Form **990-PF**

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|-------------|---|
| AGG | |
| 7~ | • |
| | |
| 2020 | |

EXTENDED TO MAY 15, 2020

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

| | Depa | ertmei nai Re | nt of the Treasury | | Do not enter Go to www | social s irs.gov/ | ecurity numbers o Form990PF for ins | n this form as tructions and | it may be may the latest inf | ade public. | 1906 | Quen to Public Inspection |
|-------------------------|-----------------------|------------------|--|--|---------------------------------------|--|--|--|------------------------------|--|---------------------|---|
| | For | cale | ndar year 2018 (| or tax year begir | nning JUI | L 1, | 2018 | , and e | ending | JUN 3 | | |
| | Name of foundation | | | | | | | ······································ | | | er identificatio | |
| | J | OH | N WEIL | UHLMANN | FAMILY P | HILA | NTHROPIC | | | j , , | | |
| | | | | | TH BRACKN | | | | | 43- | 1113857 | 7 |
| | | | | | not delivered to street | | | | Room/suite | | ne number | |
| | L | AT | HROP GA | GE 2345 | GRAND BL | VD | | | 2800 | | .6) 460- | -5446 |
| | | | | | and ZIP or foreign | | de | | | | | pending, check here |
| | | | SAS CIT | | 54108 | , 00-a. 00 | - | | | lo il exempi | on application is a | Actually, accountage . P |
| | | | all that apply: | | l return | | Initial return of a | former public | charity | D 1 Fores | on organization | ns, check here |
| | | | | | return | | Amended return | onno pasio | | 15 11 010 | gii oi gaineacion | |
| | | | | = | ess change | | Name change | | | 2. Foreig | n organizations m | eeting the 85% test, omputation |
| 112 | H C | heck | type of organiza | | Section 501(c)(3) e | xempt or | | | 0.1 | 1 | | |
| = | | _ | |) nonexempt cha | | | xable private found | lation | 04 | | | atus was terminated |
| 04 | 1 Fa | | | | year J Account | | | Acci | rual | 1 | | 60-month termination |
| | | | Part II, col. (c), li | | | ther (spe | | | | | | i)(B), check here > |
| 0 | _ | -\$ | | 4,418,40 |)2. (Part I, colu | mn (d) m | oust be on cash bas | is.) | | } | | |
| 2020 | Pa | ırt l | Analysis of Re | evenue and Expe | enses. | (a |) Revenue and | (b) Net in | vestment | (c) A | djusted net | (d) Disbursements |
| | | | necessarily equa | ounts in columns (b), if the amounts in col | umn (a).) | | enses per books | | ome | | ncome | for charitable purposes (cash basis only) |
| 90 | | 1 | Contributions, g | gifts, grants, etc. | , received | | | | | N | /A | |
| _ | | 2 | Check X | of the foundation is not re | equired to attach Sch B | | | | | | | |
| OCT | | 3 | Interest on saving cash investments | s and temporary | •••••••• | | | | | | | |
| | | 4 | Dividends and i | interest from sec | urities | L | 165,301. | 16 | 5,301. | | | STATEMENT 1 |
| \Box | | 5a | Gross rents | | | <u></u> | | | | | | <u></u> |
| ž | | b | Net rental income | or (loss) | | <u> </u> | | | | <u> </u> | | <u> </u> |
| Ž | _ | 6a | Net gain or (loss) fi | from sale of assets n | ot on line 10 | | 203,258. | | | | | |
| 8 | evenue | þ | Gross sales price t assets on line 6a | | | | | | | | | |
| چون | eve | | | | line 2) | | | 20 | 3,258. | | REC | <u> EIVED </u> |
| 8 | - | | | | | | | ļ | | | | 78 |
| Received alvilliy uy | | | Grace calce lace w | oftune I | | <u> </u> | | | | 4 | | ıl 3 2020 - İğl - |
| H PENFORM SCANNED | | | and allowances | | | | | ! | | 5 | 19171 - | |
| 4 3 | | ١ | | ds sold | | | | | | ├ | <u> </u> | 1 |
| ្និភ | | | | | | | | | | 1 1 | OGD | <u>€N, U1</u> |
| _ | | | | | | - | 368,559. | 36 | 8,559. | <u> </u> | | |
| AUG | | 12 | Total. Add lines | • | | | 0. | 30 | 0. | | | 0. |
| GD | | 13 14 | | | ges | | | | | | | |
| 7 | | | | | ges | — | | | | t | | |
| 20 | 9 | 162 | i enal fees | employee belien | STMT 2 | - | 3,207. | | 0. | | | 3,207. |
| 020 | nse | h | Accounting feet | | STMT 2 | | | | | | | |
| | ed x | c | Other profession | onal fees | STMT 3 | | 28,654. | 2 | 8,654. | 1 | | 0. |
| | е Ш | 17 | Interest | | | | | | | | | |
| | <u>Administrative</u> | 18 | Taxes | | STMT 4 | | 59,515. | | 0. | | | 0. |
| | str | 19 | Depreciation an | nd depletion | | | | | | | | |
| | min | 20 | | | •••••••• | | | _ | | | | |
| | - | | | | gs | | | | | | | |
| | and | 22 | | blications | | | | | | | | |
| | 10 a | 23 24 25 | Other expenses | · | STMT 5 | L | 59. | | 9. | ļ | | 0. |
| | att | 24 | • - | g and administra | | ' | | _ | | | | |
| | ğ | | | l lines 13 through | | <u> </u> | 91,435. | 2 | <u>8,663.</u> | | | 3,207. |
| | ٦ | | | | | - | 218,759. | <u> </u> | | - | | 218,759. |
| | | 26 | • | s and disburseme | ents. | } | 310,194. | 2 | 8,663. |] | | 221,966. |
| | - | 07 | Add lines 24 an | | · · · · · · · · · · · · · · · · · · · | + | 310,134. | + | 0,003. | - | | 221,700 |
| | | | Subtract line 26 | | allah, manang - 4- | | 58,365. | <u> </u> | | | | + |
| | | | • | over expenses and | disbursements ve, enter -0-) | | 50,505. | 33 | 9,896. | | | |
| | | | | COME (if negative, | | | | | _ , | N | /A | |
| | | | | | eduction Act Notic | in | etructions | <u> </u> | | · | | Form 990-PF (2018) |

