

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



Form **990-PF**

Return of Private Foundation

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

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.

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning	or able to acc a copy of this	, and ending		_
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	Final return	-
Amended return	Address change	· · · ·	Name change	
Name of foundation			A Employer identification	number
The Neeb Family Found	ation		43-2067316	
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1398 W Adams Ave			636-305-97	77
City or town, state, and ZIP code	_		C If exemption application is p	
Saint Louis, MO 6312			D 1. Foreign organizations	s, check here
H Check type of organization: X Section 501(c)(3) ex	• •		Foreign organizations me check here and attach co	emputation
	Other taxable private founda		E If private foundation sta	
Fair market value of all assets at end of year J Accounts	•	Accrual	under section 507(b)(1)	• •
(from Part II, col. (c), line 16) \$\bigs\\$\$ 4,383,933. (Part I, colu	her (specify) mn (d) must be on cash b	oasis.)	F If the foundation is in a under section 507(b)(1)	
Part 1 Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
Part 1 Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	104,978.		N/A	
6 2 Check from the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	75.	75.		Statement 1
4 Dividends and interest from securities	80,837.	64,260.		Statement 2
5a Gross rents	-387.	-387.		Statement 3
b Net rental income or (loss)	10 550			Statement 4
62 Net gain or (loss) from sale of assets not on line 10	19,778.			Statement 5
6a Net gain or (loss) from sale of assets not on line 10 6 Gross sales price for all 1,355,795. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		39,023.		
7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		33,043.		
9 Income modifications				
Gross sales less returns 10a and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	-27,904.	-27,904.	·	Statement 6
12 Total Add lines 1 through 11	177,377.	<u>75,067.</u>		
13 Comparison of the Compariso	1,000.	1,000.		0.
15 Penston plans, employee benefits 16a Legalies NOV 0 7 2011				
0	375.	375.		0.
b Accounting fees State 7 C Other of essional fees State 8	21,646.	21,646.		0.
c Other professional tens 6 mt 8	365.	365.		0.
17 Interest 18 Taxes Stmt 9 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Stmt 10 24 Total operating and administrative expenses Add lines 13 through 23	872.	872.		0.
19 Depreciation and depletion				
20 Occupancy	46,655.	46,655.		0.
21 Travel, conferences, and meetings				
22 Printing and publications			_	
23 Other expenses Stmt 10	4,258.	4,258.		0.
24 Total operating and administrative	05 454	85 484		
expenses Add lines 13 through 23	75,171.	75,171.		0.
25 Contributions, girts, grants paid	189,600.			189,600.
26 Total expenses and disbursements. Add lines 24 and 25	264,771.	75,171.		189,600.
27 Subtract line 26 from line 12;	204,111.	13,111.		107,000.
a Excess of revenue over expenses and disbursements	-87,394.			
b Net investment income (if negative, enter -0-)	,	0.		
C Adjusted net income (if negative, enter -0-)			N/A	
023501				5 OOO DE (0040)

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

023521 12-07-10

	m 990-PF (2010) The Neeb Family Foundation art, VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	(e). or 4	<u>43-</u>	2067 - see	316	ctio	Page 4
	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)		T			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	•	L 1				0.
	of Part I, line 27b						
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3	Add lines 1 and 2		3_				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	· · · · · · · · · · · · · · · · · · ·		5				0.
	1 1						
		<u>,334.</u>					
	b Exempt foreign organizations - tax withheld at source		1				
C	c Tax paid with application for extension of time to file (Form 8868) 6c 1	<u>,200.</u>	1				
d	d Backup withholding erroneously withheld 6d		1				
	Total credits and payments. Add lines 6a through 6d		7			2,5	<u>34.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8	ļ			
	,		9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	>	10			<u>2,5</u>	
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	ınded 🚩	11				<u>0.</u>
	art VII-A Statements Regarding Activities					13.7	
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate of	r intervene	: IN			Yes	
	any political campaign?	_			1a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for de				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	s publishe	d or				
	distributed by the foundation in connection with the activities						
	c Did the foundation file Form 1120-POL for this year?				1c	<u> </u>	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. ► \$	0.	-				
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on found	ation				1	
	managers. > \$ 0.				_		7.7
	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						
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of inco	rporation,	or				₹.
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ъ.	T / A	48		
	b If "Yes," has it filed a tax return on Form 990-T for this year?		1/	I/A	4b 5		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				1		
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict w 	ith the ctat	o love				
		ilii liie Slat	5 IAW		6		х
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.				-		
	a Enter the states to which the foundation reports or with which it is registered (see instructions)						
oa	MO						
h	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design:	ate)					
	of each state as required by General Instruction G? If "No," attach explanation	uio j			8ь	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)	(5) for cale	endar		- 30		
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	No ioi call	,,,uu		9		х
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	esses S	tmt	16	10	х	 -

