Legal fees (attach schedule) 2011 b Accounting fees (attach sch) SEE ST 1 3,670. 3,670. c Other prof fees (attach sch) NISTRATIVE OPERAT 17-Interest-Taxes (attach schedule)(see instr.)
Depréciation (attach F)9 sch) and depletion 20 Оссиралсу Travel, conferences, and meetings 21 Printing and publications EXPENSES 22 23 Other expenses (attach schedule) SEE STATEMENT 140 140 Total operating and administrative expenses. Add lines 13 through 23 24 3,810 3,810 25 Contributions, gifts, grants paid PART XV 37,239. 37,239. Total expenses and disbursements. Add lines 24 and 25 41,049 3,810 0 37,239. Subtract line 26 from line 12: a Excess of revenue over expenses 22,364 and disbursements 58,603 **b** Net investment income (if negative, enter -0) C Adjusted net income (if negative, enter -0-) 62,413

Form **990-PF** (2009)

Form 990-PF (2009) SAMMY H. AND JACQUELINE KOURI FOUNDATION 48-1141441 Page 2 Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year Part II Balance Sheets (a) Book Value (b) Book Value (c) Fair Market Value (See instructions ) Cash - non-interest-bearing 8,969 31,331 2 Savings and temporary cash investments 31,331. 3 Accounts receivable Less: allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) Other notes and loans receivable (attach sch) ASSETS Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - US and state government obligations (attach schedule) **b** Investments — corporate stock (attach schedule) c Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) 12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule). STMT 3 15 Other assets (describe ▶ Total assets (to be completed by all filers see instructions Also, see page 1, item I) 8.969. 31,331. 31,331. Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, & other disqualified persons. Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. N E 24 Unrestricted U 25 Temporarily restricted Ñ D Permanently restricted ASSETS Foundations that do not follow SFAS 117, check here В and complete lines 27 through 31. 8,969 31,331 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, building, and equipment fund. Retained earnings, accumulated income, endowment, or other funds 0 Total net assets or fund balances (see the instructions) 8,969. 31,331 Total liabilities and net assets/fund balances (see the instructions) 8,969 31,331

Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 8,969. 1 2 Enter amount from Part I, line 27a 2 22,364 3 Other increases not included in line 2 (itemize) 3 31,333. 4 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) ► SEE STATEMENT 4 5 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 6 31,331.

Part IV. Capital Gains and	Losses for Tax on Investment	Income	<u> </u>		- <del></del>
(a) List and describ 2-story brick warehou	e the kind(s) of property sold (e g , re se, or common stock, 200 shares ML0	C Company)	D) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 500 PEPSICO INC.			D	1/15/10	1/15/10
b 500 PEPSICO INC.			D	8/12/10	8/12/10
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a 30,946.			500.		30,446.
<b>b</b> 32,464.			500.		31,964.
С		<del></del>		=	
d					
e		Ab . 6		<del> </del>	
(i) Fair Market Value as of 12/31/69	ing gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	) (	(I) Gains (Coli gain minus column (I an -0-) <b>or</b> Losses (fi	(), but not less
a					30,446.
b					31,964.
С					
d					
e					
2 Capital gain net income or (ne	capital loss) — If gain, also (	enter in Part I, line 7 er -0- in Part I, line 7	2		62,410.
3 Net short-term capital gain or (	(loss) as defined in sections 1222(5) a	and (6)			
If gain, also enter in Part I, line	e 8, column (c) (see the instructions)	If (loss), enter -0-			
In Part I, line 8  Part V Qualification Under	r Section 4940(e) for Reduced	_`	3	l	62,410.
	tion 4942 tax on the distributable ame ify under section 4940(e) Do not con		period?	Yes	X No
1 Enter the appropriate amount i	n each column for each year, see the	instructions before making a	any entries.		
<b>(a)</b> Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	s (col	<b>(d)</b> Distributior umn (b) divided	
2008	21,455.	11,	551.		1.857415
2007	41,961.	24,	000.		1.748375
2006	48,561.		640.		3.104923
2005	28,876.		998.		1.604400
2004	46,715.	29,	349.		1.591707
2 Total of line 1, column (d).			,		9.906820
	_		2		9.900020
	e 5-year base period — divide the tot has been in existence if less than 5		3		1.981364
4 Enter the net value of nonchar	table-use assets for 2009 from Part >	K, line 5	4		29,205.
5 Multiply line 4 by line 3			5		57,866.
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)		_6_		586.
7 Add lines 5 and 6			7		58,452.
8 Enter qualifying distributions from	om Part XII, line 4		8_		37,239.
If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI, I	ine 1b, and complete that pa	rt using a 1%	tax rate See th	ne