12100309 130289 472684

FOUNDATION C/O RUTH BRACKNEY

| F | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|-------------|----------|---|---|----------------|---------------------------------------|
| _ | T | conunin should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | | | | |
| | 2 | Savings and temporary cash investments | 15,226. | 38,692. | 38,692. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | | | | |
| | ء ا | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | | | ľ | |
| | _ | disqualified persons | | | ···· |
| | ' | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| Assets | 8 | Inventories for sale or use | <u></u> | | |
| 886 | 9 | Prepaid expenses and deferred charges | | | |
| ⋖ | 10a | Investments - U.S. and state government obligations STMT 7 | 161,810. | 163,615. | 161,232. |
| | ь | Investments - corporate stock STMT 8 | 1,416,972. | 1,253,560. | 2,826,558. |
| | C | Investments - corporate bonds | | | · · · · · · · · · · · · · · · · · · · |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less: accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 9 | 1,202,679. | 1,211,305. | 1,391,920. |
| | | Land, buildings, and equipment basis | 1,202,013. | 1,211,303. | 1,331,320. |
| | 17 | | | | |
| | 15 | Less: accumulated depreciation Other assets (describe) | | | |
| ĺ | | · — — — — — — — — — — — — — — — — — — — | | | |
| | סו | Total assets (to be completed by all filers - see the | 2 706 687 | 2 (67 172 | 4 410 400 |
| _ | 47 | instructions. Also, see page 1, item I) | 2,796,687. | 2,667,172. | 4,418,402. |
| | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| 98 | | Deferred revenue | | | |
| Liabilities | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| lab | | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe | | | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26, and lines 30 and 31. | i | | |
| ances | 24 | Unrestricted | | | |
| a | 25 | Temporarily restricted | | | |
| Ba | 26 | Permanently restricted | | | |
| or Fund Bal | | Foundations that do not follow SFAS 117, check here > X | | | |
| 리 | | and complete lines 27 through 31. | | | |
| ٥ | 27 | Capital stock, trust principal, or current funds | 2,796,687. | 2,667,172. | |
| ğ | | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Ass | | Retained earnings, accumulated income, endowment, or other funds | 0. | 0. | |
| Net Assets | | Total net assets or fund balances | 2,796,687. | 2,667,172. | |
| ~ | | | | | |
| _ | 3 3 | O Total liabilities and net assets/fund balances | 2,796,687. | 2,667,172. | |
| P | art l | | lances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | 1 1 | |
| | | | | 1 | 2,796,687. |
| | | amount from Part I, line 27a | *************************************** | | 58,365. |
| 3 (|)ther | increases not included in line 2 (itemize) | ••• • • • • • • • • • • • • • • • • • • | 3 | 0. |
| | | nes 1, 2, and 3 | | 4 | 2,855,052. |
| 5 [|)есге | ases not included in line 2 (itemize) ► PRIOR YEAR DIST | RIBUTION (see fo | ootnote) 5 | 187,880. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, col | | 6 | 2,667,172. |
| | 0.141 | The about of fairs summed at one of four time + minds into of 1 art in our | | | Form 990-PF (2018) |

