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# Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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

|   |   |   |  |
|---|---|---|--|
| <p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p><b>Please use IRS label or print or type. See Specific Instructions.</b></p> | <p><b>C Name of organization</b></p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">EXTENSION ATTACHED</p> <p>BETA LAMBDA EDUCATIONAL FOUNDATION</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite</p> <p>P.O. BOX 300221</p> <p>City or town, state or country, and ZIP + 4</p> <p>KANSAS CITY, MO 64130</p> | <p><b>D Employer identification number</b></p> <p>43-1586340</p> <p><b>E Telephone number</b></p> <p>(816) 921-6161</p> <p><b>F Group Exemption Number</b> . . . ▶</p> |
|---|---|---|--|

• 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) ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶

**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** . . . ▶ \$ 95,506.

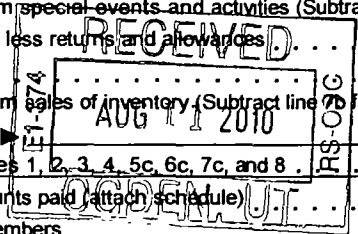
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|   | Description  |          | Amount                   |
|---|--|----------|--------------------------|
| <b>Revenue</b>  | 1 Contributions, gifts, grants, and similar amounts received . . . . .   | 1        |                          |
|   | 2 Program service revenue including government fees and contracts . . . . .  | 2        | 57,726.                  |
|   | 3 Membership dues and assessments . . . . .  | 3        | 1,175.                   |
|   | 4 Investment income . . . . .  | 4        | 53.                      |
|   | 5 a Gross amount from sale of assets other than inventory . . . . .  | 5a       |                          |
|   | b Less cost or other basis and sales expenses . . . . .  | 5b       |                          |
|   | c 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       | 31,852.                  |
| b Less direct expenses other than fundraising expenses . . . . .  | 6b   | 22,604.  |                          |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .   | 6c   | 9,248.   |                          |
| 7 a Gross sales of inventory, less returns and allowances . . . . .   | 7a   |          |                          |
| b Less cost of goods sold . . . . .   | 7b   | 0.       |                          |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  | 7c   | 0.       |                          |
| 8 Other revenue (describe ▶ ) . . . . .   | 8  | 4,700.   |                          |
| 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .   | 9  | 72,902.  |                          |
| <b>Expenses</b>   | 10 Grants and similar amounts paid (attach schedule) . . . . .   | 10       |                          |
|   | 11 Benefits paid to or for members . . . . .   | 11       |                          |
|   | 12 Salaries, other compensation, and employee benefits . . . . .   | 12       | 0.                       |
|   | 13 Professional fees and other payments to independent contractors . . . . .   | 13       |                          |
|   | 14 Occupancy, rent, utilities, and maintenance . . . . .   | 14       | 18,546.                  |
|   | 15 Printing, publications, postage, and shipping . . . . .   | 15       |                          |
|   | 16 Other expenses (describe ▶ ) . . . . .  | 16       | 71,691.                  |
|   | 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .  | 17       | 90,237.                  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18   | -17,335. |                          |
| 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   | 117,897. |                          |
| 20 Other changes in net assets or fund balances (attach explanation) . . . . .  | 20   |          |                          |
| 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .   | 21   | 100,562. |                          |

**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.

|    | Description  | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments . . . . .   | 30,082.               | 12,747.         |
| 23 | Land and buildings . . . . .   | 66,039.               | 66,039.         |
| 24 | Other assets (describe ▶ ) . . . . .   | 21,776.               | 21,776.         |
| 25 | <b>Total assets</b> . . . . .  | 117,897.              | 100,562.        |
| 26 | <b>Total liabilities</b> (describe ▶ ) . . . . .   |                       |                 |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | 117,897.              | 100,562.        |

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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? . . . . .  |     |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   |     |    |
| 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  |     |    |
| 39  | Section 501(c)(7) organizations. Enter:   |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . . 39a  |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . . 39b   |     |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____  |     |    |
| 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 . . . . . ▶ _____   |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____  |     |    |
| 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 ▶ _____   |     |    |
| 42a | The organization's books are in care of ▶ KENNETH BACCHUS Telephone no ▶ 816-516-9528<br>Located at ▶ 2915 SWOPE PARKWAY KANSAS CITY, MO ZIP + 4 ▶ 64130  |     |    |
| 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)? . . . . .  | Yes | No |
| 42b |   |     | X  |
|     | 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.   |     |    |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  |     | X  |
|     | If "Yes," enter the name of the foreign country ▶ _____   |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43   |     |    |
| 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.

- 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  Yes  No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
- b If "Yes," was the related organization a section 527 organization?  Yes  No
- 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 ▶ NONE

- 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 receiving over \$100,000 ▶ NONE

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.