orm 990-PF (2010) The Neeb Family Foundati	on		<u>43-20673</u>	16 P	age 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		[1]		
any voter registration drive?	,		s X No s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	8 LAJ NO		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?	ar adventional auranaga ar f		8 LAJ NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No		
the prevention of cruelty to children or animals?	for the eventions described i		S LAJ NU		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		iii negulations	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru				1	
Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		inod			
		I/A 🔲 Ye	s No	1 1	
expenditure responsibility for the grant?		1/A 16	8 NU		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No		
a personal benefit contract?	aranal hanafit aantraata	16	ľ	6b	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		 '	טט	
If "Yes" to 6b, file Form 8870.	holtor transaction?		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		16		7b	
b If 'Yes,' did the foundation receive any proceeds or have any net income attribution. Book VIII I Information About Officers, Directors, Trust		nagers Highly		70 [
Part VIII Paid Employees, and Contractors	ees, i ouildation wie	mayers, mgm	,		
List all officers, directors, trustees, foundation managers and their	compensation.		<u> </u>		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expe	nșe
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, allowan	
	το ροσι <u>ποιι</u>	0	- Companya		
See Statement 17		1,000.	0.		0.
	- "				
	_				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of each ampleuse acid more than \$50,000	(b) Title, and average hours per week	(=) Composition	(d) Contributions to employee benefit plans and deferred	(e) Expe account,	ense other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowan	ices
NONE	·				
		_	-		
	-				
Total number of other employees paid over \$50,000			>		0
			Form ⁹	990-PF (2	2010)

023551 12-07-10

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	ns, see instructions.)
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	3,900,249.
	Average of monthly cash balances	1b	3,900,249. 107,484.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,007,733.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,007,733.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	60,116.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,947,617.
6	Minimum investment return Enter 5% of line 5	6	197,381.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certa	ın
1	Minimum investment return from Part X, line 6	1	197,381.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c_	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	197,381.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	197,381.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	197,381.
P	art XII Qualifying Distributions (see 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	189,600.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	
b	Cash distribution test (attach the required schedule)	3b	100 500
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	189,600.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	189,600.
	Nets. The amount on line 6 will be used in Part V, column (h), in subsequent years when calculating whether the foundation	auglifias	s for the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				197,381.
line 7				131,301.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only			0.	
b Total for prior years:				
g rotal to prior years.		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 15, 226.	i			
b From 2006 26, 368.				
c From 2007 106, 107.				
d From 2008 735.				
e From 2009				
f Total of lines 3a through e	148,436.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 189,600.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				189,600.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	7,781.			7,781.
6 Enter the net total of each column as				
indicated below:	140,655.			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	140,033.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			· · · · · ·	
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	7,445.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	133,210.			
10 Analysis of line 9:				
a Excess from 2006 26, 368.				
b Excess from 2007 106,107.				
c Excess from 2008 735.				
d Excess from 2009				
e Excess from 2010	<u> </u>			Form 900-PE (2010)

	<u>b Family Fo</u>		W		<u>067316 Page 10</u>
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	he ruling	•		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described	in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for	` <u>``</u>	<u>`</u>	, , , , , , , , , , , , , , , , , , , 		
each year listed					
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					
 Qualifying distributions made directly 					
for active conduct of exempt activities.		!			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: 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)			<u> </u>		
(2) Support from general public					
and 5 or more exempt organizations as provided in	İ				
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u></u>
Part XV Supplementary Info			if the foundat	ion had \$5,000 or r	nore in assets
at any time during t	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	-	than 2% of the total cor	tributions received by	the foundation before the c	close of any tax
year (but only if they have contributed r					•
DR. LARRY W. NEEB					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large p	ortion of the ownership of a	partnership or
other entity) of which the foundation ha			, (or an equally large p	,	- F
None	•				
	ion Crant Cift I can	Cabalarahin ata [)ragrama:		· · · · · · · · · · · · · · · · · · ·
2 Information Regarding Contribut				see not accept upoplicated re	aquanta for funda. If
Check here \(\sum \sum \sum \sum \sum \sum \sum \sum					
				3, complete terris zu, 5, 6, c	
a The name, address, and telephone num	ber of the person to who	m applications snould b	e addressed:		
					
b The form in which applications should t	e submitted and informa	tion and materials they	should include:		
c Any submission deadlines:					
	<u> </u>				
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable field:	s, kinds of institutions,	, or other factors:	
					- 000 DE (0010)

Grants and Contributions Paid During the	If recipient is an individual	ayment	-	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
	1			
	1			
Goo Ghahamamh 10				
See Statement 18		·-	20	189,600
Total		 -	> 3a	109,000
b Approved for future payment				
None	ļ			
110116				
	l			
				1
				_

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
a	1111	•				
b						
			<u> </u>			
c d	1 1				· · · · · · · · ·	
e	{ I					
f		·····				
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	75.		
4 Dividends and interest from securities			14	80,837.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property			16	-816.		
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income					-27,904	
8 Gain or (loss) from sales of assets other						
than inventory			18	20,140.	-362	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a		_				
b		-				
С						
d	1 1					
e						
12 Subtotal. Add columns (b), (d), and (e)			0.	100,236.		
13 Total. Add line 12, columns (b), (d), and (e)				13	71,970	
(See worksheet in line 13 instructions to verify calculations.)					