43-1113857_ Page 2

Form 990-PF (2018)

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JOHN WEIL UHLMANN FAMILY PHILANTHROPIC

| | 3-111385° | | Page 4 |
|--|---------------|--------------|-------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | 3 - see instr | uction | is) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | 1 |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1% | 1 | 6,7 | 98. |
| 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, col. (b). | - | | [|
| A = 1 | 2 | | 0. |
| 0. 4115440 | 3 | 6.7 | 98. |
| | 4 | | 0. |
| | 5 | 6.7 | 98. |
| 6 Credits/Payments: | | - , . | |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,280. | į | | |
| b Exempt foreign organizations - tax withheld at source 6b 0. | | | ľ |
| c Tax paid with application for extension of time to file (Form 8868) 6c 9,700. | | | i |
| d Backup withholding erroneously withheld 6d 0. | | | . [|
| 7 Total credits and payments. Add lines 6a through 6d | , 1 | 11,9 | 80. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 5,1 | 82. |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax > 5, 182. Refunded > 1 | | | 0. |
| Part VII-A Statements Regarding Activities | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Yes | No |
| any political campaign? | 1a | 1 | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | |
| distributed by the foundation in connection with the activities. | | | |
| c Did the foundation file Form 1120-POL for this year? | 10 | 1 | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| (1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 . | | | 1 1 |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | i | | 1 1 |
| managers. ► \$ 0. | | | Ш |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| If "Yes," attach a detailed description of the activities. | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a 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? | N/A 4b | | <u> </u> |
| 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. | İ | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | 1 | | [] |
| By language in the governing instrument, or | i | |] |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | | L |
| remain in the governing instrument? | | X | <u> </u> |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | X | <u> </u> |
| | 1 | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. | | | |
| MO | | | |
| 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) | — | 7.7 | — |
| of each state as required by General Instruction G? If "No," attach explanation | | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | J (| | ₩, |
| year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV | <u>9</u> | + | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | Form 99 | 0-PF | |

823531 12-11-18

JOHN WEIL UHLMANN FAMILY PHILANTHROPIC Form 990-PF (2018) FOUNDATION C/O RUTH BRACKNEY 43-1113857 Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions X 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions X 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A 14 The books are in care of UBS FINANCIAL SERVICES, INC. Telephone no. ► (816) 751-5200 Located at ▶ 700 WEST 47TH STREET, SUITE 500, KANSAS CITY, MO 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year _______ **\[\bigsize \]** 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? X 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (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? (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)? (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.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 1b c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2018? 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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? _____ Yes X No If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) 3b

Form 990-PF (2018)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2018?

