

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





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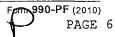
Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2010

}	or ca	alendar year 2010, or t	tax year beginning			, 2010	, and end	ding	
_		eck all that apply:	Initial return		Initial return	of a former p	oublic cha	rity	Final return
_			Amended return		Addre	ss change		Name change	
	lame	of foundation						A Employer ide	entification number
7									
<u> </u>	THE	ROETHELI - LIL	RED FOUNDAT	ION					20-0274173
1	lumbe	er and street (or P O box no	umber if mail is not delivere	ed to street ac	ldress)		Room/si	uite B Telephone nu	mber (see page 10 of the instructions)
<u></u>						~			
_		W 26TH AVE							(816) 268-6619
	City or	town, state, and ZIP code	•					C If exemption a pending, check	
3								D 1. Foreign orga	anizations, check here .
3	NORT	CH KANSAS CITY, eck type of organization Section 4947(a)(1) nonex r market value of all ass	MO 64116						ganizations meeting the neck here and attach
2	I Che	eck type of organization	n: X Section 501	(c)(3) exe	mpt private i	oundation			n ▶ []
8	5	Section 4947(a)(1) nonex	empt charitable trust	Oth	er taxable pr	ivate foundat		E If private found	dation status was terminated
ا 🕰						ash Acc	rual	under section	507(b)(1)(A), check here .
		rear (from Part II, col. (c) \$ 8,817		ther (spec		r cash basıs.)			ion is in a 60-month termination
		► \$ 8,817, Analysis of Revenue		 ·	i) iliust be oi	l casii basis.)		under section s	507(b)(1)(B), check here . (d) Disbursements
	i citt	total of amounts in colum	e and Expenses (The nns (b), (c), and (d)	(a) Rev	venue and	(b) Net inve		(c) Adjusted net	
		may not necessarily equ			nses per ooks	incom	ie	income	purposes
-	1.	column (a) (see page 1:		 	3,300.	-, -, -		3 % 3/2	(cash basis only)
	1 2	Check X if the found	dation is not required to	·		* 6 \	*	1, 3,	
	}			<u> </u>	3,428.		3,428.		
	3	Interest on savings and tem Dividends and interest fr			245,728.		5,728.		\$ 17 2 2.
	ı	Gross rents		£'; ', '	4 1/2 1		1.32	2, 2, - 2	
a	1 _	Net gain or (loss) from sale		· · · · · · · ·	123,302.	75	1 1,25	100	
evenue	Ь	Gross sales price for all	2,554,892.	\$ = 70		- 3 - 36 3	1 256	2 1 3/2 1 - 3 1 1	', ', ', ', ', ', ', ', ', ', ', ', ',
Š	7	assets on line 6a —— Capital gain net income	(from Part IV, line 2)	, : ^-,	,*/,- ,- 44	12	3,302.	1,100	, , , , , , , , ,
- 12	8	Net short-term capital ga		1,444	V 3 X 3	J. 12 / 39, 1	. 5		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9	Income modifications •		-4 , - 25 , 1	35 DW &	. ,	` `		> / 1 , 1 , 2 , 2 , 2 , 2 , 2 , 2 , 2 , 2 ,
, 5	10 a	Gross sales less returns and allowances • • • • •		3 5 7 7 5	````\ <u>`</u> `\ <u>`</u> `	***	- 1 (E 3.4)	· · · · · · · · · · · · · · · · · · ·	1
4	ь	Less Cost of goods sold .		1 3- 6	- 7/3 / 1	2 (12) · ·		1 4 4	
>	C	Gross profit or (loss) (atta	ach schedule)			374			16/30 15 5/1/1/
))	11	Other income (attach sol	hedule)		-6,869.		7,618.		ATCH-<1.
B –	12	Total. Add lines 1 through	<u>ah 11</u>		368,889.	38	0,076.		
Ä	13	Compensation of officers, di	rectors, trustees, etc						
9 S	14	Other employee salaries	•						
Se	15	Pension plans, employee			22 104				0 22 104
Expenses	16a	Legal fees (attach schedu			33,104. 3,293.		0. 1,646.		0. 33,104 0. 1,647
) ŭ	b	Accounting fees (attach			61,664.		7,204.		0. 1,647 34,460
tive	С	Other professional fees (-	6,015.		1,204.		6,015
tra	17	Interest		<u> </u>	3,713.				
nis	18	Taxes (attach schedule) (see			7,325.		- RE	CEIVED	1
Ē	19	Depreciation (attach sch			7,323.	Q		18	. • 1
Ą	20	Occupancy			5,478.	 0	NOV	1 8 2011	5,478
and Administrative	21	Travel, conferences, and			3,1,0,	- +		1 0 2011 19	
		Printing and publications Other expenses (attach s			7,162.		00		7,162
Operating	23 24				,		افال	DEN, UT	1
er:	24	Total operating and adr			127,754	2	8,850.		0. 87,866
Ö	25	Add lines 13 through 23			355,383.			- 4	355,383
	25	Contributions, gifts, gran			483,137.	2	8,850.		0. 443,249
-	26	Total expenses and disburseme Subtract line 26 from line		-			, , , ,		120,213
	1	Excess of revenue over expense		_	114,248	٠,	,	" , ", "	
	i i	Net investment income		,			1,226.		
	!	Adjusted net income (if				/-		. 	

*ATCH 4 JSA ** ATCH 5 77-35585



, 20-0274173 Page 2 Form 990-PF (2010)