Part X\	71-B Relationship of Activities to the Accomplishment of Exempt Purposes
Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
7	Other Income is generated VIA PASS-THROUGH ENTITIES - HATTERAS
	MULTI-STRATEGY TEI INSTITUTIONAL FUND AND VIRTUAL REALTY ENTERPRISES.
	The partnerships are held for investment purposes only.

023621 12-07-10

314-725-9600 Form **990-PF** (2010)

PTIN

43 1931827

Check

self- employed

Firm's EIN ▶

Phone no.

Paid

Preparer

Use Only

Kittner

Preparer's signature

Ryann S.

Firm's address ▶ 100 S. Brentwood Blvd, Suite 500

Clayton, MO 63105

Kittner

Firm's name ▶ Tax Strategies, LLC

Date

10/3/11

Signature of office

Ryann/

Print/Type preparer's name

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number

The Neeb Family Foundation 43-2067316 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 Form 990-PF X 501(c)(3) exempt private foundation 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 33 1/3% 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 II 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 during the year. 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

The Neeb Family Foundation

43-2067316

Part I	Contributors (see instructions)	-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Dr. Larry W. Neeb 1398 W Adams Ave Saint Louis, MO 63122	\$\$	Person Payroll Noncash X (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
202452 12 2		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

The Neeb Family Foundation

43-2067316_

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	2,235 iShares MSCI Emerging Markets Index shares	- - - s 104,106.	12/02/10
(a) No. rom	(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
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - -	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - -	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - -	

Schedule B (For	rm 990, 990-EZ, or 990-PF) (2010)		Page of of Part
Name of orga			Employer identification number
mho No	ob Esmile Roundation		42 2067216
Part III	eb Family Foundation Exclusively religious, charitable, etc., inc	lividual contributions to section	43-2067316 501(c)(7), (8), or (10) organizations aggregating
	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religious	columns (a) through (e) and the fo	llowing line entry. For organizations completing
	\$1,000 or less for the year (Enter this info		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) t dipose of gift	(c) OSC OI girt	(d) Description of now gire is need
		(e) Transfer of gift	
			
-	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee
(n) N			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		<u> </u>	
,			
ļ_			
		(e) Transfer of gift	
	Transferee's name, address, and	17IP ± 4	Relationship of transferor to transferee
	Transferee 5 name, ada e55, and		Trotationally of a director to a director
(a) No.		<u></u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		(c) transier or give	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
			
		_ 	
			
(a) No.	435		(0.0)
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
.	I .		
-		(e) Transfer of gift	
-		(e) Transfer of gift	

Part IV Capital Gains and Loss	ses for Tax on Investment Income				
	describe the kind(s) of property sol ck warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Schwab 0049			D	12/02/10	12/03/10
b Schwab 0049			P	Various	Various
c Schwab 4167			P	Various	Various
d Schwab 4167			P	Various	Various
e Schwab 8651			P	Various	Various
Schwab 8651			P	Various	Various_
g VIRTUAL REALTY	ENTERPRISES K-1		P	Various	Various
h Capital Gains I	ividends				
1					
k					
1					
m					<u> </u>
n	-				
0					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) blus (f) minus (g)	_
a 104,163.		85,042.			19,121.
b 683,639.		712,730.			-29,091.
c 29,864.		24,728.			5,136.
d 69,258.		62,275.			6,983.
e 429,202.		410,331.			18,871.
f 38,300.		21,350.			16,950.
g 135.		316.			-181.
h 1,234.					1,234.
1					
1					
k					
1					
m					
n			. <u> </u>		
0					
Complete only for assets showing	g gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h)	
(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	Gains (excess but r	of col. (h) gain ove not less than "-0-")	er col. (k),
a					<u> 19,121.</u>
b					<u>-29,091.</u>
С					<u>5,136.</u>
d					<u>6,983.</u>
е					<u> 18,871.</u>
f					<u> 16,950.</u>
g					-181.
h					1,234.
1					
	<u> </u>				
k	····				
1					
m	<u> </u>				
n					
0					
2 Capital gain net income or (net cap	oital loss) { If gain, also enter "-	r in Part I, line 7 0-" in Part I, line 7	2		39,023.
3 Net short-term capital gain or (los		nd (6):			
If gain, also enter in Part I, line 8, of If (loss), enter "-0-" in Part I, line 8		<i>)</i>	3	N/A	