X

| JOHN WEIL UHLMANN FAMILY | PHILANTHROPT | ď | | | | | | |
|---|--|---|---|---|--|--|--|--|
| Form 990-PF (2018) FOUNDATION C/O RUTH BRAC | | . • | 43-11138 | 357 Page 6 | | | | |
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be F | Required (contil | | , age c | | | | |
| 5a During the year, did the foundation pay or incur any amount to: | | CONTR | 1000) | Yes No | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | on 4945(e))? | | es X No | | | | | |
| (2) Influence the outcome of any specific public election (see section 4955); | or to carry on, directly or indir | rectiv. | C3 (==) NO | | | | | |
| any voter registration drive? | | | es X No | | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purpose | s? | | es X No | 1 1 | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | · · | CO [22] 100 | | | | | |
| 4945(d)(4)(A)? See instructions | | | es X No | | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | or educational nurnoses, or t | for | | | | | | |
| the prevention of cruelty to children or animals? | | | es X No | | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur | | | | | | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A 5 | | | | | | | | |
| Organizations relying on a current notice regarding disaster assistance, check | | | | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | | | | | | | | |
| expenditure responsibility for the grant? | | | es 🔲 No | | | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | 1 | | | | | |
| a personal benefit contract? | | 🗀 Y | es 🗶 No | | | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit contract? | | [| 6b X | | | | |
| If "Yes" to 6b, file Form 8870. | , | | | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | Y | es 🗓 No 💄 | | | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | | N/A _ | 7b | | | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | | | | | | | | |
| excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trust | · · · · · · · · · · · · · · · · · · · | Y | es X No | | | | | |
| | | | | | | | | |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Mar | nagers, Highly | | | | | | |
| Paid Employees, and Contractors | | nagers, Highly | | | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t | heir compensation. | | | (a) Evange | | | | |
| Paid Employees, and Contractors | heir compensation. (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other allowances | | | | |
| Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and t (a) Name and address | heir compensation. (b) Title, and average hours per week devoted to position | | | (e) Expense account, other allowances | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN | heir compensation. (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other allowances | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN B 221 NALL | heir compensation. (b) Title, and average hours per week devoted to position PRESIDENT | (c) Compensation (If not paid, enter -0-) | (cl) Contributions to employee benefit plans and deferred compensation | allowances | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN | heir compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other allowances | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN B 2 21 NALL SHAWNEE MISSION, KS 66208 MEGAN UHLMANN SHAW | heir compensation. (b) Title, and average hours per week devoted to position PRESIDENT | (c) Compensation (If not paid, enter -0-) | (cl) Contributions to employee benefit plans and deferred compensation | allowances | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN B 2 2 1 NALL SHAWNEE MISSION, KS 66208 | heir compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 | (c) Compensation (If not paid, enter -0-) | (cl) Contributions to employee benefit plans and deferred compensation | allowances | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN B 221 NALL SHAWNEE MISSION, KS 66208 MEGAN UHLMANN SHAW 11201 BROOKWOOD | heir compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | allowances 0. | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN 8221 NALL SHAWNEE MISSION, KS 66208 MEGAN UHLMANN SHAW 11201 BROOKWOOD LEAWOOD, KS 66211 | heir compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | allowances 0. | | | | |
| Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and t (a) Name and address PATRICIA W. UHLMANN B 221 NALL SHAWNEE MISSION, KS 66208 MEGAN UHLMANN SHAW 11201 BROOKWOOD LEAWOOD, KS 66211 KATHERINE UHLMANN AIKMAN | heir compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | allowances 0. | | | | |
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Form **990-PF** (2018)

Total number of other employees paid over \$50,000

JOHN WEIL UHLMANN FAMILY PHILANTHROPIC

| Form 990-PF (2018) FOUNDATION C/O RUTH BRACKNEY | 43- | 1113857 Page 7 |
|--|-----------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued) | ion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | (D) Type of service | (O) COMPONSACION |
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| | <u> </u> | - |
| | 7 | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti | cal information such as the | Evenence |
| number of organizations and other beneficiaries served, conferences convened, research papers produ | ced, etc. | Expenses |
| 1N/A | | |
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| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on li | nes 1 and 2 | Amount |
| 1N/A | | • |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
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| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| | | Form 990-PF (2018) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, s | see instructions.) |
|----|--|----------------|--|
| 1 | 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 | 1a | 4,402,133. |
| b | Average of monthly cash balances | 1b | 4,402,133. 53,151. |
| C | Fair market value of all other assets | 1c | ······································ |
| d | Total (add lines 1a, b, and c) | 1d | 4,455,284. |
| е | | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 4,455,284. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 66,829. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 4,388,455. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 219,423. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | | |
| | foreign organizations, check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 219,423. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | | |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | 1 | |
| C | Add lines 2a and 2b | 2c | 6,798. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 212,625. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 212,625. |
| 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 | 212,625. |
| 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 | 221,966. |
| þ | 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 | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 221,966. |
| 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 | 221,966. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years | ualifies for t | he section |