Sealance Sheets descriptor culture should be by oncologies (a) Book Value (b) Book Value (c) Fair Market Value (d) Each - non-interrelationary (a) Book Value (d) Book Va				Attached schedules and amounts in the	Beginning of year	End of year		
1 2 Savings and temporary cosh investments	L	art II	Balance Sneets	amounts only (See instructions)				
2 Santings and receivable		1	Cash - non-interest-bean	ng				
Less allowance for doubtful accounts ▶ 4 Pledges recreasible ▶ Less allowance for doubtful accounts ▶ 5 Grants recreable ▶ Less allowance for doubtful accounts ▶ 5 Grants recreable ▶ 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) ▶ 115,539 8 B Tometroes and loans received (attach schedule) ▶ 115,539 115,		2	Savings and temporary	cash investments				
Piedges receivable					2 4 28 mg	", " " " " " " " " " " " " " " " " " "		
Less, allowance for doubtful accounts						l e e		
Secretary Comparison of C					"		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8 Receivables due from officers, directors, furstees, and other discipatible persons estates acheeuly less page to 1 for an instructions 0. 115,539 1			Less, allowance for doul	btful accounts ▶		-		
115,539 ATCH: 8		5	Grants receivable					
Total industrial publishing (attach schedule) Total industrial (attach schedule)		6	Receivables due from o	officers, directors, trustees, and other			ATCH /	
Less, allowance for doubtful accounts 115,539 115,539 115,539	ļ					115 500		
Binventions for sale or use		7	Other notes and loans r	receivable (attach schedule)				
Prepard expenses and deferred charges 1,182,232			Less, allowance for doub	btful accounts ►	115,539.	115,539.	115,539.	
b Investments - corporate stock (attach schedule) ATCH 1.0	S	8	Inventories for sale or us	e				
b Investments - corporate stock (attach schedule) ATCH 1.0	set	9	Prepaid expenses and de	eferred charges	1 100 000	1 014 501	1 014 501	
Total labilities (describe 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare for officers, directors, fusices, and other disqualified persons 20 Clare fusices	As				1,182,232.			
1 1 1 1 1 1 1 1 1 1			•					
Less accumulated deprecation		C	Investments - corporate	bonds (attach schedule) ATCH 11	2,236,760.	2,3/1,91/.		
		11	and equipment basis	· • • • • • • • • • • • • • • • • • • •	` ` ` ` `			
13 Investments - other (attach schedule) ATCH 12 232,709 302,073 302,073 14 Land, business, and equipment biases 36,624 10,285 15 Other assets (describe 26,339 17,610 10,285 10,285 16 Other assets (to be completed by all filers - see the instructions Also, see page 1, femil) 8,732,316 8,817,291 8,817,291 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 20 Uther liabilities (describe) 64,868 0 20 Uther liabilities (describe) 64,868 0 21 Total liabilities (add lines 17 through 22) 64,868 0 22 Other liabilities (add lines 17 through 26 and lines 30 and 31 24 Unrestricted 25 Temporarily restricted 25 Temporarily restricted 25 Temporarily restricted 26 Permanently restricted 27 Through 31 ▼			Less accumulated deprecia (attach schedule)	ation				
Land, buildings, and equipment basis 26,534 17,610. 10,285 10,28		12	Investments - mortgage	loans	020 700	200 072	202 072	
Less accumulated deprecation		13	Investments - other (atta	ach schedule) ATCH 12			302,073.	
15 Other saests (describe			enumment basis	•	(10 205	
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, tem i)					17,610.	10,285.	10,283.	
17 Accounts payable and accrued expenses		15	Other assets (describe))				
17 Accounts payable and accrued expenses 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 64,868 0. 23 Total liabilities (add lines 17 through 22) 64,868 0. 24 Unrestricted 25 Temporarily restricted 25 Temporarily restricted 26 Permanently restricted 70 Capital stock, trust principal, or current funds 27 Capital stock, trust principal, or current funds 28 Padd-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total intellities and net assets for fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on pnor year's return) 1	į				0 722 216	0 017 001	0 017 201	
18 Grants payable Deferred revenue 20 Deferred revenue 20 Loans from offices, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) G4,868. O. 23 Total Habilities (adescribe	_				6,732,316.	0,011,291.	0,011,291.	
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22 Other liabilities (describe ▶	ies				;		4 . 4 . 4 . 4 . 4	
22 Other liabilities (describe ▶	ij			-				
Total liabilities (add lines 17 through 22)	lab				64 969		The state of the s	
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted	_	22	Other liabilities (describe	· •)	04,000.			
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted					64 060	0		
and complete lines 24 through 26 and lines 30 and 31. 24	4				64,600.			
24 Unrestricted								
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28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds	교							
31 Total liabilities and net assets/fund balances (see page 17 of the instructions). 8,732,316. 8,817,291. Raft III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► ATTACHMENT 13 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 8,817,291.							- 1 / 1 / 1	
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Part III Analysis of Changes in Net Assets or Fund Balances1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)1 8,667,4482 Enter amount from Part I, line 27a2 -114,2483 Other increases not included in line 2 (itemize) ► ATTACHMENT 133 264,0914 Add lines 1, 2, and 34 8,817,2915 Decreases not included in line 2 (itemize) ►56 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 68,817,291					8,732,316	8.817.291.		
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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 8,817,291						· · · · · · · · · · · · · · · · · · ·	-,,	
b Total thet assets of fulful parameters at end of year (lime 4 fillings line 3) - Farcti, coloring (b), line 30 b	c	Dect.	rases not included in	planeas at and of year (line 4 minus	line 5) - Part II column /b) line 30 e	8,817,291	
*	<u>-</u>	rotal	net assets or fund ba	**ATCH 9	mie oj - rait ii, columit (b	7, m ie 50 6	Form 990-PF (2010)	

JSA

	d describe the kind(s) of property sold	, -	(b) How acquired P-Purchase	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCH	orick warehouse, or common stock, 200	U sns. MLC Co)	D-Donation	(iiio., day, yi)	
b	100111		1		
С			T		
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a			1		
b					
С					
d					
e	<u> </u>		ļ		
Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col. (h) g	
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
a	<u> </u>				
b			ļ		
<u>c</u>			<u> </u>		
d			 		
е			 		
2 Capital gain net income or	(net capital loss)	f gain, also enter in Part I, line 7			102 202
-	[I	f (loss), enter -0- in Part I, line 7	2		123,302.
	or (loss) as defined in sections 1:				
-	, line 8, column (c) (see pages 13				
	Index Section 4940(a) for Re	educed Tax on Net Investment I	3		
		ne section 4940(a) tax on net invest			
	·	butable amount of any year in the b . Do not complete this part.	ase period	13	Yes X No
		r, see page 18 of the instructions b	efore maki	ng any entries.	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning m)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2009	1,369,895.	7,737,230.			0.177052
2008	972,759.	9,452,003.	<u></u>		0.102916
2007	1,906,628.	3,097,333.			0.615571
2006	335,069.	2,427,938.			0.138006
2005	5,000.	4,531.			1.103509
2 Total of line 1, column (d)			2		2.137054
_		e the total on line 2 by 5, or by the s than 5 years	3		0.427411
Enter the net value of non	charitable-use assets for 2010 fro	om Part X, line 5	4	8,	031,606.
Multiply line 4 by line 3			5	3,	432,797.
5 Enter 1% of net investmer	nt income (1% of Part I, line 27b)		6		3,512.
			7	3,	436,309.
			8		443,249.
If line 8 is equal to or gre	eater than line 7, check the box	in Part VI, line 1b, and complete t	hat part u	ising a 1% tax	rate. See the