Form 990-PF Interest on Savings a	and Temporary Ca	ash Investments	Statement	1
Source			Amount	
VIRTUAL REALTY ENTERPRISES K-1			-	75.
Total to Form 990-PF, Part I, line	e 3, Column A			75.
Form 990-PF Dividends and	l Interest from	Securities	Statement	2
Source	Gross Amount	Capital Gains Dividends	Column (A Amount)
SCHWAB 0049	78,893.	1,234.	77,6	
SCHWAB 4167	2,435.	0.	2,4	
SCHWAB 8651 VIRTUAL REALTY ENTERPRISES	742. 1.	0.	,	42. 1.
Total to Fm 990-PF, Part I, ln 4	82,071.	1,234.	80,8	37.
Form 990-PF Ren	ntal Income		Statement	3
Kind and Location of Property		Activity Number	Gross Rental Inc	ome
VIRTUAL REALTY ENTERPRISES K-1		1	-3	87.
Total to Form 990-PF, Part I, line	e 5a		-3	87.
Form 990-PF Rent	cal Expenses		Statement	4
Description	Activity Number	Amount	Total	
Descripcion	Mannet			
VIRTUAL REALTY ENTERPRISES K-1 VIRTUAL REALTY ENTERPRISES K-1 VIRTUAL REALTY ENTERPRISES K-1		41. 365. 23.		
- SubTot	al - 1		4	29.
Total rental expenses			4	29.
Net rental Income to Form 990-PF,	Part I, line 51	o	-8	16.

Form 99	0-PF G	ain or (Loss) f	rom Sale	of	Assets	Stat	tement 5
Descrip	(a) tion of Property				Manner Acquired	Date Acquired	Date Sold
Schwab	0049	_		•	Donated	12/02/10	12/03/10
	(b) Gross	(c) Value at	(d) Expense	of	(e)		(f)
	Sales Price	Time of Acq.	Sale		Deprec.	Gain	or Loss
	104,163.	104,106.		0.		0.	57.
Descrip	(a) tion of Property				Manner Acquired	Date Acquired	Date Sold
Schwab	0049	_			Purchased	Various	Various
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		(f)
	Sales Price	Other Basis	Sale		Deprec	. Gain ——	or Loss
	683,639.	712,730.		0.		0.	-29,091.
Descrip	(a) tion of Property				Manner Acquired	Date Acquired	Date Sold
Schwab	4167	_			Purchased	Various	Various
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		(f)
	Sales Price	Other Basis	Sale	-	Deprec	. Gain	or Loss
	29,864.	24,728.		0.		0.	5,136

Descrip	(a) tion of Property				Manner Acquired	Da Acqu		Date	Sold
Schwab	4167				Purchased	Vari	ous	Var	ious
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
	Sales Price	Other Basis	Sale		Deprec	·	Gain	or L	088 ———
	69,258.	62,275.		0.	·	0.		6	,983.
Descrip	(a) otion of Property				Manner Acquired	Da Acqu		Date	Sold
Schwab	8651	- 			Purchased	Vari	ous	Var	ious
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		a. •	(f)	
	Sales Price	Other Basis	Sale		Deprec	•	Gain	or L	oss
	429,202.	410,331.		0.		0.		18	,871.
Descrip	(a) otion of Property				Manner Acquired	Da Acqu		Date	Sold
Schwab	8651	_			Purchased	Vari	ous	Var	ious
	(b) Gross	(c) Cost or	(d) Expense	of	(e)		~ '	(f)	
	Sales Price	Other Basis	Sale		Deprec	·	Gain	or L	oss ——
	38,300.	21,350.		0.	•	0.		16	,950.
Descrip	(a) otion of Property				Manner Acquired			Date	Sold
VIRTUAL K-1	REALTY ENTERPRI	 SES			Purchased	Vari	ous	Var	ious
	(b)	(c)	(d)		(e)			(f)	
	Gross Sales Price	Cost or Other Basis	Expense Sale	of	Deprec	•	Gain	or L	oss
	135.	316.		0.	•	0.			-181.

Descript	(a) tion of Property				Date Nuired Date Sold
VRE		_	1	Purchased	
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
	0.	0.	0.	0.	-181.
Net Gai	n or Loss from S	ale of Assets			18,544.
Capital	Gains Dividends	from Part IV			1,234.
Total to	o Form 990-PF, P	art I, line 6a			19,778.
Form 99	0-PF	Other	Income		Statement 6
Descrip	tion		(a) Revenue Per Books	(b) Net Invest ment Incom	
INSTITUT	S MULTI-STRATEGY TIONAL FUND LP K REALTY ENTERPRI	1	1,74 -29,64		
Total to	o Form 990-PF, P	art I, line 11	-27,90	-27,90)4.
Form 99	0-PF	Accoun	ting Fees		Statement 7
		(a) Expenses		_	
Descript	tion	Per Book	s ment Incom	me Net Inco	ome Purposes
	tion ING FEES	Per Book		me Net Inco 75.	Purposes 0.

Form 990-PF	Other Profes	sional Fees	Statement			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charita Purpos		
management fees	21,623.	21,623.		***	0.	
VIRTUAL REALTY ENTERPRISES K-1	23.	23.			0.	
To Form 990-PF, Pg 1, ln 16c	21,646.	21,646.			0.	
Form 990-PF	Tax	es	S	tatement	9	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charita Purpos		
FOREIGN TAX Personal Property taxes VIRTUAL REALTY ENTERPRISES	719. 112.				0.	
K-1	41.	41.			0.	
To Form 990-PF, Pg 1, ln 18	872.	872.			0.	
Form 990-PF	Other E	xpenses	S	tatement	10	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charita Purpos		
OFFICE EXPENSE ANNUAL REGISTRATION UTILITIES EDUCATION	426. 10. 1,117. 2,705.	10. 1,117.			0. 0. 0.	
To Form 990-PF, Pg 1, ln 23	4,258.	4,258.			0.	