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

| 1 Distributable amount for 2018 from Part XI, line 7 | 25. |
|---|--------------|
| 2 Undistributed income, if any, as of the end of 2018: a Enter amount for 2017 only b Total for prior years: 2016, Excess distributions carryover, if any, to 2018: a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 | 25. |
| 2 Undistributed income, if any, as of the end of 2018: a Enter amount for 2017 only b Total for prior years: 2016, Excess distributions carryover, if any, to 2018: a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 | |
| b Total for prior years: 2016, 3 Excess distributions carryover, if any, to 2018: a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 | |
| b Total for prior years: 2016, 3 Excess distributions carryover, if any, to 2018: a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 | |
| 3 Excess distributions carryover, if any, to 2018: a From 2013 | |
| a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 | |
| b From 2014 | |
| e From 2015 d From 2016 e From 2017 | |
| d From 2016 e From 2017 | |
| e From 2017 | |
| f Total of lines 3a through e | |
| | |
| 4 Qualifying distributions for 2018 from | |
| Part XII, line 4: ►\$ 221,966. | |
| a Applied to 2017, but not more than line 2a | |
| b Applied to undistributed income of prior | 1 |
| years (Election required - see instructions) 0 . | |
| c Treated as distributions out of corpus | |
| (Electron required - see instructions) 0. | |
| d Applied to 2018 distributable amount | 7 |
| e Remaining amount distributed out of corpus | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) | <u>0.</u> |
| 6 Enter the net total of each column as indicated below: | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | |
| b Prior years' undistributed income. Subtract | - 1 |
| line 4b from line 2b | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed 187,880. | |
| d Subtract line 6c from line 6b. Taxable | |
| amount - see instructions | |
| e Undistributed income for 2017. Subtract line | İ |
| 4a from line 2a. Taxable amount - see instr | |
| f Undistributed income for 2018. Subtract | |
| lines 4d and 5 from line 1. This amount must be distributed in 2019 204,84 | Q |
| | |
| 7 Amounts treated as distributions out of | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election | 1 |
| may be required - see instructions) 0. | l |
| 8 Excess distributions carryover from 2013 | \neg |
| not applied on line 5 or line 7 | ı |
| 9 Excess distributions carryover to 2019. | |
| Subtract lines 7 and 8 from line 6a | |
| O Analysis of line 9: | - 1 |
| a Excess from 2014 | - 1 |
| b Excess from 2015 | |
| c Excess from 2016 | Ì |
| d Excess from 2017 | |