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COLLIN	350+1 (2U10)			
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	he in	structi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		12	
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	· . `	``>	gi, Li
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		· / / !	025.
	here and enter 1% of Part I, line 27b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vir exis	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	% (.	3,0%	230 2
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		7,0	025.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		7,0	025.
6	Credits/Payments:		ac i	ω ⁵ ,
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3,600.	· - > ´,		~ · ^ . ·
b	Exempt foreign organizations-tax withheld at source	ς <u>Έ</u>	, , , , , , ,	363 N W
C	Tax paid with application for extension of time to file (Form 8868) 6c 8,000.	1, 1, 2, 2, 6	(1) x 2 (1)	Sp / .
d	Backup withholding erroneously withheld			[Àκξ; •
7	Total credits and payments. Add lines 6a through 6d		11,	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			<u>5.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	_	4 1	- 70
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4,.	570.
11	Enter the amount of line 10 to be. Credited to 2011 estimated tax			
	t VII-A Statements Regarding Activities	1		T
1 a		4-	Yes	No X
	participate or intervene in any political campaign?	<u>1a</u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	4.5		X
	of the instructions for definition)?	1b	- / .	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	,,,,,	7	
	published or distributed by the foundation in connection with the activities.	`` `	1 %	x
	Did the foundation file Form 1120-POL for this year?	1c	-,, ,	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation. \$\(\) \(\)		100	7.4
е]. ~~	-	,
_	on foundation managers. \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Î x
2				
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			. '
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	2,	X
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a b		4b		
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
3	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	£		
•	By language in the governing instrument, or	,	ĺ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	,		,
	conflict with the state law remain in the governing instrument?	6		X.
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	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	,	219	4
	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	1	,	-' ´
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	*	3.	,
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			х
_	27)? If "Yes," complete Part XIV	_9_		
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			Х

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Form	990-PF (2010)			Page 5
Pa	tVIA Statements Regarding Activities (continued)			
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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	ļ
14	The books are in care of ▶ JOSEPH ROETHELI Telephone no. ▶ 816-26	3-66	19	
	Website address ► N/A The books are in care of ► JOSEPH ROETHELI Located at ► 110 W 26TH AVE NORTH KANSAS CITY, MO ZIP+4 ► 64116		- -	
15			>	-
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16		
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter	200	· ,6 ;	2.5
	the name of the foreign country	17.	<u>" , 5 S</u>	* "
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):	133 /	1. 6	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1:3	80	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	in the	1	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	disqualified person?		, ,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1 3	136	180
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		, , ; ^	5 4
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	13.		
	the benefit or use of a disqualified person)?	1. 1.	5 10 1	, ⁽ ,,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1,4	17 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	foundation agreed to make a grant to or to employ the official for a period after	12.7	3.5.6	£ 175
	termination of government service, if terminating within 90 days) Yes X No	V 2	2.	() ·
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations)×1	3	25
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here	133	- (5)	1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	3 1		
	were not corrected before the first day of the tax year beginning in 2010?	1c		X
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))		1	7 m
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			3 357
	6e, Part XIII) for tax year(s) beginning before 2010?	300	15%	
	If "Yes," list the years	1, ,	s35,	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		707 . 70%	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	, i , i		
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b		Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1 1/2 5	,	7,740
	►	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · ·
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	5/2	.a ` .	, ,
	at any time during the year? X Yes No	3**		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or	15	ئ ئ	,«,
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1	3,1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	15	* ? . (%)	. , .
	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 2010)	3 b		X
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1	. ' ' '	1527
	Charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4h		X

Рa	Note: Statements Regarding Activities	or Which Form 4	1720 May Be Requ	uired (continue	d)			
5a	During the year did the foundation pay or incur any amo	unt to:			_		` *,	
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	Yes	X No] ; · ·	4.4	
	(2) Influence the outcome of any specific public election	n (see section 4955);	or to carry on,			2 0%	·,^,	a 150
	directly or indirectly, any voter registration drive?	,	•	Yes	X No		ا: ` ر	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		Yes	No	10	<i>(</i> .	20.
	(4) Provide a grant to an organization other than a char			•			r; risig	`. } .,
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes	No	1	5.4	23
	(5) Provide for any purpose other than religious, charita	• • -					K7	Z , `
	• • • • • • • • • • • • • • • • • • • •			Yes Z	No	(3.)	2.	* **
	purposes, or for the prevention of cruelty to children				<u>-</u> 1 NO		`. *S	` / ``
D	If any answer is "Yes" to 5a(1)-(5), did any of the trans						3. "335	,
	Regulations section 53 4945 or in a current notice regard	_		٠, ٢	j	5b		
	Organizations relying on a current notice regarding disas			▶∟	J	18,53	*_6\\$	J
С	If the answer is "Yes" to question 5a(4), does the found	•			٦		(j)	
	because it maintained expenditure responsibility for the g	grant?		. Yes	No		,	
	If "Yes," attach the statement required by Regulations sec	ction 53.4945-5(d).				× 2 × 1		`,^^` ' <u>'</u>
6 a	Did the foundation, during the year, receive any funds,	directly or indirectly, to	pay premiums	L	.	`	, ,	ά,
	on a personal benefit contract?			•	No .	1.55	` .	
þ	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ct?		6b		X_
	If "Yes" to 6b, file Form 8870.						· ,	اً المأمور
7 a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	Yes	< No ∣		′	· .
b	If "Yes," did the foundation receive any proceeds or have					7b		
Par	t VIII Information About Officers, Directors	s, Trustees, Four	ndation Managers,	, Highly Paid E	mployee	s,		
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their	compensation (se	e page 22 of the	instruction	ns).		
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to) (e)	Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee benefit pla and deferred compens		ther allo	wance	s _
JOS	SEPH C. ROETHELI	PRESIDENT		1	}			
NOR	TH KANSAS CITY, MO 64116		-0-	-0-		-1) —	
JUL	Y E. ROETHELI	VICE PRES/SECRETAR	Y/TREASURER					
NOR	TH KANSAS CITY, MO 64116							
STE	FFAN ROETHELI	DIRECTOR						
NOR	TH KANSAS CITY, MO 64116							
	HAEL ROETHELI	DIRECTOR			_			
CLY	DE, TX 79510							
	Compensation of five highest-paid employees (of	her than those inc	luded on line 1 - se	e page 23 of the	instruction	ons).		
	If none, enter "NONE."		,	·				
12	Name and address of each ampleuse and more than \$50,000	(b) Title, and average	(c) Componentian	(d) Contributions employee benefit		Expense	accou	nt,
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferre compensation		her allo		
		 		compensation				
		1						
	NONE							
	NONE				_			
	NONE					<u>-</u>		
	NONE							
	NONE							
	NONE							
	NONE							
	NONE							
	NONE							
	NONE I number of other employees paid over \$50,000 .							