Description UNREALIZED GAIN AND OTHER TIMING DIFFERENCES - HATTERAS K-1 Total to Form 990-PF, Part III, line 3 4 Form 990-PF U.S. and State/City Government Obligations Statement Description Gov't Gov't Book Value SCHWAB - 0049 X 301,477. 324 Total U.S. Government Obligations Total to Form 990-PF, Part II, line 10a 301,477. 324 Form 990-PF Corporate Bonds Statement Description Book Value Fair Marl 324 Form 990-PF, Part II, line 10a SCHWAB - 0049 SCHWAB - 0049 SCHWAB - 0049 SCHWAB - 0049 Total to Form 990-PF, Part II, line 10c 203,758. 201		
UNREALIZED GAIN AND OTHER TIMING DIFFERENCES - HATTERAS K-1 4 Total to Form 990-PF, Part III, line 3 4 Form 990-PF U.S. and State/City Government Obligations U.S. Other Gov't Gov't Book Value SCHWAB - 0049 X 301,477. 324 Total U.S. Government Obligations Total State and Municipal Government Obligations Total to Form 990-PF, Part II, line 10a 301,477. 324 Form 990-PF Corporate Bonds Statement Pair Marl Value SCHWAB - 0049 S	m 990-PF Other Inc	Statement 1
Total to Form 990-PF, Part III, line 3 4 Form 990-PF U.S. and State/City Government Obligations Statement Obscription Description SCHWAB - 0049 Total U.S. Government Obligations Total State and Municipal Government Obligations Total to Form 990-PF, Part II, line 10a 301,477. 324 Form 990-PF Corporate Bonds Statement Obscription Description Book Value Fair Mark Value SCHWAB - 0049 SCHWAB - 0049 SCHWAB - 0049 SCHWAB - 0049 Total to Form 990-PF, Part II, line 10c 203,758. 201	cription	Amount
Form 990-PF U.S. and State/City Government Obligations Statement Description Gov't Gov't Book Value Value SCHWAB - 0049 X 301,477. 324 Total U.S. Government Obligations 301,477. 324 Total State and Municipal Government Obligations Total to Form 990-PF, Part II, line 10a 301,477. 324 Form 990-PF Corporate Bonds Statement Description Book Value Fair Mark Value SCHWAB - 0049 50,396. 53 SCHWAB - 0049 5153,362. 147 Total to Form 990-PF, Part II, line 10c 203,758. 201	EALIZED GAIN AND OTH	4,270
Description Gov't Gov't Book Value Fair Mark Value SCHWAB - 0049 X 301,477. 324	al to Form 990-PF, I	4,270
Description Gov't Gov't Book Value Value SCHWAB - 0049 X 301,477. 324 Total U.S. Government Obligations Total State and Municipal Government Obligations Total to Form 990-PF, Part II, line 10a Description SCHWAB - 0049 SCHWAB - 0049 SCHWAB - 0049 Total to Form 990-PF, Part II, line 10c 203,758. 201	m 990-PF U.S	Statement 1
Total U.S. Government Obligations 301,477. 324 Total State and Municipal Government Obligations Total to Form 990-PF, Part II, line 10a 301,477. 324 Form 990-PF Corporate Bonds Statement Description Book Value Value SCHWAB - 0049 50,396. 53 SCHWAB - 0049 153,362. 147 Total to Form 990-PF, Part II, line 10c 203,758. 201	cription	Fair Market Value
Total State and Municipal Government Obligations Total to Form 990-PF, Part II, line 10a 301,477. 324 Form 990-PF Corporate Bonds Statement Description Book Value Fair Mark Value SCHWAB - 0049 SCHWAB - 0049 Total to Form 990-PF, Part II, line 10c 203,758. 201	WAB - 0049	7. 324,410
Total to Form 990-PF, Part II, line 10a 301,477. 324 Form 990-PF Corporate Bonds Statement Description Book Value Value SCHWAB - 0049 SCHWAB - 0049 Total to Form 990-PF, Part II, line 10c 203,758. 201	al U.S. Government (7. 324,410
Form 990-PF Corporate Bonds Statement Description Book Value Value SCHWAB - 0049 SCHWAB - 0049 Total to Form 990-PF, Part II, line 10c 203,758. 201	al State and Municip	
Description Book Value Value SCHWAB - 0049 SCHWAB - 0049 Total to Form 990-PF, Part II, line 10c 203,758. 201	al to Form 990-PF, I	7. 324,410
Description Book Value Value SCHWAB - 0049 50,396. 53 SCHWAB - 0049 153,362. 147 Total to Form 990-PF, Part II, line 10c 203,758. 201	m 990-PF	Statement 1
SCHWAB - 0049 153,362. 147 Total to Form 990-PF, Part II, line 10c 203,758. 201	cription	Fair Market Value
Total to Form 990-PF, Part II, line 10c 203,758. 201		
	WAB ~ 0049	
Form 990-PF Other Investments Statement	al to Form 990-PF, I	201,404
	m 990-PF	Statement 1
Valuation Fair Marl Description Method Book Value Value	cription	Fair Market Value
SCHWAB - 4167 COST 207,695. 250	WAB - 4167	5. 250,508
		