JOHN WEIL UHLMANN FAMILY PHILANTHROPIC

| Part XIV Private Operating For | ON C/O R | UTH BRACKNEY | VIII A monthly O | | 113857 Page |
|---|----------------------|--|----------------------------------|----------------------------|---|
| | | | | N/A | |
| 1 a If the foundation has received a ruling or d | | | | | |
| foundation, and the ruling is effective for 2 b Check box to indicate whether the found <u>ati</u> | 018, enter the date | e of the ruling | ▶ <u> </u> | 1040(740) | |
| 2 a Enter the lesser of the adjusted net | | rating toundation describe | | 4942(j)(3) or 4 | 1942(1)(5) |
| · | Tax year (a) 2018 | (h) 2017 | Prior 3 years | (4) 0016 |) (a) Tatal |
| income from Part I or the minimum | (a) 2010 | (b) 2017 | (c) 2016 | (d) 2015 | (e) Total |
| investment return from Part X for | | | | | 1 |
| each year listed | | | | | |
| b 85% of line 2a | | | | | <u> </u> |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | <u></u> |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | \ / | 1 | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | $\perp X$ | | |
| Subtract line 2d from line 2c | | | | <u> </u> | |
| 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 | | 1 | | | ļ |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | \ | |
| securities loans (section 512(a)(5)), or royalties) | | | | ì | |
| (2) Support from general public | | | | | \ |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iji) | | | | į | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Part XV Supplementary Inform | ation (Comp | lete this part only | if the foundation | had \$5,000 or mo | re in assets |
| at any time during the | | | | • | |
| 1 Information Regarding Foundation N | flanagers: | | | | |
| a List any managers of the foundation who ha | | | ntributions received by the | foundation before the clos | e of any tax |
| year (but only if they have contributed more | than \$5,000). (Se | e section 507(d)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation who over | | | (or an equally large portio | n of the ownership of a pa | artnership or |
| other entity) of which the foundation has a | 10% or greater int | erest | | | |
| NONE | | | | | |
| 2 Information Regarding Contribution, | Grant, Gift, Lo | an, Scholarship, etc., F | Programs: | | |
| | | | e organizations and does n | | ests for funds. If |
| the foundation makes gifts, grants, etc., to | ndividuals or orga | nizations under other cond | itions, complete items 2a, l | o, c, and d. | |
| a The name, address, and telephone number | or email address o | f the person to whom appl | ications should be address | ed: | |
| CHE CHARTMAN 4.0 | | | | | |
| SEE STATEMENT 10 | | | | | |
| b The form in which applications should be si | ibmitted and infor | mation and materials they | snoula include: | | |
| c Any submission deadlines: | <u> </u> | · | | | |
| d Any restrictions or limitations on awards, st | ich ac hu accam- | neal areas, shardahla field | kinde of institutions or a | thar factors: | |
| a rang resumments of infinitelities of awalos, st | ion as by geograpi | गांच्या वा एवंड, सावा संविधार गरिशि | o, killua or illautuuullis, UF O | unol raciolo. | |
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| 823601 12-11-18 | | ······································ | | | Form 990-PF (2018) |

| Supplementary information | | -· | | |
|--|--|---------------------|----------------------------------|-------------|
| 3 Grants and Contributions Paid During the ' | ear or Approved for Future | Payment | | |
| Recipient | If recipient is an individual, | Foundation | Burnoos of arout or | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid dunng the year | | | | |
| · | | } | | ĺ |
| • | | } | | |
| | | İ | | |
| JEWISH FAMILY SERVICES | NONE | PUBLIC CHARITY | CHARITABLE (SEE | |
| 5801 W 115TH ST #103 | | | FOOTNOTE) | |
| OVERLAND PARK, KS 66211 | | <u> </u> | | 4,570. |
| | | | | |
| | | | | |
| PATRICIA WERTHAN UHLMANN FOUNDATION | NONE | FOUNDATION | CHARITABLE (SEE | |
| 8221 NALL | 1012 | COMPATION | FOOTNOTE) | |
| SHAWNEE MISSION, KS 66208 | | | T GOINGIE, | 204,189. |
| | | | | 201,200 |
| | | | | |
| | | | <u>:</u> | |
| TEMPLE EMANU - EL | NONE | PUBLIC CHARITY | RELIGIOUS (SEE | |
| ONE EAST 65TH STREET | | | FOOTNOTE) | |
| NEW YORK, NY 10065 | | | <u></u> | 10,000. |
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| Total | | | ▶ 3a | 218,759. |
| b Approved for future payment | 1 | | | |
| | | | | |
| NONE | | ļ | | |
| MONE | | Ì | | |
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| Total | | | <u>▶ 3b</u> | 0. |
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| Form 990-PF (2018) FOUNDATION C/O Part XVI-A Analysis of Income-Production | | | | | 1113857 Page 12 |
|---|--|---------------------------------------|--|---|-----------------------------------|
| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ided by section 512, 513, or 514 | (e) |
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e` | | · · · · · · · · · · · · · · · · · · · | | | |
| f | | | <u> </u> | | |
| g Fees and contracts from government agencies | — | - - | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | 1 | | | | |
| unvestments | | | | | 165,301. |
| 5 Net rental income or (loss) from real estate: | | | \vdash | | 103,301. |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | 203,258. |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | ļ | | \sqcup | | |
| 11 Other revenue: | 1 | | 1 | | |
| a | <u> </u> | | | | |
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| <u> </u> | | ··· | | | |
| d | | | | · | |
| e | | 0. | | 0. | 368,559. |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | | |
| See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | the Accom | nlichment of Ev | amnt | Durnoses | |
| Part AVI-B Relationship of Activities to | o ule Accom | ipiisiinient of Exe | empt | ruiposes | |
| Line No. Explain below how each activity for which income | | | contrib | uted importantly to the accomp | dishment of |
| ▼ the foundation's exempt purposes (other than to | | | | | |
| INCOME FROM SECURITIES | | |)PER | ATING CAPITAL | TO CONTINUE |
| THE CHARITABLE EFFORTS | OF THE F | OUNDATION. | | | ···· |
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Form **990-PF** (2018)