		141441		F	Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	the instru	ctions		
1	a Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter. (attach copy of letter if necessary - see instr.)			_	
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1		1,	<u>172.</u>
	check here and enter 1% of Part I, line 27b				
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	-			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	-			
,	foundations only. Others enter -0-)	2			<u>    0.                                </u>
3		3		1,	<u> 172.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
2	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -D-	5		1,	<u>172.</u>
6	Credits/Payments:	[			
	a 2009 estimated tax pmts and 2008 overpayment credited to 2009	l			
	b Exempt foreign organizations — tax withheld at source 6b				
	c Tax paid with application for extension of time to file (Form 8868) .	}			
	d Backup withholding erroneously withheld  Total gradity and payments Add lives Co. through Cd.	_		<b>.</b> .	
_	Total credits and payments. Add lines 6a through 6d	7		1,.	<u> 172.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8			15.
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9			15.
11	F 1 1	10			
	t VII-A   Statements Regarding Activities   Refunded   Refunded	11			
			<del></del>		Т
18	a 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		X
l	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1ь		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publ	lished			
	or distributed by the foundation in connection with the activities			l	
	Did the foundation file Form 1120-POL for this year?		1c		X
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation  (2) On foundation managers  (3)	•			
	(1) On the foundation	0.	-[ ]		
	foundation managers >\$ 0.	'			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If 'Yes,' attach a detailed description of the activities				
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
-	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year? .		4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	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 con	flict			
	with the state law remain in the governing instrument?.		6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)  N/A				
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		8ь	Χ	<u></u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete H	942(1)(5)			v
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nar		9		X
	and addresses		10		<u>X</u>
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Part VII-A   Statements Regarding Activities Continued				·
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemp	tion application?	13	X	
Website address N/A				
14 The books are in care of SAMMY H. KOURI Telephi	one no ► <u>316-0</u>	5 <u>83-8</u>	249	
Located at ► 619 N. ARMOUR WICHITA KS ZIP + 4				<del></del> -
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check he		A\N		
and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			N/A
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>		
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)	<b>.</b>			ŀ
(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?	Yes X No			}
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes XNo			
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instru	ın ctions)?	1 b	N	/A
Organizations relying on a current notice regarding disaster assistance check here	- □			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2009?	ts,	1c		Х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
If 'Yes,' list the years ▶ 20 , 20 , 20 , 20				
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 49)	142(a)(2) 42(a)(2) to		•	
all years listed, answer 'No' and attach statement — see the instructions )	ha	_2b	N	/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year  ▶ 20 , 20_ , 20_ , 20	rs nere			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approby the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, of (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	ved	3b	N	/A_
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<b>4</b> a		Х
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4ь		Х
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Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	•			.	
(1) Carry on propaganda, or otherwise attem	•	. , , , ,	∐ Yes X	No	l
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?	•	$\vdash$	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 t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o i 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes X	No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5ь	N/A
Organizations relying on a current notice rega	ırdıng dısaster assıstanı	ce check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d).			
6a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premiums	s □Yes X	No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6ь	<u> </u>
If 'Yes' to 6b, file Form 8870.					
7a At any time during the tax year, was the found				No	37/2
b If yes, did the foundation receive any proceed Part VIII Information About Officers, D	irectors. Trustees.	Foundation Manage	ansaction	7b	N/A
and Contractors		· · · · · · · · · · · · · · · · · · ·		inproyecs	''
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(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 other allo	
SAMMY H. KOURI	PRESIDENT	0.	0.		0.
619 N. ARMOUR	0				
WICHITA, KS 67206					
JACQUELINE KOURI	SECR/TREAS.	0.	0.		0.
619 N. ARMOUR	0				
WICHITA, KS 67206			<del></del>		
_DAVID_SELKOURI	DIRECTOR	0.	0.		0.
1127B BANKS	0				
HOUSTON, TX 77006					
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	ıstructions). If none, e	nter 'NONE.'	<del></del>
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	account.
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred	other allo	wances
	devoted to position		compensation		
NONE					
				•	
				<u> </u>	
				ļ	
Total number of other employees paid over \$50,000	l	l			
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Form 99Q-PF (2009) SAMMY H. AND JACQUELINE KOURI FOUNDATION 48-1  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	141441 Page 7 d Employees,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(e) componidation
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  1 N/A  2	Expenses
4	_ _ _
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A	Amount –
2	_
All other program-related investments See instructions  3	
	_
Total. Add lines 1 through 3	▶ 0.
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Pai	see instructions.)	oreign fo	oundations,
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
	a Average monthly fair market value of securities  Average of monthly cash balances	1a	29,650.
	S Average of monthly cash balances  Fair market value of all other assets (see instructions)	1b	29,030.
	Total (add lines 1a, b, and c)	1 d	29,650.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	l u	23,030.
•	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	29,650.
3		-	29,030.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	445.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	29,205.
6	Minimum investment return. Enter 5% of line 5	6	1,460.
Pa	<b>1 XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► □ and do not complete this particle.		undations
1	Minimum investment return from Part X, line 6	1	1,460.
28	Tax on investment income for 2009 from Part VI, line 5		-
ŧ	Income tax for 2009 (This does not include the tax from Part VI)	1 1	
(	Add lines 2a and 2b	2c	1,172.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	288.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	288.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	288.
Pai	TXII Qualifying Distributions (see Instructions)	<del></del>	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	37,239.
t	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)		
		3a	<u>-</u>
t	Cash distribution test (attach the required schedule)	3Ь	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	37,239.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5_	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,239.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years	her the fo	oundation
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# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI,				
Inne 7  2 Undistributed income, if any, as of the end of 2009:				288.
a Enter amount for 2008 only	:		0.	
<b>b</b> Total for prior years 20, 20, 20		0.	· · · · · · · · · · · · · · · · · · ·	
3 Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004 47, 105.				
<b>b</b> From 2005 28, 258.				
c From 2006 49, 145.				
d From 2007 41, 365.				
e From 2008 20,877.	106 750			
f Total of lines 3a through e  4 Qualifying distributions for 2009 from Part	186,750.			
XII, line 4· ► \$ 37, 239.				
a Applied to 2008, but not more than line 2a			0.	
	<del> </del>			
<ul> <li>b Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus				
(Election required — see instructions)	0.			
d Applied to 2009 distributable amount				288.
e Remaining amount distributed out of corpus	36,951.			<del> </del>
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	223,701.			
<b>b</b> Prior years' undistributed income Subtract				
line 4b from line 2b		0.		·····
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section				
4942(a) tax has been previously assessed		0.	<del></del>	
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions.	,		0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be	`			
distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions).	47,105.			
· · ·				·
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	176,596.			
10 Analysis of line 9:				
a Excess from 2005 28,258.				
<b>b</b> Excess from 2006 49,145.				
c Excess from 2007 41, 365.				
<b>d</b> Excess from 2008 20,877.			1	
<b>e</b> Excess from 2009 36, 951.				