Form 990-PF	Other Assets		Statement 15	
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value	
VIRTUAL REALTY ENTERPRISES	258,341.	225,459.	256,072.	
HATTERAS MULTI-STRATEGY TEI INSTITUTIONAL FUND LP	169,336.	179,289.	. 175,153	
To Form 990-PF, Part II, line 15	427,677.	404,748.	431,225.	
	ostantial Contril VII-A, Line 10	outors	Statement 16	
Name of Contributor	Address			
LARRY W. NEEB	1398 WEST ADA			

	II - List of Officer tees and Foundation			State	ement 17
Name and Address	Title an Avrg Hrs/		Compen- sation	Employee Ben Plan Contrib	
DR. LARRY W. NEEB 1398 WEST ADAMS AVENUE ST LOUIS, MO 63122	PRESIDENT 5.00	AND	TREASURER 0.	0.	0.
KRISTINA WILLIAMS 817 NORTH PROCTOR TACOMA, WA 98406	SECRETARY 0.25		250.	0.	0.
JOHN M. NEEB PO BOX 7122 TACOMA, WA 98406	DIRECTOR 0.25		250.	0.	0.
DOUGLAS M. NEEB 1313 PORTER DRIVE BLUE SPRINGS, MO 64015	DIRECTOR 0.25		250.	0.	0.
DR. MARTIN J. NEEB 7221 SOUNDVIEW #203 GIG HARBOR, WA 98335	DIRECTOR 0.25		250.	0.	0.
Totals included on 990-PF	, Page 6, Part VIII		1,000.	0.	0.

	ts and Contributions id During the Year	State	ement 18
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
ALL SAINTS LUTHERAN CHURCH	NONE GENERAL PURPOSE	PUBLIC CHARITY	1,500.
Alzheimer's Association	NONE GENERAL PURPOSE	PUBLIC CHARITY	400.
American Heart Association	NONE GENERAL PURPOSE	PUBLIC CHARITY	100.
American Red Cross	NONE GENERAL PURPOSE	PUBLIC CHARITY	200.
Bellarmine Prep School	NONE GENERAL PURPOSE	PUBLIC CHARITY	5,000.
Beta SIGMA PSI EDUCATION FOUNDATION	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,500.
Bread for the World	NONE GENERAL PURPOSE	PUBLIC CHARITY	500.
BROADWAY CARES	NONE GENERAL PURPOSE	PUBLIC CHARITY	1,000.

The Neeb Family Foundation			43-2067316
CARE & COUNCELING	NONE GENERAL PURPOSE	PUBLIC CHARITY	200.
CENTRAL STATES SYNOD	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
CHRIST LUTHERAN CHURCH	NONE GENERAL PURPOSE	PUBLIC CHARITY	10,000.
CONCORDIA UNIVERSITY	NONE GENERAL PURPOSE	PUBLIC CHARITY	1,000.
DOORWAYS	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,500.
ELCA DOMESTIC DISASTER RELIEF	NONE GENERAL PURPOSE	PUBLIC CHARITY	5,000.
EMERGENCY FOOD NETWORK	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
EPWORTH FOUNDATION	NONE GENERAL PURPOSE	PUBLIC CHARITY	20,000.
F.I.R.E.	NONE GENERAL PURPOSE	PUBLIC CHARITY	4,000.
Grace Place	NONE GENERAL PURPOSE	PUBLIC CHARITY	5,000.

The Neeb Family Foundation			43-2067316
INTERNATIONAL PARTNERS IN MISSION	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
INVEST ED	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
LUTHERAN HIGH SCHOOL North	NONE GENERAL PURPOSE	PUBLIC CHARITY	35,000.
LUTHERAN MUSIC CAMP	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
LUTHERAN SCHOOL OF THEOLOGY AT CHICAGO	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
LUTHERAN SCHOOL OF THEOLOGY AT ST LOUIS	NONE GENERAL PURPOSE	PUBLIC CHARITY	3,000.
LUTHERAN SERVICES OF AMERICA	NONE GENERAL PURPOSE	PUBLIC CHARITY	500.
MIDWEST ADULT AUTISM PROJECT	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
MORE THAN CARPENTRY CHRISTIAN MINISTRY	NONE GENERAL PURPOSE	PUBLIC CHARITY	10,000.
MT. Rainier Lutheran High School	NONE GENERAL PURPOSE	PUBLIC CHARITY	10,000.