823621 12-11-18

| Form 990-F | | DATION C/O RUTH | BRACKNEY | 43-1113 | | Pa | age 13 |
|---------------|---|---|---------------------------------------|---|------------------------|-------------|-------------|
| Part X\ | /II Information R | egarding Transfers to | and Transactions ar | nd Relationships With Noncharit | able | | |
| _ | Exempt Organ | nizations | | • | | | |
| | | irectly engage in any of the follow | | on described in section 501(c) | | Yes | No |
| | | nizations) or in section 527, relati | | | | | ıİ |
| | | lation to a noncharitable exempt o | • | | \vdash | | لـــا |
| (1) 0 | ••• • • • • • • • • • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · | | | 1a(1) | | X |
| (2) 0 | TITLE T ASSETS | ······································ | | | 1a(2) | | X |
| | transactions: | | | | <u> </u> | | |
| (1) 5 | ales of assets to a noncharita | ible exempt organization | | | 1b(1) | | <u>X</u> |
| (2) P | urchases of assets from a no | incharitable exempt organization | | | 1b(2) | | <u>X</u> |
| (3) K | ental of facilities, equipment, | or other assets | | | 1b(3) | | X |
| (4) K | eimbursement arrangements | i | | | 1b(4) | | X |
| | oans or loan guarantees | and and a final and a second | | | 1b(5) | | X |
| e Sharir | of facilities, equipment, ma | ampership of fundraising solicitati | ions | | 1b(6) | | <u> </u> |
| d If the | ny or raciniues, equipment, ma answer to any of the above is | "Yes" complete the following self | mployees | | 1c | | |
| orsen | urces arren by the reporting f | oundation If the foundation recen | redule. Column (b) should alv | vays show the fair market value of the goods, of e in any transaction or sharing arrangement, sh | ner asse | ets, | |
| colum | n (d) the value of the goods | other assets, or services received | veu iess man iair market vaiu: I | e in any transaction or snaring arrangement, sn | ow in | | |
| (a) Line no. | (b) Amount involved | (c) Name of noncharitab | | (d) Description of transfers, transactions, and sh | 2000 2000 | n a o m o o | |
| (-/ | (5) randoni mitorios | N/A | to exempt or gamzation | (u) bescription of variety, variations, and si | a ing ana | igenen | <u>-</u> |
| | | N/ E | , , , | | | | |
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| | | | | | | | |
| 2a is the t | foundation directly or indirect | tly affiliated with, or related to, on | e or more tax-exempt organiz | rations described | | | |
| | | n 501(c)(3)) or in section 527? | | | Yes | X | No. |
| | " complete the following sch | | | | | | , |
| | (a) Name of org | | (b) Type of organization | (c) Description of relationshi | ip | | |
| • | N/A | | | | | | |
| | <u> </u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Un | nder penalties of derjury, I declare t | hat I have examined this return, including | g accompanying schedules and sta | tements, and to the best of my knowledge May | the IRS di | scuss th | is |
| Oigii N | d belief, it is true, correct, and com | iplete. Declaration of preparer (other than | n taxpayer) is based on all informati | on of which preparer has any knowledge. May retun | n with the n below? | preparer | T. |
| Here | Milliona | 11/1/almaur | 1 123/20 | President | | | No |
| 1 | Signature of officer or trustee | | Date | Title | | | |
| | Print/Type preparer's na | me Preparer's s | signature | Date Check if PTIN | | | |
| | | 1 | | self- employed | | | |
| Paid | MARY S SHA | | 18 Balan | 3/1000 P01 | 3124 | 129 | |
| Prepare | 1 1 11 11 3 1101 110 | HROP GPM LLP | | Firm's EIN ► 43-09 | 4871 | LO | |
| Use Onl | <u> </u> | 4F | | | | | |
| | 1 | 45 GRAND BLVD. | 4100 | 016.00 | <u> </u> | | |
| | KA KA | NSAS CITY, MO 6 | <u>-4108</u> | Phone no. 816.29 | m 990 | 100 | 0040 |
| | | | | lot | m ssu | ,-FF (| ∠U I8} |