Form <b>990-PF</b> (2009) SAMMY H. AND JAC				48-1141441	Page 10
Part XIV   Private Operating Foundati					N/A
Ta If the foundation has received a ruling or is effective for 2009, enter the date of the	determination letter	that it is a private	operating foundation	n, and the ruling	
<b>b</b> Check box to indicate whether the foundation	•	erating foundation	described in section	[] 4042(\\2) or [	4042(1)(5)
2a Enter the lesser of the adjusted net	Tax year	stating touridation	Prior 3 years	4942(j)(3) or	4942(j)(5)
income from Part I or the minimum	(a) 2009	<b>(b)</b> 2008	(c) 2007	(4) 2006	(a) Tatal
investment return from Part X for each year listed	(a) 2009	(b) 2008	(6) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
c 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					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets				_	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, 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					
Part XV Supplementary Information	(Complete this	part only if the	organization ha	d \$5,000 or more	e in
assets at any time during th		structions.)			
1 Information Regarding Foundation Mana		16 20/ 16	tatal asstabilities		
a List any managers of the foundation who close of any tax year (but only if they have	e contributed more	ore than 2% of the than \$5,000). (See	e section 507(d)(2) )	eceived by the found	ation before the
SEE STATEMENT 5					
			· · · · · · · · · · · · · · · · · · ·	····	
b List any managers of the foundation who a partnership or other entity) of which the	own 10% or more o foundation has a 1	of the stock of a com 0% or greater inter	rporation (or an equa rest	ally large portion of the	ne ownership of
NONE					
2 Information Regarding Contribution, Gra				·	
Check here I if the foundation only requests for funds. If the foundation make	nakes contributions	to preselected cha	aritable organizations	and does not accep	t unsolicited
requests for funds. If the foundation make complete items 2a, b, c, and d.	s gins, grams, etc,	(see instructions)	to individuals or orga	inizations under othe	r conditions,
a The name, address, and telephone number	er of the person to v	whom applications	should be addressed	•	
SEE STATEMENT 6			·		
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	als they should includ	de.	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines.					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of in	nstitutions, or other f	actors:
SEE STATEMENT FOR LINE 2A					