Рa	rt VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3	Five hi	ghest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE		
<u>Tota</u>	ıl numbe	r of others receiving over \$50,000 for professional services	NONE
Pa	rt IX-A	Summary of Direct Charitable Activities	
	AHAHAN	——————————————————————————————————————	
		ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc	Expenses
	N/A		
٠-			
-			
2			
~ _			
-			
3			
~ -			
-			
4			
• -			
-			
Par	t IX-B	Summary of Program-Related Investments (see page 24 of the instructions)	
		wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	N/A		
-			
_			
2			
-			
_			
All	other prog	ram-related investments. See page 24 of the instructions	
3	N/A		
-			
_			
-			

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	gn foundation	S, .
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	3",	
	purposes:		
а	Average monthly fair market value of securities	1a	7,922,043.
b	Average of monthly cash balances	1b	231,872.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	8,153,915.
е	Reduction claimed for blockage or other factors reported on lines 1a and	53	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,153,915.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	All a Victorian and Victorian A	4	122,309.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,031,606.
ô	Minimum investment return. Enter 5% of line 5	6	401,580.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here and do not complete this private forms.		·····
1	Minimum investment return from Part X, line 6	1	401,580.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 7,025.	· ;	
b	Income tax for 2010. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	7,025.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	394,555.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	394,555.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	394,555.
···· 4-			
Pa	rt XII Qualifying Distributions (see page 25 of the 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	443,249.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	443,249.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	443,249.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call	culating wheth	
	qualifies for the section 4940(e) reduction of tax in those years	. 5	

\mathbb{R}	IT XIII Undistributed Income (see page	e 26 of the instruction	ons)	r	
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•	line 7	2. 3 cm in 11 mm	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	3/10 - 1 - 1 - 1	394,555.
2	Undistributed income, if any, as of the end of 2010.			30,700 per 30 met 1, 1	
a	Enter amount for 2009 only	31.7.2. 12.0	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
b	Total for pnor years 20 08 ,20 07 ,20 06	200			
3	Excess distributions carryover, if any, to 2010: From 2005 4,773.		1		
a				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b		4.75 \$ 1.00 \$			
C	700 705	1 ('' ' ' '			*
d	2000	1.			
e		1 2 2 2 2 2 2			
ţ.	Total of lines 3a through e		7 47	3 1 2 2 2 1	
4	Qualifying distributions for 2010 from Part XII, line 4 > \$ 443,249.			是位,这些人数	
			1 35 135 1 1	No and Mark that I'm	
	Applied to 2009, but not more than line 2a	100	, , , , , , , , , , , , , , , , , , , ,	(, , ,	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Applied to undistributed income of prior years (Election			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	required - see page 26 of the instructions)		1 - 2		3 (1
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)	· 20 1/10 10 10 10 10 10 10 10 10 10 10 10 10 1	(3 3 4 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	394,555.
	Applied to 2010 distributable amount	48,694.			4888 77
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 .	10,0511	33 34 1 10 27 2	(20 1 - N	
5	(If an amount appears in column (d), the same	J. 105 % 1	1. No. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 \(\alpha_{\alpha}\) = \(\begin{align*}(1,0) & \dots
	amount must be shown in column (a))	A Section Section 1			
6	Enter the net total of each column as indicated below:				
_		3,584,464.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	- 31-1 705		4.37	1. 1. 18 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
þ	Prior years' undistributed income Subtract line 4b from line 2b			1 - 4 - 1 - 1 - 1	
С	Enter the amount of prior years' undistributed	# 1873 - KVX + E/2 18	-	50 (- 0) (- 0)	3 (38) A 2 3
	income for which a notice of deficiency has been			3- (3) () () () () () () () () (
	issued, or on which the section 4942(a) tax has been previously assessed				
	Subtract line 6c from line 6b Taxable			A	
u	amount - see page 27 of the instructions			14.18 11 11 11 11	
е	Undistributed income for 2009 Subtract line	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 2 2 3	-	26 3 14
	4a from line 2a. Taxable amount - see page 27 of the instructions	- <u>- 2000 - 135 11</u>			360000
		1367, 200	5x 12,4 12 13		
ī	Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be	2.74 (\$\int X to) \frac{1}{2}\int \cdot \frac{1}{2}\int \cdot \frac{1}{2}\int \cdot \cdot \frac{1}{2}\int \cdot \cdot \frac{1}{2}\int \cdot \cdot \frac{1}{2}\int \cdot	1 10 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	distributed in 2011	100 12 15 15 15 15 15 15 15 15 15 15 15 15 15	1 5 2 3 3 5 5 1.	《海外最大学等的》。	
7	Amounts treated as distributions out of corpus		() [\$ 42] [[] [] [] [] []	TO ME TO SECURE	March Company of the
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the			15 to 2 & 2 (1) to	物质的 化双环
	instructions)		5-(5) (5)Y		<u> </u>
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the		Swar (12 - 2 3 3	Carling Carling	1965 C. C. C.
	instructions)	4,773.	- 4		
9	Excess distributions carryover to 2011.		1 1 1 1 1 1 1 1 1 1		Property 1
	Subtract lines 7 and 8 from line 6a	3,579,691.		thing by the wife	<u> </u>
10	Analysis of line 9		- 5 - 4 - 1		
а		1 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	1 20 62 7 7		i , s of ,
b			10-34/35		· · · · · · · · · · · · · · · · · · ·
С	Excess from 2008 503,735.			* ""	The section of
d	Excess from 2009 986, 505.	, , , , , , ,		Carrier Constant	
е	Excess from 2010 48,694.			11.11	