**Sign Here**  
 Signature of officer: *Kennath Bacchus* Date: *August 7, 2010*  
 Type or print name and title: *Kennath Bacchus, Treasurer*

**Paid Preparer's Use Only**  
 Preparer's signature: *Jan [Signature]* Date: *6/6/10* Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: *HOUSE PARK & DOBRATZ, P.C. 605 W. 47TH STREET, SUITE 301 KANSAS CITY, MO 64112*  
 Preparer's identifying number (See instructions): *800642974* EIN: *43-1562209* Phone no: *816-931-3393*

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 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; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .  | 11,114.  | 10,013.  | 13,584   | 36,289.  | 1,175.   | 72,175.   |
| <b>2</b> 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 . . . . . | 31,722.  | 23,586.  | 52,970   | 120,400. | 89,578   | 318,256.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 42,836   | 33,599.  | 66,554   | 156,689. | 90,753   | 390,431.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          | 390,431.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   | 42,836   | 33,599.  | 66,554   | 156,689  | 90,753.  | 390,431   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 6,394.   | 5,941    | 9,215    | 7,063    | 4,753    | 33,366.   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  | 6,394    | 5,941.   | 9,215    | 7,063.   | 4,753.   | 33,366    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .   | 49,230   | 39,540   | 75,769.  | 163,752  | 95,506   | 423,797.  |

**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**

|  |           |        |
|--|-----------|--------|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 92.13% |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 78.43% |

**Section D. Computation of Investment Income Percentage**

|   |           |        |
|---|-----------|--------|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | 7.87%  |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | 21.57% |

**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 ▶

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**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other Events | (d) Total events              |             |
|-----------------|----|--|--------------|------------------|-------------------------------|-------------|
|                 |    | PUB CRAWL  | OLDIES PARTY | 5                | (add col (a) through col (c)) |             |
|                 |    | (event type)   | (event type) | (total number)   |                               |             |
| Revenue         | 1  | Gross receipts   | 7,001.       | 7,900.           | 16,951.                       | 31,852.     |
|                 | 2  | Less: Charitable contributions                             |              |                  |                               |             |
|                 | 3  | Gross income (line 1 minus line 2)                         | 7,001.       | 7,900.           | 16,951.                       | 31,852.     |
| Direct Expenses | 4  | Cash prizes  |              |                  |                               |             |
|                 | 5  | Noncash prizes   |              |                  |                               |             |
|                 | 6  | Rent/facility costs  | 1,400.       | 1,005.           |                               | 2,405.      |
|                 | 7  | Food and beverages   |              | 800.             |                               | 800.        |
|                 | 8  | Entertainment  |              | 300.             |                               | 300.        |
|                 | 9  | Other direct expenses                                      | 5,415.       | 1,796.           | 11,888.                       | 19,099.     |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) |              |                  |                               | ( 22,604. ) |
|                 | 11 | Net income summary Combine line 3, column (d), and line 10 |              |                  |                               | 9,248.      |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|-----------------------|---|-------------------|--|
|                 |  | 1                     | Gross revenue                                 |                   |  |
| Direct Expenses | 2  | Cash prizes           |   |                   |  |
|                 | 3  | Noncash prizes        |   |                   |  |
|                 | 4  | Rent/facility costs   |   |                   |  |
|                 | 5  | Other direct expenses |   |                   |  |
|                 | 6  | Volunteer labor       | Yes _____ %<br>No                             | Yes _____ %<br>No | Yes _____ %<br>No                              |
| 7               | Direct expense summary Add lines 2 through 5 in column (d)     |                       |   |                   | ( )  |
| 8               | Net gaming income summary Combine line 1, column d, and line 7 |                       |   |                   |  |

|  | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities _____  |     |    |
| a Is the organization licensed to operate gaming activities in each of these states? _____   | 9a  |    |
| b If "No," explain. _____  |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____   | 10a |    |
| b If "Yes," explain. _____   |     |    |
| 11 Does the organization operate gaming activities with nonmembers? _____  | 11  |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____ | 12  |    |

|   |            | Yes | No         |
|---|------------|-----|------------|
| <b>13</b> Indicate the percentage of gaming activity operated in:   |            |     |            |
| <b>a</b> The organization's facility . . . . .  | <b>13a</b> | %   |            |
| <b>b</b> An outside facility . . . . .  | <b>13b</b> | %   |            |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |            |     |            |
| Name ▶ _____  |            |     |            |
| Address ▶ _____   |            |     |            |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .   |            |     |            |
| <b>15a</b>  |            |     |            |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____                                   |            |     |            |
| <b>c</b> If "Yes," enter name and address of the third party:   |            |     |            |
| Name ▶ _____  |            |     |            |
| Address ▶ _____   |            |     |            |
| <b>16</b> Gaming manager information  |            |     |            |
| Name ▶ _____  |            |     |            |
| Gaming manager compensation ▶ \$ _____  |            |     |            |
| Description of services provided ▶ _____  |            |     |            |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor   |            |     |            |
| <b>17</b> Mandatory distributions:  |            |     |            |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .   |            |     | <b>17a</b> |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ |            |     |            |