| FORM 990-PF | DIVIDENDS | AND INTEREST | FROM SECUR | ITIES S | TATEMENT 1 |
|---|-----------------|--------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL `GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| UBS FINANCIAL SERVICES INC #UL0060721 | 165,301. | 0. | 165,301. | 165,301. | |
| TO PART I, LINE 4 | 165,301. | 0. | 165,301. | 165,301. | |

| FORM 990-PF | LEGAL FEES | | STATEMENT 2 | |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| LATHROP GAGE | 3,207. | 0. | | 3,207. |
| TO FM 990-PF, PG 1, LN 16A | 3,207. | 0. | | 3,207. |

| FORM 990-PF | OTHER PROFES | SIONAL FEES | STATEMENT 3 | |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| MGT FEES UBS FINANCIAL | 28,654. | 28,654. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 28,654. | 28,654. | | 0. |

| FORM 990-PF | TAX | ES | STATEMENT 4 | | |
|-----------------------------|-----------|-------------|-------------|------------|--|
| DESCRIPTION | (A) | (B) | (C) | (D) | |
| | EXPENSES | NET INVEST- | ADJUSTED | CHARITABLE | |
| | PER BOOKS | MENT INCOME | NET INCOME | PURPOSES | |
| 2018 ESTIMATED TAX | 2,280. | 0. | | 0. | |
| 2017 EXCISE TAX | 871. | 0. | | 0. | |
| 2017 FORM 4720 EXCISE TAX | 56,364. | 0. | | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 59,515. | 0. | | 0. | |

| FORM 990-PF | OTHER E | XPENSES | STATEMENT 5 | | |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| MISCELLANEOUS INTEREST EXPENSE | 50. | 0. | | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 59. | 9. | | 0. | |

| FORM 990-PF U.S. AND STATE/ | CITY GOV | ERNMENT | OBLIGATIONS | STATEMENT 7 |
|-------------------------------------|---------------|----------------|-------------|----------------------|
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| GOVT SECURITIES | X | | 163,615. | 161,232. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | , | - | 163,615. | 161,232. |
| TOTAL STATE AND MUNICIPAL GOVERNMEN | OBLIG | ATIONS | 1 | |
| TOTAL TO FORM 990-PF, PART II, LIN | 3 10A | _ | 163,615. | 161,232. |

| FORM 990-PF CORPORATE STOC | ·K | STATEMENT 8 |
|---|------------|----------------------|
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| EQUITIES | 1,253,560. | 2,826,558. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 1,253,560. | 2,826,558. |

| FORM 990-PF OTH | ER INVESTMENTS | | STATEMENT 9 |
|---|---------------------|------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| MUTUAL FUNDS AND PREFERRED SECURITIES HELD AT UBS | COST | 1,211,305. | 1,391,920. |
| TOTAL TO FORM 990-PF, PART II, LINI | E 13 | 1,211,305. | 1,391,920. |

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PATRICIA W. UHLMANN P.O. BOX 419410 KANSAS CITY, MO 64141

TELEPHONE NUMBER

8162922000

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS FOR GRANTS MAY BE SUBMITTED AT ANY TIME. APPLICANTS ARE USUALLY NOTIFIED WITHIN TWO MONTHS THAT THEIR \ll APPLICATIONS HAVE BEEN APPROVED OR REJECTED, OR THAT ADDITIONAL INFORMATION IS NEEDED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

IN AWARDING GRANTS, THE FOUNDATION GIVES PREFERENCE TO ORGANIZATIONS LOCATED IN THE METROPOLITAN KANSAS CITY AREA. ALL GRANTS ARE FOR CHARITABLE PURPOSES. THERE ARE LIMITATIONS AS TO THE AMOUNT, AND THERE IS A FORMAL APPLICATION PROCESS TO BE FOLLOWED.