PE	Private Oper	rating Foundations	(see page 27 of the	e instructions and Pa	art VII-A, question 9	NOT APPLICABL		
1 a	If the foundation has	received a ruling or o	letermination letter th	at it is a private ope	rating			
	foundation, and the rulin	g is effective for 2010, e	nter the date of the ruling	3 <i>.</i>	. ▶∟			
b	Check box to indicate wh	ether the foundation is a	ther the foundation is a private operating foundation described in section 4942(j)(3) or 4942					
2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total		
2 u	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(-,		
	I or the minimum investment							
	return from Part X for each year listed							
_								
b	85% of line 2a				<u> </u>			
С	Qualifying distributions from Part		ļ	-				
	XII, line 4 for each year listed .							
a	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities. Subtract line 2d from line 2c.							
3	Complete 3a, b, or c for the			 				
	alternative test relied upon	}						
а	"Assets" alternative test - enter							
	(1) Value of all assets	<u> </u>			-	 		
	(2) Value of assets qualifying under section							
	4942(j)(3)(B)(i)			ļ				
b	"Endowment" alternative test-			}				
	enter 2/3 of minimum invest- ment return shown in Part X,							
	line 6 for each year listed							
С	"Support" alternative test - enter							
-	(1) Total support other than							
	gross investment income							
	(interest, dividends, rents,							
	payments on secunties loans (section 512(a)(5)),							
	or royalties)			.				
	(2) Support from general public and 5 or more							
	exempt organizations as							
	provided in section 4942							
	(j)(3)(B)(iii)							
	port from an exempt			ļ				
	organization							
		any Information (C	omplete this part	only if the found	lation had \$5 000	or more in assets		
نكسا	at any time of	during the year - se	e page 28 of the ir	structions.)	ation had \$0,000	01 111010 111 1100010		
1	Information Regardin							
	List any managers of			e than 2% of the tota	al contributions recei	ved by the foundation		
а	before the close of any	tax vear (but only if the	nev have contributed	more than \$5,000). (S	See section 507(d)(2))		
	•		,	. , , ,	(//)	,		
	ATTACHMI	ENT 14						
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equall	y large portion of the		
	ownership of a partner	ship or other entity) of	f which the foundatio	n has a 10% or greate	r ınterest.			
	N/A							
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:				
	Check here ► X if t	he foundation only a	makes contributions	to preselected char	itable organizations	and does not accept		
	unsolicited requests f	or funds If the foun	dation makes difts	grants etc (see page	28 of the instructi	ons) to individuals or		
	organizations under ot				20 07 1110 111011001	one, to marriadale of		
					and the second			
а	The name, address, a	nd telephone number	of the person to who	m applications should b	e addressed.			
b	The form in which app	lications should be sul	omitted and informati	on and materials they	should include:			
c	Any submission deadli	nes						
-	,							
	Any most-inter-	mitations on superi-	cuch on his coors	anhical areas shorts	shle fields kinds of	inetitutions or other		
d	Any restrictions or li factors:	initations on awards,	, such as by geogr	apriicai areas, chaffia	אטום וובומף, געונומצ 10	manadons, or other		
	1401013							

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Form 9,90-PF (2010)	' '		20-0274173	Page 11
Pair XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri	ng the Year or App			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
Amma Climpam 15				
ATTACHMENT 15				
	-			
	į E			
			}	
		1		
		}		
		1		
		}		
Total	· · · · · · · · · · · · · · · · · · ·			355,383.
b Approved for future payment				
	n .			
Total			▶ 3b	

Part XV	A Analysis of Income-Produ	cing Acti	vities			
	amounts unless otherwise indicated	1	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
<u> </u>		(a)	(b)	(c)	(d)	function income (See page 28 of
1 Program	n service revenue:	Business code	Amount	Exclusion code	Amount	the instructions.)
a						
c				<u> </u>		
_						<u> </u>
е						
f						· · · · · · · · · · · · · · · · · · ·
g Fees	and contracts from government agencies			<u> </u>		
2 Member	rship dues and assessments					
3 Interest of	on savings and temporary cash investments			14	3,428.	
4 Dividen	ds and interest from securities			14	245,728.	
5 Net rent	tal income or (loss) from real estate.	* 1	<u> </u>	1, (7.7.)		in the same
a Debi	t-financed property					
b Not	debt-financed property					
6 Net renta	al income or (loss) from personal property .			<u> </u>		
7 Other in	vestment income					
8 Gain or (loss) from sales of assets other than inventory			18	123,302.	
9 Net inco	ome or (loss) from special events					
10 Gross p	rofit or (loss) from sales of inventory					
	evenue a					
b	ATTACHMENT 16				-6,869.	
c				ļ		
d						
е	, , , , , , , , , , , , , , , , , , , 			<u> </u>	265 500	
	I. Add columns (b), (d), and (e)				365,589.	0.65 500
	dd line 12, columns (b), (d), and (e)				¹³	365,589.
	heet in line 13 instructions on page 29 t			4.0		· · · · · · · · · · · · · · · · · · ·
Part XVI			<u></u>			
Line No.	Explain below how each activity					
•	accomplishment of the foundation instructions.)	on's exemp	t purposes (other than	by providing	j lunus for such purpose	s). (See page 29 of the
	morractions.)					
				··· ——		· · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·			
						
· · · -			 			
				·		
	<u> </u>					
						
						
					-	
		-				

20-0274173 Form 990-PF (2010) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1 1a(2) b Other transactions: Х (1) Sales of assets to a noncharitable exempt organization 1b(1) Х (2) Purchases of assets from a noncharitable exempt organization 1b(2)X (3) Rental of facilities, equipment, or other assets 1b(3) X 1b(4) X 1b(5 $\overline{\mathbf{x}}$ 1b(6) d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation lf the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge. Sign Here Signature of officer or trustee Date Date Print/Type preparer's name Preparer's signature PTIN Check Paid