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|---------------|
| OTHER INVESTMENTS  | 53.           |
| TOTAL              | <u>53.</u>    |

FORM 990EZ, PART I - OTHER REVENUE

|               |               |
|---------------|---------------|
| RENTAL INCOME | 4,650.        |
| MISC INCOME   | 50.           |
| TOTALS        | <u>4,700.</u> |

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

|                          |                |
|--------------------------|----------------|
| SUPPLIES                 | 795.           |
| BANK CHARGES             | 324.           |
| PROGRAM SERVICE EXPENSES | 64,334.        |
| SECURITY                 | 400.           |
| TAXES                    | 5,714.         |
| MISCELLANEOUS            | 124.           |
| TOTAL                    | <u>71,691.</u> |

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| <u>DESCRIPTION</u> | <u>BEGINNING<br/>OF YEAR</u> | <u>END<br/>OF YEAR</u> |
|--------------------|------------------------------|------------------------|
| CASH               | 30,082.                      | 12,747.                |
| TOTALS             | <u>30,082.</u>               | <u>12,747.</u>         |

ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

| <u>DESCRIPTION</u> | <u>BEGINNING<br/>OF YEAR</u> | <u>END<br/>OF YEAR</u> |
|--------------------|------------------------------|------------------------|
| OTHER ASSETS       | 21,776.                      | 21,776.                |
| TOTALS             | <u>21,776.</u>               | <u>21,776.</u>         |

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TRAINING AND DEVELOPMENT OF YOUNG AFRICAN AMERICANS.

ATTACHMENT 7

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u>            | <u>GRANTS AND ALLOCATIONS</u> | <u>EXPENSES</u> |
|-------------------------------|-------------------------------|-----------------|
| EDUCATIONAL PROGRAMS          |                               | 44,535.         |
| COMMUNITY ASSISTANCE PROGRAMS |                               | 2,504.          |
| VENTURING PROGRAMS            |                               | 1,825.          |
| TOTALS                        |                               | <u>48,864.</u>  |

BETA LAMBDA EDUCATIONAL FOUNDATION

43-1586340

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT. AND OTHER ALLOWANCES

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

0. 0. 0.

0.

PRESIDENT  
1.00

LEONARD GRAHAM  
P.O. BOX 300221  
KANSAS CITY, MO 64130

0. 0. 0.

0.

VICE PRESIDENT  
1.00

DONALD LEE  
P.O. BOX 300221  
KANSAS CITY, MO 64130

0. 0. 0.

0.

TREASURER  
1.00

KENNETH BACCHUS  
P.O. BOX 300221  
KANSAS CITY, MO 64130

0. 0. 0.

0.

SECRETARY  
1.00

GEORGE RAMSEY  
P.O. BOX 300221  
KANSAS CITY, MO 64130

0. 0. 0.

0.

DIRECTOR  
1.00

D.C. CARTER  
P.O. BOX 300221  
KANSAS CITY, MO 64130

0. 0. 0.

0.

DIRECTOR  
1.00

WADE LADD  
P.O. BOX 300221  
KANSAS CITY, MO 64130

0. 0. 0.

0.

EX-OFFICIO  
1.00

RANDY HALL  
P.O. BOX 300221

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8 (CONT'D)

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE<br/>HOURS PER WEEK<br/>DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT.<br/>AND OTHER<br/>ALLOWANCES</u> |
|-------------------------|---|---------------------|--|---|
|-------------------------|---|---------------------|--|---|

KANSAS CITY, MO 64130

GRAND TOTALS

0.

0.

0.

# Application for Extension of Time To file an Exempt Organization Return

▶ **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  **X**
  - 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

|               |   |  |
|---------------|---|--|
| Type or print | Name of Exempt Organization<br>BETA LAMBDA EDUCATIONAL FOUNDATION   | Employer Identification number<br>43-1586340 |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.<br>P.O. BOX 300221                         |  |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>KANSAS CITY, MO 64130 |  |

### 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 |

• The books are in the care of ▶ KENNETH BACCHUS

Telephone No. ▶ 816 516-9528 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 08/15, 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 <b>Balance Due.</b> 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 | \$ |

**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.

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