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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		DFA SCHOLARSHIP FOUNDATION		26-1173164
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
		10220 NW AMBASSADOR DR. 1000		816 801 6455
City or town, state or country, and ZIP + 4		F Group Exemption Number		
KANSAS CITY, MO 64153				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting method** Cash Accrual Other (specify) ▶

I Website: ▶ N/A **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

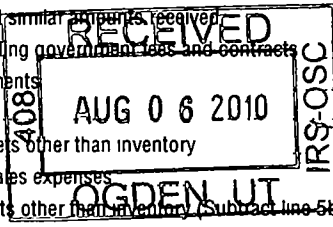
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **18,193.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	18,175.
	2	Program service revenue including governmental fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	18.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	18,193.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3	10	15,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ BANK FEES)	16	638.
	17	Total expenses. Add lines 10 through 16	17	15,638.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,555.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	41,721.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	-44,276.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0.



SCANNED AUG 24 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	41,721.	0.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	41,721.	0.
26	Total liabilities (describe ▶ _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,721.	0.

Handwritten mark resembling a stylized 'B' or '8' with a checkmark.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ RON HILMES Telephone no ▶ 816-801-6455 Located at ▶ 10220 NW AMBASSADOR DRIVE, KANSAS CITY, MO ZIP + 4 ▶ 64153		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000 ▶ _____
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer		Date 8-9-10
	JOEL CLARK, ASSISTANT SEC. Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date 7/30/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KEVAN D. ACORD, P.A. 15700 COLLEGE BOULEVARD, SUITE 100 LENEXA, KS 66219-1373		Preparer's identifying number (See instr.) EIN ▶ _____ Phone no (913) 492-6008

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			5,000.	40,480.	18,175.	63,655.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			667.	3,708.		4,375.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			5,667.	44,188.	18,175.	68,030.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			4,887.	21,044.	12,125.	38,056.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b			4,887.	21,044.	12,125.	38,056.
8 Public support (Subtract line 7c from line 6)						29,974.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			5,667.	44,188.	18,175.	68,030.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				286.	18.	304.
13 Total support (Add lines 9, 10c, 11, and 12)			5,667.	44,474.	18,193.	68,334.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

DFA SCHOLARSHIP FOUNDATION

Employer identification number
26-1173164

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt or type of entity)
CASH		10/21/09	44,276.		20-3415730	DFACARES FOUNDATION 10220 NW AMBASSADOR DRIVE KANSAS CITY, MO 64152	501(C)(3)

- 2 Did or will any officer, director, trustee, or key employee of the organization:
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a	X	
2b		X
2c		X
2d		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) 2009

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?
- b** If "Yes," provide the date of the letter. **▶** . Attach a copy of the letter and, if applicable, the organization's request for the letter.
- 5a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 6** Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c** If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

	Yes	No
3	X	
4a		X
5a		X
5b		X
6		X
7a		X
7b		X

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 2** Did or will any officer, director, trustee, or key employee of the organization:
 - a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a		
2b		
2c		
2d		

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

PART I, LINE 2E: BILL SIEBENBORN, JOHN WILSON, & DAVID DARR WILL BECOME DIRECTORS OF DFACARES FOUNDATION.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
FINAL YEAR RETURN, MERGERED WITH DFACARES FOUNDATION (EIN 20-3415730).	-44,276.
TOTAL TO FORM 990-EZ, LINE 20	-44,276.

FOOTNOTES STATEMENT 2

ON OCTOBER 21, 2009 DFACARES, INC (EIN 20-3415730) & DFA SCHOLARSHIP FOUNDATION (EIN 26-1173164) MERGED TOGETHER TO FORM DFACARES FOUNDATION. ALL ASSETS, LIABILITIES AND EQUITY WERE TRANSFERRED TO THE SURVIVING ENTITY, DFA CARES FOUNDATION (EIN 20-3415730).

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

<u>CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS</u>	<u>GRANTEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
SCHOLARSHIPS AWARDED	NONE	15,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

15,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE OBJECTIVE OF THIS CORPORATION IS TO CREATE AND MAINTAIN A SCHOLARSHIP FUND FOR HIGH SCHOOL SENIORS AND COLLEGE STUDENTS WHO WISH TO PURSUE A CAREER IN THE DAIRY INDUSTRY.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization DFA SCHOLARSHIP FOUNDATION	Employer identification number 26-1173164
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 10220 NW AMBASSADOR DR., NO. 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64153	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

RON HILMES

- The books are in the care of ▶ **10220 NW AMBASSADOR DRIVE - KANSAS CITY, MO 64153**
Telephone No. ▶ **816-801-6455** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**AGREEMENT AND PLAN OF MERGER
BY AND BETWEEN
DFACARES, INC.
AND
DFA SCHOLARSHIP FOUNDATION**

This AGREEMENT AND PLAN OF MERGER (hereinafter called the "Agreement"), is made and entered into as of the 21st day of October, 2009, by and between DFACARES, INC., a Missouri nonprofit corporation ("DFACARES") and DFA SCHOLARSHIP FOUNDATION, a Missouri nonprofit corporation ("DFA Scholarship").