The Neeb Family Foundation			43-2067316
OPERATION FOOD SEARCH	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
PACIFIC LUTHERAN UNIVERSITY	NONE GENERAL PURPOSE	PUBLIC CHARITY	31,000.
PEACE LUTHERAN CHURCH	NONE GENERAL PURPOSE	PUBLIC CHARITY	5,000.
ST LOUIS HELP	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
ST. CHARLES BORROMEO SCHOOL	NONE GENERAL PURPOSE	PUBLIC CHARITY	5,000.
TACOMA LUTHERAN RETIREMENT COMMUNITY	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
TRINITY LUTHERAN CHURCH	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
UNITED NEGRO COLLEGE FUND	NONE GENERAL PURPOSE	PUBLIC CHARITY	5,000.
VITAE EDUCATION CHARITIES	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.
WASHINGTON NEWS COUNCIL	NONE GENERAL PURPOSE	PUBLIC CHARITY	2,000.

The	Neeb	Family	Foundation
-----	------	--------	------------

WOMEN IN TRANSITION

43-2067316

NONE GENERAL PURPOSE PUBLIC CHARITY

200.

Total to Form 990-PF, Part XV, line 3a

189,600.

31

					Page
If you are filing for an Additional (Not Automatic) 3-Month Ex					ightharpoons
ote. Only complete Part II if you have already been granted an a			Form 8	3868.	
If you are filing for an Automatic 3-Month Extension, completed art II Additional (Not Automatic) 3-Month Extension					٠
	Klensio	Title. Only file the original (no co	<u> </u>		
rpe or Name of exempt organization			Empi	oyer	identification number
int The Neeb Family Foundation			4	3-2	067316
Number, street, and room or suite no If a P.O box, se	ee instruc	tions	·	<u> </u>	007320
e date for 1398 W Adams Ave					
city, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
Saint Louis, MO 63122					
nter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
oplication	Return	Application			Return
For	Code	Is For			Code
orm 990	01				
orm 990-BL	02	Form 1041-A			08
orm 990-EZ	03	Form 4720			09
orm 990-PF orm 990-T (sec 401(a) or 408(a) trust)	04	Form 5227			10
orm 990-T (trust other than above)	05 06	Form 6069 Form 8870			11
TOP! Do not complete Part II if you were not already granted			cly file	d Eor	
DR. LARRY W. NE		natio o month extension on a previou	ory me	<u>u , u,</u>	
The books are in the care of ▶ 1398 WEST ADAMS	AVE	NUE - ST. LOUIS, MO	631	22	
The books are in the care of \blacktriangleright 1398 WEST ADAMS Telephone No. \blacktriangleright (314) 965-0786	S AVE	NUE - ST. LOUIS, MO FAX No ►	631	22	
Telephone No. ► (314)965-0786	•	FAX No ▶	631	22	
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business	s in the Ur	FAX No ▶			▶ □
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit (in the Ur Group Exe	FAX No ▶	ıs ıs foı	the v	- ·
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of this is for a Group Return, enter the organization's four digit for the group, check this box ► If it is for part of the group, check this box ►	in the Ur Group Exe and atta	FAX No ▶	ıs ıs foı	the v	- ·
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of this is for a Group Return, enter the organization's four digit of the group, check this box ► I request an additional 3-month extension of time until	in the Ur Group Exe and atta	FAX No ▶	ıs ıs foı	the v	- ·
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of this is for a Group Return, enter the organization's four digit of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, classically an additional forms of the group of the second of the secon	in the Ur Group Exe and atta	FAX No inted States, check this box emption Number (GEN) If the challst with the names and EINs of all the challst with the chal	ıs ıs foı	the vers th	- ·
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business if this is for a Group Return, enter the organization's four digit (ax ► If it is for part of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, cl. Change in accounting period	in the Ur Group Exe and atta	FAX No inted States, check this box emption Number (GEN) If the challst with the names and EINs of all the challst with the chal	is is foi memb	the vers th	- ·
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of this is for a Group Return, enter the organization's four digit (axxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	s in the Ur Group Exe and atta Novem]	FAX No inted States, check this box imption Number (GEN) If this children in the names and EINs of all the names a	s is foi memb	the vers the	e extension is for.
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business if this is for a Group Return, enter the organization's four digit ox ► If it is for part of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, classification. Change in accounting period State in detail why you need the extension An attempt to obtain informatic	in the Ur Group Exe and atta Novemi heck reaso	FAX No inted States, check this box emption Number (GEN) If this challs with the names and EINs of all oer 15, 2011. , and ending in the chall return	s is for memb	the vers the	e extension is for.
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of the organization does not have an office or place of business. If this is for a Group Return, enter the organization's four digit of the control of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, control of the control of the control of the tax year entered in line 5 is for less than 12 months, control of the	in the Ur Group Exe and atta Novemi heck reason	FAX No inted States, check this box emption Number (GEN) If this challst with the names and EINs of all oer 15, 2011. , and ending in the information was	s is for memb	eturn	e extension is for.
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business if this is for a Group Return, enter the organization's four digit (ax ► If it is for part of the group, check this box ► If request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, classification in accounting period State in detail why you need the extension An attempt to obtain information requested in a timely fashion, sufficient time to permit the	on the Ur Group Exe and atta Novemi heck reason on ne but time	FAX No inted States, check this box emption Number (GEN) If the chalist with the names and EINs of all oer 15, 2011. , and ending in the information was ly filing of the ret	s is for memb	eturn	e extension is for.
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business if this is for a Group Return, enter the organization's four digit (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	on the Ur Group Exe and atta Novemi heck reason on ne but time	FAX No inted States, check this box emption Number (GEN) If the chalist with the names and EINs of all oer 15, 2011. , and ending in the information was ly filing of the ret	s is formemb	eturn	rn was urnished in