Page 11

3	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 recipient	<u> </u>	Amount		
		substantial contributor	recipient				
SEE	Name and address (home or business)  Paid during the year  STATEMENT 7	any foundation manager or substantial contributor	status of recipient	contribution	Amount		
_	Total			► 3a	37,239.		
	Approved for future payment						
	Total			► 3b	d .		

Form **990-PF** (2009)

## Part XVI-A Analysis of Income-Producing Activities

BAA

Enter gros	ss amounts unless otherwise indicated.	Unrelate	ed business income	Excluded I	by section 512, 513, or 514	
_	gram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
	,					
				11		
f						
-	s and contracts from government agencies			$\perp \perp \perp$		
	nbership dues and assessments			$\perp$		
	est on savings and temporary cash investments			<del>   </del>		<u> </u>
	dends and interest from securities			14	3.	
	rental income or (loss) from real estate			<b>├</b> ─┼		
	financed property			+-+		
	debt-financed property					
	ental income or (loss) from personal property			<del>                                     </del>		<u> </u>
•	er investment income					
	or (loss) from sales of assets other than inventory			18	-302.	
	income or (loss) from special events			<del> </del>		
	ss profit or (loss) from sales of inventory			<del>├</del>		
<b>11</b> Othe	er revenue.					
			<del></del>			
				+	<del></del>	
				+-+	<del></del>	
d				+		
e	otal. Add columns (b), (d), and (e)				-299.	
		l .				
						-299
13 Tota	I. Add line 12, columns (b), (d), and (e)	lculations )		<u> </u>	13	-299.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca				13	-299.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e)		ishment of Exemp	ot Purpo	13	-299.
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
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13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	
13 Total (See works Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  -B Relationship of Activities to the	Accompl			ses	

TEEA0502L 07/06/09

Form 990-PF (2009)

	ACQUELINE KOURI FOUNDATION	48-1141441 Page 13
Part XVII Information Regarding 1	Transfers To and Transactions and Rela	ationships With Noncharitable
Exempt Organizations		
1 Did the organization directly or indirectly described in section 501(c) of the Code (relating to political organizations?	engage in any of the following with any other org (other than section 501(c)(3) organizations) or in	ganization Section 527,
a Transfers from the reporting foundation to	to a noncharitable exempt organization of.	
(1) Cash		1a(1) X
(2) Other assets		. 1a(2) X
<b>b</b> Other transactions:		· · · · · · · · · · · · · · · · · · ·
(1) Sales of assets to a noncharitable ex	xempt organization	.   1b(1)   X
(2) Purchases of assets from a nonchard	itable exempt organization	. 1b(2) X
(3) Rental of facilities, equipment, or oth	ner assets .	. 1b(3) X
(4) Reimbursement arrangements		1 b (4) X
(5) Loans or loan guarantees		1 b (5) X
(6) Performance of services or members	ship or fundraising solicitations	1 b (6) X
c Sharing of facilities, equipment, mailing	lists, other assets, or paid employees	1c X
the goods, other assets, or services give any transaction or sharing arrangement,	s,' complete the following schedule. Column (b) show in column (d) the value of the goods, other	eceived less than fair market value in assets, or services received.
(a) Line no. (b) Amount involved (c) Nam	e of noncharitable exempt organization (d) Descript	tion of transfers, transactions, and sharing arrangements
N/A		<del>-</del>
		<del></del>
	<del></del>	
2a Is the foundation directly or indirectly aff described in section 501(c) of the Code (b) If 'Yes,' complete the following schedule (a) Name of organization	filiated with, or related to, one or more tax-exemp (other than section 501(c)(3)) or in section 527?  (b) Type of organization	t organizations Yes XNo  (c) Description of relationship
N/A	(b) type of digumental	(c) Possification of total or samp
Under penalties of ferjury, I declare that I have examined this complete Declaration of preparer (other than taxpaler or	return, including accompanying schedules and statements, and to the fiduciany is based on all information of which preparer has any k	best of my knowledge and belief, it is true, correct, and knowledge
1 1 1/1	/ 2 h	/
- Commutto	uri 12/6/	// ► DIRECTOR
Signature of officer or trustee	Dale	Title
Paid Preparer's signature Paid Pre-	Windless 3-6-	Check if Self-employed > N/A
parer's Firm's name (or HINKLE LAW F	TIRM L.L.C.	EIN N/A
	ST N STE 200	
address, and ZIP code WICHITA, KS	67206-2991V	Phone no ► (316) 267-2000