WHEREAS, the Boards of Directors of DFACARES and DFA Scholarship, respectively, deem it advisable and in the best interests of the respective companies and their respective members or shareholders, that DFA Scholarship merge with and into DFACARES (the "Merger") pursuant to this Agreement and applicable provisions of Section 355.011 of the Missouri Revised Statutes and Section 501(c)(3) of the Internal Revenue Code; and

WHEREAS, this Agreement, among other things, provides for the merger of DFA Scholarship with and into DFACARES.

NOW, THEREFORE, in consideration of the premises and of the mutual agreements, provisions and covenants herein contained, the parties hereto hereby agree as follows:

**ARTICLE I
THE MERGER**

1.01 The Merger. Promptly upon execution hereof, the parties shall deliver for filing the Articles of Merger to the Secretary of State for the State of Missouri, to be effective as of the date of filing of the Articles of Merger with the Missouri Secretary of State (the "Effective Date" or the "Effective Date of the Merger"). As of the Effective Date of the Merger, the separate existence of DFA Scholarship shall cease and shall be merged with and into DFACARES.

1.02 Effect of the Merger. In accordance with the provisions of this Agreement and Section 501(c)(3) of the Internal Revenue Code, at the Effective Date, DFA Scholarship (being herein sometimes referred to as the "Merged Corporation") shall be merged with and into DFACARES, which shall be the surviving corporation (DFACARES being herein sometimes referred to as the "Surviving Corporation"). The Articles of Incorporation and Bylaws of DFACARES as in effect on the Effective Date shall continue to be the Articles of Incorporation and Bylaws of the Surviving Corporation until amended or supplemented in accordance with applicable law. The officers and directors of DFACARES on the Effective Date shall be the officers and directors of the Surviving Corporation immediately after the Effective Date, each to serve until his respective successor is duly elected and qualified, or until his earlier resignation or removal. DFACARES, as the Surviving Corporation, shall, on and after the Effective Date,

possess all the rights, privileges, powers and franchises, of a public as well as of a private nature, of the Merged Corporation and DFACARES (collectively, the "Constituent Corporations"), subject to all the restrictions, disabilities and duties of each of the Constituent Corporations; and all rights, privileges, powers and franchises of each of the Constituent Corporations, and all property, real, personal and mixed, and all debts due on whatever account, as well as stock subscriptions and all other things in action or belonging to each of the Constituent Corporations shall be vested in the Surviving Corporation; and all property, rights, privileges, powers and franchises, and all and every other interest shall be thereafter the property of the Surviving Corporation as they were of the Constituent Corporations and the title to any real estate, or any interest thereto, vested in either of the Constituent Corporations shall not revert or be in any way impaired by reason of the provisions of the Merger and Section 501(c)(3) of the Internal Revenue Code; but all rights of creditors and all liens upon any property of either of the Constituent Corporations shall be preserved unimpaired, and all debts, liabilities and duties of the respective Constituent Corporations shall thenceforth attach to the Surviving Corporation, and may be enforced against the Surviving Corporation to the same extent as if said debts, liabilities and duties had been incurred or contracted by it.

Without limiting the generality of the foregoing, on and after the Effective Date, the Surviving Corporation shall assume and be liable for all of the obligations of the Merged Corporation under its Certificate of Incorporation and Bylaws as in effect immediately prior to the Effective Date relating to the indemnification of persons who are directors or officers of the Merged Corporation immediately prior to the Effective Date; it is the intent of this provision that the officers and directors be as fully indemnified after the Effective Date of the Merger for acts or omissions prior thereto as they were prior to the Merger. The provisions of this Section 1.02 shall survive the termination of this Agreement and shall be enforceable after the Effective Date by each of the persons who are officers and directors of the Merged Corporation immediately prior to the Effective Date.

1.03 Taking Necessary Action: Further Action. The parties shall use all reasonable efforts to take all such action as may be necessary or appropriate in order to effectuate the Merger as promptly as possible. If, at any time after the Effective Date of the Merger, any further action is necessary or desirable to carry out the purposes of this Agreement, or to vest the Surviving Corporation with full right, title and possession to all assets, property, rights, privileges, powers and franchises of the Constituent Corporations, the officers and directors of the Surviving Corporation are fully authorized in the name of the Constituent Corporations or otherwise to take, and shall take, all such action.