Form 990-PF (2010)

self-employed P00435991

913.234.1000

Firm's EIN > 34-1874260

Preparer

Use Only

Firm's name

► CBIZ MHM,

LEAWOOD,

LLC

Firm's address ▶ 11440 TOMAHAWK CREEK PARKWAY

66211

HELI - LIL' RED FOUNDATION , 20-0274173
FORM 990-PF - PART IV

Kind of Pro	onertv		Desc	cription		br	Date	Date sold
						Ď,	acquired	
Gross sale price less	Depreciation allowed/	Cost or	FMV	Adj. basis as of	Excess of FMV over	$ \cdot $	Gain or	
price less penses of sale	allowable	other basis	as of _12/31/69	12/31/69	adı basıs	\coprod	(loss)	
			CURITIES - S			P	VAR	12/31/201
			YPE: SECURI	TIES				
,508,043.		1,456,489.				Π	51,554.	
			CURITIES - 1			P	VAR	12/31/201
			YPE: SECURI	TIES		11		
,046,849.		975,101.					71,748.	
		İ						
CAL GAIN(LO	SS)		· · · · · · · · · · · · · · · · · · ·		• • • • • • •		123,302.	
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ATTACHMENT 1

- OTHER INCOME PART I FORM 990PF,

DESCRIPTION INCOME (LOSS) FROM MYSYZYGY, LLC LICENSE RIGHTS INCOME (LOSS) FROM RVPD PARTNERS

PER BOOKS EXPENSES REVENUE AND

INVESTMENT INCOME

7,618.

7,618. -14,388.

-6,869.

7,618.

TOTALS

77-35585

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.

ATTACHMENT 2

77-35585

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ATTACHMENT 2

- LEGAL FEES PART I FORM 990PF,

EXPENSES PER BOOKS

REVENUE

NET INVESTMENT INCOME

ADJUSTED NET INCOME

CHARITABLE PURPOSES

33,104.

33,104.

DESCRIPTION

LEGAL FEES

TOTALS

33,104.

33,104.

6

0

PAGE 21

1,647.

CHARITABLE PURPOSES

ADJUSTED NET

NET INVESTMENT INCOME

EXPENSES PER BOOKS

REVENUE AND INCOME

1,647.

0

1,646.

3,293.

TOTALS

ACCOUNTING FEES

DESCRIPTION

3,293.

1,646.

FORM 990PF, PART I - ACCOUNTING FEES

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ATTACHMENT 3

PAGE 23

- OTHER PROFESSIONAL FEES FORM 990PF, PART I

CHARITABLE	34,380.80.	
NET INVESTMENT INCOME	27,204.	
REVENUE AND EXPENSES PER BOOKS	34,380. 80. 27,204. 61,664.	
DESCRIPTION	MANAGEMENT FEES ESCROW MANAGEMENT FEES INVESTMENT FEES TOTALS	

34,380.

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES
PER BOOKS

DESCRIPTION

3,713.

EXCISE TAXES

TOTALS

3,713.

- OTHER EXPENSES PART I FORM 990PF,

REVENUE

	AND
	EXPENSES
DESCRIPTION	PER BOOKS
LICENSES AND PERMITS	51.
BANK SERVICE CHARGES	.96
PARTNERSHIP EXPENSES	. 67
DUES & SUBSCRIPTIONS	105.
MARKETING EXPENSE	1,222.
MEALS & ENTERTAINMENT	.86
POSTAGE AND DELIVERY	441.
DOCUMENTARY - PRODUCTION COST	3,350.
INSURANCE	1,732.

TOTALS

1, 2 1, 2 3, 3 1, 7

CHARITABLE

77-35585

11/8/2011

88298S A10P

ATTACHMENT	7	

FORM 990PF, PART II - RECEIVABLES DUE FROM OFFICERS, ETC.

BORROWER: JOE ROETHELI

ORIGINAL AMOUNT: 232,662. INTEREST RATE: 2.190000 DATE OF NOTE: 10/31/2008

MATURITY DATE: 10/31/2009

REPAYMENT TERMS: PRINCIPAL PLUS INTEREST

SECURITY PROVIDED: NONE

PURPOSE OF LOAN: PURCHASE OF LAND

DESCRIPTION AND FMV CASH

OF CONSIDERATION:

BEGINNING BALANCE DUE 0.

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC. 0.

115,539.

ATTACHMENT 8

	711 111011111111 0
FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE	=
BORROWER: DA-COR PICTURES ORIGINAL AMOUNT: 115,539.	
BEGINNING BALANCE DUE	115,539.
ENDING BALANCE DUE	115,539.
ENDING FAIR MARKET VALUE	115,539.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	115,539.
TOTAL ENDING BOOK - OTHER NOTES AND LOANS RECEIVABLE	115,539.

TOTAL ENDING FMV - OTHER NOTES AND LOANS RECEIVABLE

THE ROETHELI - LIL' RED FOUNDATION	FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS		
rili - I	PART II	_	OBLIGATIO
THE ROETHEL	FORM 990PF,	DESCRIPTION	GOVERNMENT OBLIGATIONS

	ENDING
S O	
ATTACHMENT 9	ENDING BOOK VALUE
	ENBOOK

1 214 581	* TOCILTOIT
214 5R1	110011

US OBLIGATIONS TOTAL

1,214,581.

1,214,581.

88298S A10P 11/8/2011

- CORPORATE STOCK PART II FORM 990PF,

DESCRIPTION

CORPORATE STOCK

ENDING BOOK VALUE

ENDING FMV

4,682,899.

4,682,899.

TOTALS

4,682,899.

4,682,899.

ATTACHMENT 10

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77-35585

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PART II - CORPORATE BONDS FORM 990PE,

DESCRIPTION

ENDING BOOK VALUE

ENDING

CORPORATE BONDS

2,371,917.

2,371,917.

TOTALS

2,371,917.

2,371,917.

ATTACHMENT 11

ATTACHMENT 12

- OTHER INVESTMENTS PART II FORM 990PF,

DESCRIPTION

CASH HELD IN ESCROW - MYSYZYGY INVESTMENT IN RVPD-KC

ENDING BOOK VALUE

ENDING

302,073.