BAA

# 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

Maine of the organization		Employer identification number
SAMMY H. AND JACQUELINE KOURI	FOUNDATION	48-1141441
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trus	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Ge Note:</b> Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule anization can check boxes for both the General Rule and a	Special Rule See instructions
General Rule —  X For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules –		
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or 990-EZ, that met the 33-1/3% support test of the one contributor, during the year, a contribution of the greater of (1 or (ii) Form 990-EZ, line 1. Complete Parts I and II	e regulations under sections  ) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,00 prevention of cruelty to children or animals	ation filing Form 990 or 990-EZ, that received from any one 0 for use <i>exclusively</i> for religious, charitable, scientific, liter. Complete Parts I, II, and III	contributor, during the year, ary, or educational purposes, or the
contributions for use <i>exclusively</i> for religiou this box is checked, enter here the total corpurpose. Do not complete any of the parts in	ation filing Form 990 or 990-EZ, that received from any one s, charitable, etc, purposes, but these contributions did not tributions that were received during the year for an exclusionless the <b>General Rule</b> applies to this organization because	aggregate to more than \$1,000 If
religious, charitable, etc, contributions of \$5	5,000 or more during the year.	<b>-</b> Ş
990-PF) but it <b>must</b> answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sc e 2 of their Form 990, or check the box on line H of its Form g requirements of Schedule B (Form 990, 990-EZ, or 990-Pl	1 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Schedule	e B (Form 990, 990-EZ, or 990-PF) (2009

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page	
Name of org	H. AND JACQUELINE KOURI FOUNDATION	· ·	oyer identification number - 1 1 4 1 4 4 1
Part I	Contributors (see instructions.)	140	1141441
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	SAMMY H. KOURI  551 N. HILLSIDE, STE 550  WICHITA, KS 67214,	\$31,182	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WICHITA, KS 67214,	\$32,530	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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.)

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

Page

of 1 Employer identification number

of Part II

SAMMY H. AND JACQUELINE KOURI FOUNDATION

48-1141441

(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	500 SHS. PEPSICO INC.			
<u> </u>		-		
		\$_	31,182.	1/15/10
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
2	500 SHS. PEPSICO, INC.			
<del></del> -		\$_	32,530.	8/12/10
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		_		
		٥		
		\$_		<del></del>
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		-		
		\$_	-	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del> _		s		
			-	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		

of 1\_

Employer identification number

of Part III

Name of organization

SAMMY H. AND JACQUELINE KOURI FOUNDATION

48-1141441

Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution and \$1,000 for the year.(Co	ns to section 501(c)(7), (8), or (10) omplete cols (a) through (e) and the following line entry		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, cha (Enter this information once — s	aritable, etc, see instructions.).   N/		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
rait!	N/A				
		(e)			
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

2009	9 FEDERAL STATEMENTS				
CLIENT KOURI	LIENT KOURI SAMMY H. AND JACQUELINE KOURI FOUNDATION				
2/25/11		03 21PN			
STATEMENT 1 FORM 990-PF, PART I, LII ACCOUNTING FEES	NE 16B				
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	(D) CHARITABLE PURPOSES			
HINKLE ELKOURI LAW F		\$ 0.			
STATEMENT 2 FORM 990-PF, PART I, LII OTHER EXPENSES	NE 23				
MISCELLANEOUS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 100. \$ 100.	(D) CHARITABLE PURPOSES			
SECRETARY OF STATE A	NNUAL REPORT FEE  40. 40. \$ 0.	\$ 0.			
STATEMENT 3 FORM 990-PF, PART II, LI LAND, BUILDINGS, AND E	NE 14 EQUIPMENT				
CATEGORY	ACCUM. BOOK BASIS DEPREC. VALUE	FAIR MARKET VALUE			
MACHINERY AND EQUIPM		0. 0.			
STATEMENT 4 FORM 990-PF, PART III, LI OTHER DECREASES	INE 5				
ROUNDING	TOTAL \$\frac{\\$}{\\$}	2. 2.			
STATEMENT 5 FORM 990-PF, PART XV, I	LINE 1A				

FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

SAMMY H. KOURI JACQUELINE KOURI

2009

## FEDERAL STATEMENTS

PAGE 2

**CLIENT KOURI** 

SAMMY H. AND JACQUELINE KOURI FOUNDATION

48-1141441

2/25/11

03 17PM

#### **STATEMENT 6** FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

SAMMY H. AND JACQUELINE KOURI FOUNDATION

NAME:

SAMMY H. AND JACQUELINE KOURI FOUNDATION SAMMY H. KOURI

CARE OF:

STREET ADDRESS:

619 N. ARMOUR

CITY, STATE, ZIP CODE:

WICHITA, KS 67206

TELEPHONE:

316-683-8249

FORM AND CONTENT:

NO FORMS REQUIRED.

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS:

AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE PREVENTION OF CRUELTY TO ANIMALS PURPOSES. UNIVERSITIES APPLYING FOR SCHOLARSHIP FUNDS WILL BE RESPONSIBLE FOR DETERMINING WHICH DESERVING STUDENTS WILL BE AWARDED THE SCHOLARSHIPS

AND THEY WILL DETERMINE THEIR OWN DEADLINES FOR

APPLICATIONS.

#### STATEMENT 7 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ST GEORGE ORTHODOX CHURCH 7515 E. 13TH ST. WICHITA, KS 67206	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	\$ 10,847.
SHOCKER ATHL SCHOLAR ASSC 845 FAIRMOUNT WICHITA, KS 67206	NONE	SCHOOL	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	300.
WICHITA ADVENTIST CHRISTIAN 3030 S. OSAGE WICHITA, KS 67207	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	309.
ST. MICHAEL ORTHODOX CHUR 5719 E. JUDSON AVE. LAS VEGAS, NV 89115	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	1,708.
WICHITA ART MUSEUM 619 N. STACKMAN WICHITA, KS 67203	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	250.

2009

# **FEDERAL STATEMENTS**

PAGE 3

**CLIENT KOURI** 

**SAMMY H. AND JACQUELINE KOURI FOUNDATION** 

48-1141441

2/25/11

03:17PM

### STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
VICTORY IN THE VALLEY 917 N. MARKET WICHITA, KS 67214	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	\$ 100.
ST. ELIJAH ORTHODOX CHURC 2101 NW 16TH ST. OKLAHOMA CITY, OK 75107	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	493.
AMERICAN HEART ASSOC. 2100 E. DOUGLAS WICHITA, KS 67214	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	100.
WSU ALUMNI ASSOCIATION 1845 FAIRMOUNT WICHITA, KS 67208	NONE	SCHOOL	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	2,000.
MUSIC THEATRE OF WICHITA CENTURY II WICHITA, KS 67202	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	957.
LEUKEMIA & LYMPHOMA SOCIE 600 3RD AVE. NEW YORK, NY 10016	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	735.
WSU FOUNDATION 1845 FAIRMOUNT WICHITA, KS 67208	NONE	SCHOOL	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	3,640.
ST. RAPHEAL ORTH CHURCH 690 VILLA RD. PALM SPRING, CA	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	2,500.
THE TREEHOUSE 2601 E. CENTRAL WICHITA, KS 67214	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	5,150.
THE LORDS DINER 520 N. BROADWAY WICHITA, KS 67214	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	500.

2009

# **FEDERAL STATEMENTS**

PAGE 4

**CLIENT KOURI** 

**SAMMY H. AND JACQUELINE KOURI FOUNDATION** 

48-1141441

2/25/11

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STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE C GRANT	)F 	AMOUNT
STARKEY ACTION COUNCIL 144 S. YOUNG WICHITA, KS 67209	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	\$	100.
LOMA LINDA UNIV MED CENTER 11234 ANDERSON ST. LOMA LINDA, CA 92354	NONE	SCHOOL	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.		2,500.
AMVETS 1827 E 47TH SOUTH WICHITA, KS 67216	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.		50.
BOYS & GIRLS CLUB OF S CENTRAL KANSAS 2400 N. OPPORTUNITY DR. WICHITA, KS 67207	NONE				5,000.
				TOTAL \$	37,239.