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business if this is for a Group Return, enter the organization's four digit ox ► If it is for part of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning if the tax year entered in line 5 is for less than 12 months, classification in accounting period considered in accounting period state in detail why you need the extension An attempt to obtain information requested in a timely fashion, sufficient time to permit the lift this application is for Form 990-BL, 990-PF, 990-T, 4720, conformed to the credits. See instructions.	in the Ur Group Exe and atta Novemi heck reaso heck reaso ton ne but time or 6069, e	FAX No inted States, check this box comption Number (GEN) If this challst with the names and EINs of all oer 15, 2011. , and ending on Initial return ecessary for filing the information was ly filing of the return the tentative tax, less any	s is for memb	eturn	e extension is for.
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business if this is for a Group Return, enter the organization's four digit on the proof of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning if the tax year entered in line 5 is for less than 12 months, classically considered in the extension An attempt to obtain information attempt to obtain information sufficient time to permit the lifthis application is for Form 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, in	and atta November to ne Lon ne Dut time or 6069, ee	FAX No parted States, check this box emption Number (GEN) If this challst with the names and EINs of all oer 15, 2011, and ending on Initial return	s is formemb	eturn	rn was urnished in
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business if this is for a Group Return, enter the organization's four digit (xxx) If it is for part of the group, check this boxx ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning if the tax year entered in line 5 is for less than 12 months, classification in accounting period state in detail why you need the extension An attempt to obtain information requested in a timely fashion, sufficient time to permit the lifthis application is for Form 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made Include any prior year overpayment allered.	and atta November to ne Lon ne Dut time or 6069, ee	FAX No parted States, check this box emption Number (GEN) If this challst with the names and EINs of all oer 15, 2011, and ending on Initial return	s is formemb	eturn eturf s	rn was urnished in
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of the organization does not have an office or place of business. If this is for a Group Return, enter the organization's four digit of the control of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, classification in accounting period. State in detail why you need the extension An attempt to obtain information requested in a timely fashion, sufficient time to permit the If this application is for Form 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made Include any prior year overpayment allegations of the control of the c	and atta Novem heck rease on ne but time or 6069, ee enter any owed as a	FAX No inted States, check this box imption Number (GEN) If this challst with the names and EINs of all oer 15, 2011. , and ending in the information was ly filing of the return the tentative tax, less any refundable credits and estimated a credit and any amount paid	s is formemb	eturn	rn was urnished in
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of this is for a Group Return, enter the organization's four digit (axx ► If it is for part of the group, check this box ► If request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, classification in accounting period State in detail why you need the extension An attempt to obtain information requested in a timely fashion, sufficient time to permit the If this application is for Form 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made Include any prior year overpayment allepreviously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your page.	and atta Novem heck rease ton ne but time or 6069, ee enter any owed as a	FAX No inted States, check this box imption Number (GEN) If this challst with the names and EINs of all oer 15, 2011. , and ending in the information was ly filing of the return the tentative tax, less any refundable credits and estimated a credit and any amount paid	s is formemb Final r a r no urn 8a	eturn eturn s	rn was urnished in 2,534
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of this is for a Group Return, enter the organization's four digit (axx ► If it is for part of the group, check this box ► If request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, classification in accounting period State in detail why you need the extension An attempt to obtain information requested in a timely fashion, sufficient time to permit the If this application is for Form 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made Include any prior year overpayment allepreviously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your page EFTPS (Electronic Federal Tax Payment System). See instructions.	and atta Novem heck rease ton ne but time or 6069, er enter any owed as a yment wit actions	FAX No inted States, check this box imption Number (GEN) If this challst with the names and EINs of all oer 15, 2011. , and ending in the information was ly filing of the return the tentative tax, less any refundable credits and estimated a credit and any amount paid	s is formemb	eturn eturf s	rn was urnished in
Telephone No. ► (314)965-0786 If the organization does not have an office or place of business of this is for a Group Return, enter the organization's four digit (axx ► If it is for part of the group, check this box ► If request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, classification in accounting period State in detail why you need the extension An attempt to obtain information requested in a timely fashion, sufficient time to permit the If this application is for Form 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made Include any prior year overpayment allepreviously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your page EFTPS (Electronic Federal Tax Payment System). See instructions.	and atta Novem heck rease LON ne but time or 6069, ea enter any owed as a yment wit actions atture an ng accomp	FAX No partied States, check this box emption Number (GEN) If the chalist with the names and EINs of all oer 15, 2011. , and ending, and ending	s is formemb Final r a r no urn 8a	eturn eturn s s s	rn was urnished in 2,534 2,534

023842 01-24-11