302,073.

302,073.

TOTALS

302,073.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

UNREALIZED GAIN ON INVESTMENTS 264,091.

TOTAL 264,091.

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JOSEPH C. ROETHELI JUDY E. ROETHELI 20-0274173

YEAR	
THE	
PAID DURING	
PAID	
CONTRIBUTIONS	
AND	
GRANTS	
1	l
×	
PART	
1 990PF,	
FORM	

EVEN PER CONTROL CONTROL OF THE ANNANANCE AND THE PERSON	ייייין אוויייין		ATTACHMENT 15
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		·
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FOOD FOR THE POOR	NONE	CHARITABLE CONTRIBUTION	335, 283.
6401 LYONS RD	501(C)(3)		
COCONUT CREEK, FL 33073			
PETS FOR LIFE	NONE	CHARITABLE CONTRIBUTION	20,000.
7240 WORNALL ROAD	501(C)(3)		
KANSAS CITY, MO 64114			
PEOPLE TO PEOPLE WORLD LEADERSHIP FORUM	NONE	CHARITABLE CONTRIBUTION	100.
DWIGHT D EISENHOWER BLDG	501(C)(3)		
1956 AMBASSADOR WAY			•
SPOKANE, WA 99224-4002			
		TOTAL CONTRIBUTIONS PAID	PAID 355,383.

PAGE 34 ATTACHMENT 15

77-35585

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- ANALYSIS OF OTHER REVENUE

PART XVI-A

FORM 990-PF

ATTACHMENT 16

RELATED OR EXEMPT FUNCTION INCOME ATTACHMENT 16 AMOUNT EXCLUSION CODE AMOUNT BUSINESS CODE DESCRIPTION

INCOME (LOSS) FROM RVPD PARTNERS

INCOME (LOSS) FROM MYSYZYGY LICENSE RIGHTS

-99.

7,618.

-6,869,

SCHEDULE D' (Form'1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2010

20-0274173 THE ROETHELI - LIL' RED FOUNDATION Note: Form 5227 filers need to complete only Parts I and II. Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (mo, day, yr) (mo, day, yr) (see instructions) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 51,554. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 51,554. Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales price the entire year (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 6a 71,748. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b...... 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, 12 column (3) on the back, 71,748. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2010

b Unrecaptured section 1250 gain (see line 18 of the wrkshi). 14b	Sche	dule D (Form 1041) 2010					Page 2
Caution: *Read the instructions before completing part. (See lists) 0 times 51, 554. 13 Not short-term gain or (loss) 13 51, 554. 14 Not long-term gain or (loss) 71, 748. 15 Total not gain or (loss) 144. 15 Total not gain or (loss) Combine lines 13 and 14a	Pa						(3) Total
Note: If the locs on the 15 Column (3) or so the manufaction of the minutation of th		Caution: Read the instructions before completing this par	t.	(see instr)	or tru	ıst's	
a Total for year b Unrecaptured section 1250 gain (see line 18 of the wrksht). 14b	13	Net short-term gain or (loss)1	3				51,554.
b Unrecaptured section 1250 gain (see line 18 of the wrksht), 14b c 28% rate gain. 15 Total net gain or (foss). Combine lines 13 and 14a	14	Net long-term gain or (loss):	- 1				
c 28% rate gam, 14c 15 123,302. Note: if hore 15, column (3), as a net gam, anter the gam on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gams, go is Part V, and de not complete Part V if her 15, column (3), a is a reli kas, complete Part V or diffe Capital Loss Carryover Worksheet, as necessary. Part V Tenter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gams, go is Part V, and de not complete Part V if her 15, column (3) or b \$3,000 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: 18 The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3) is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions of large year capital Capital Capital Loss Carryover Worksheet on page 3 of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instructions of the instruction of the instructions of the instruction of	а		la				/1,/48.
15 Total net gain or (loss). Combine lines 13 and 14a			ь				
Note: If line 15, column (2), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, the 4gl if lines 14s and 15, column (2), are net gains, go is Part V, and do not complete Part IV if the 15, column (3), as a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary. Part V Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000. Note: If the loss on line 15, column (3) is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions for figure your capital loss carryover. Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filters, Complete this part only of total lines 14a, and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2010, and Form 1041, line 22, is more than zero. Eather line 14b, col. (2) or line 14c, col. (2) is more than zero, or Both Form 1041 filts part and complete the worksheet on page 8 of the instructions if: Either line 14b, col. (2) or line 14c, col. (2) is more than zero. Form 990-T trusts. Complete this part only of both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, line 34, is more than zero. Form 990-T and Form 990-T, line 34, is more than zero. Subtract line 21 from line 14c, col. (2) is more than zero. Part V (1) (2) or line 14c, col. (2) is more than zero. Either the estate's or trust is filting Form 4952, enter the estate's or trust is filting Form 4952, enter the estate's or trust is filting Form 4952, enter the estate's or trust is filting Form 4952, enter the estate's or trust is filting Form 4952, enter the estate's or trust is filting Form 4952, enter the estate's or trust is filting Form 4952, enter the estate's or trust is filting Form 4952, enter the estat	С	28% rate gain	-+				102 202
Early Capital Loss Limitation							
16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000 or if Form 1041, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(5), and Form 1041, line 2b, so more than zero. Cautien: Skip this part and complete the worksheet on page 8 of the instructions if: Either line 14b, co.! (2) or line 14c, co.! (2) is more than zero. Form 90-T, and Form 990-T, line 34, is more than zero. To Form 990-T, and Form 990-T, line 34, is more than zero. The Enter travable income from Form 1041, line 22 (or Form 990-T, line 34). The Enter travable income from Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. The Enter travable income from Form 1041, line 2b(0) is more than zero. The Enter travable income from Form 1041, line 2b(0) is more than zero. The Enter travable income from Form 1041, line 2b(0) is more than zero. Enter the smaller of line 14a or 15 in column (2) but not less than zero. Enter the smaller of line 14a or 15 in column (2) but not less than zero. Enter the smaller of line 14a or 15 in column (2) but not less than zero. Enter the smaller of the amount on line 17 or 52,300. Enter the smaller of the amount on line 17 or 52,300. Enter the smaller of the amount from line 23 equal to or more than the amount on line 24? No. Enter the amount from line 24. No. Enter the amount from line 24. Subtract line 25 from line 24. Are the amount from line 26 (lif line 26 is blank, enter -0	Not to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9 art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part I	90- IV a	T, Part I, line 4a) If line nd the Capital Loss Can	s 14a and 1 yover Worl	5, column (sheet, as r	(2), are net gains, go necessary.
a The loss on line 15, column (3) or b \$3,000. Note: If the bos on line 15, column (3), as most than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover. Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20, 20, and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the worksheet on page 8 of the instructions if: Either line 14b, col. (2) or line 14c, col. (2) is more than zero. Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. 17 Enter texable income from Form 1041, line 22 (or Form 990-T, line 34) 18 Enter the smaller of line 14a or 15 in column (2) but not less than zero. 19 Enter the smaller of the 14a or 15 in column (2) but not less than zero. 20 Add lines 18 and 19 19 If the estate or trust is filing Form 4952, enter the amount from line 49; otherwise, enter -0- 21 Yes, Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 23 equal to or more than the amount on line 24? Yes, Skip lines 25 and 26, go to line 27 and check the "No" box. No. Enter the amount from line 26 (lif line 26 is blank, enter -0-) 22 Subtract line 22 from line 27 Multiply line 29 by 15% (15) 15 Figure the tax on the amount on line 23 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 32 Add lines 30 and 31 33 Figure the tax on the a	Pa			, ., .,			· · · · · · · · · · · · · · · · · · ·
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33 Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts							
	32				· <u>· ·</u> · · ·	32	-
	33	-	che	quie for Estates and	Trusts		