1.04 Amendment or Abandonment. The Constituent Corporations, by mutual consent of their respective Board of Directors, may amend, modify, or supplement this Agreement at any time prior to the filing of this Agreement with the Missouri Secretary of State, subject to the provisions of Section 355.011 of the Missouri Revised Statutes and Section 501(c)(3) of the Internal Revenue Code. This Agreement may be terminated and the Merger may be abandoned for any reason by a resolution adopted by the Board of Directors of either Constituent Corporation at any time prior to the Effective Date. In the event of the termination of this Agreement, this Agreement shall forthwith become void and there shall be no liability

hereunder on the part of either party or their respective officers and directors, except liability for intentional breach or misrepresentation or common law fraud.

ARTICLE II SERVICE OF PROCESS

DFACARES, the Surviving Corporation, may be served with process in the State of Missouri in any proceeding for enforcement of any obligation of DFA Scholarship, as well as for enforcement of any obligation of the Surviving Corporation arising from the Merger, including any suit or other proceeding, and it does hereby irrevocably appoint the Secretary of State of Missouri as its agent to accept service of process in any such suit or other proceedings. The address to which a copy of such process shall be mailed by the Secretary of State of Missouri is:

CSC-Lawyers Incorporating Service Company
221 Bolivar Street
Jefferson City, MO 65101

until the Surviving Corporation shall have hereafter designated in writing to the Missouri Secretary of State a different address for such purpose. Service of such process may be made by personally delivering to and leaving with the Secretary of State of Missouri duplicate copies of such process, one of which copies the Secretary of State of Missouri shall forthwith send by registered mail to CSC-Lawyers Incorporating Service Company at the above address.

ARTICLE III GENERAL

3.01 Governing Law. This Agreement and the legal relations between the parties shall be governed by and construed in accordance with the laws of the State of Missouri.

3.02 No Assignment. This Agreement may not be assigned by operation of law or otherwise.

3.03 Fees and Expenses. All fees and expenses, including attorneys' fees, shall be borne by the respective party who has incurred such fee or expense.

3.04 Headings. The descriptive headings of the Articles, Sections and paragraphs of this Agreement are inserted for convenience only and do not constitute a part of this Agreement.

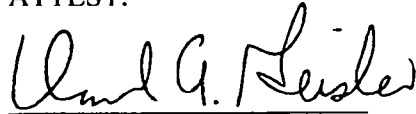
3.05 Counterparts. This Agreement may be executed in one or more counterparts, all of which shall be considered one and the same agreement and shall become effective when one or more counterparts have been signed by each of the parties hereto and delivered to each of the other parties hereto.

3.06 Entire Agreement. This Agreement constitutes the entire agreement between DFACARES and DFA Scholarship with respect to the subject matter hereof and supersedes all other prior agreements and understandings among the parties with respect to the subject matter.

3.07 No Third Party Beneficiaries. Except for the second paragraph in Section 1.02 hereof, nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any person other than the parties hereto, nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to either party to this Agreement, nor shall any provision give any third persons any rights of subrogation or action over or against either party to this Agreement.

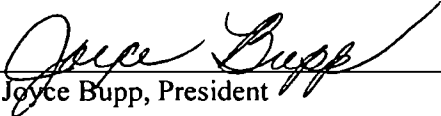
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on its behalf by its officers thereunto, duly authorized, all as of the day and year first above written.

ATTEST:



David A. Geisler, Secretary

DFACARES, INC.

By: 
Joyce Bupp, President

ATTEST:



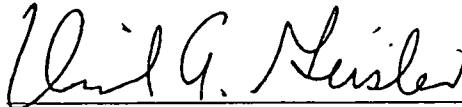
Mike Ferguson, Secretary

DFA SCHOLARSHIP FOUNDATION

By: 
Ed Schoen, President

**CERTIFICATE OF SECRETARY OF
DFACARES, INC.**

I, David A. Geisler, Secretary of DFACARES, Inc., hereby certify that this Agreement and Plan of Merger has been adopted by the Board of Directors of DFACARES, Inc.



David A. Geisler, Secretary

**CERTIFICATE OF SECRETARY OF
DFA SCHOLARSHIP FOUNDATION**

I, Mike Ferguson, Secretary of DFA Scholarship Foundation, hereby certify that this Agreement and Plan of Merger has been adopted by the Board of Directors of DFA Scholarship Foundation.

Mike Ferguson

Mike Ferguson, Secretary