Schedule D (Form 1041) 2010

34

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) See instructions for Schedule D (Form 1041). Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Name of estate or trust

Employer identification number 20-0274173

THE ROETHELI - LIL' RED FO				20-0274173	
art I Short-Term Capital Gains an		ts Held One Year	or Less		
(a) Description of property (Example: 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (c
SALE OF SECURITIES - ST		12/31/2010	1,508,043.	1,456,489.	51,55
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	-				_
			_		
					· · · · · · · · · · · · · · · · · · ·
			_		
			_		

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

51,554.

Schedule D-1 (Form 1041) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II Long-Term Capital Gains an (a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
	(b) Date acquired (mo , day, yr)	(mo, day, yr)	instructions)	instructions)	Subtract (e) from (d)
6a SALE OF SECURITIES - LT		12/31/2010	1,046,849.	975,101.	71,748.
			**		
		,			
6b Total. Combine the amounts in column	n (f) Enter bere ar	nd on Schedule D. I	ine 6b		71,748.

Form: 886'8

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

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-Me	onth Exter	nsion, complete only Part II (on page	2 of this form	n).		
Do not comp	olete Part II unless you have already been gra	nted an au	itomatic 3-month extension on a previ	ously filed F	orm 88	68	
a corporatio	lling (e-file). You can electronically file Form n required to file Form 990-T), or an addition puest an extension of time to file any of the	nal (not au	tomatic) 3-month extension of time \	ou can ele	ctronica	ally file Form	
Return for	Transfers Associated With Certain Persona	l Benefit	Contracts, which must be sent to t	the IRS in	paper	format (see	
	For more details on the electronic filing of the			for Charitie	s & No	nprofits	
	tomatic 3-Month Extension of Time. Or						
A corporatio	n required to file Form 990-T and requesting	an autom	atic 6-month extension - check this bo	x and compl	ete		
Part I only . All other cor		 ips, REMI			 tensior	▶	
to file incom	e tax returns						
Type or	Name of exempt organization		E	mployer ide	yer identification number		
print	THE ROETHELI - LIL' RED FOUN	DATION		20-02	27417	3	
File by the	Number, street, and room or suite no. If a P O. bo	x, see ınstru	ctions				
due date for	110 W 26TH AVE						
filing your return See	City, town or post office, state, and ZIP code For	a foreign ac	dress, see instructions				
instructions	NORTH KANSAS CITY, MO 64116						
	1						
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each return)			0 4	
Application		Return	Application			Return	
ls For		Code	ls For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-Bl		02	Form 1041-A	 		08	
Form 990-E2		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
	(trust other than above)	06	Form 8870			12	
1 01111 000 1	(trast other than above)	- 00	1 01111 007 0				
The books	s are in the care of JOSEPH ROETHEL	I					
Telephone	e No ▶ 816 268-6619		FAX No ▶				
	anization does not have an office or place of l	 ousiness ir	the United States, check this box			▶ □	
	or a Group Return, enter the organization's for					this is	
	e group, check this box			•	and a		
	e names and EINs of all members the extensi				,		
	st an automatic 3-month (6 months for a cor		equired to file Form 990-T) extension o	f time		-,	
until			ganization return for the organization r		e The	extension is	
_	organization's return for	элэнг р, о г,	ga				
	calendar year 20 10 or						
	tax year beginning	20	and ending	20			
	tax your boginning	,	and origing	, 20			
2 If the ta	ax year entered in line 1 is for less than 12 m	onthe char	ck reason	nal return			
	hange in accounting period	ontris, onet	ox reasonmilital return	nai retuin			
3a If this	application is for Form 990-BL, 990-PF, 99	0-T 4720	or 6069, enter the tentative tax i	ess anv	Τ		
	undable credits See instructions	, ., <u></u>	, is total and tomation tax, i	· 1	\$	8,000.	
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundable cred		1		
	ed tax payments made Include any prior yea				\$	0.	
	e Due. Subtract line 3b from line 3a Include				' P		
(Electro	onic Federal Tax Payment System) See instru	ctions.		3 0	\$	8,000.	
Caution. If y	ou are going to make an electronic fund v	vithdrawal	with this Form 8868, see Form 845	53-EO and	Form 8	3879-EO for	
payment inst	tructions						

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

Form 8868 (R	ev 1-2011)	¥			Page 2		
	e filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part II and che	ck this box	• 🗙		
	complete Part II if you have already been gra						
-	e filing for an Automatic 3-Month Extension,			•			
Part II	Additional (Not Automatic) 3-Month E			copies needed).			
Type or	Name of exempt organization			Employer identification	on number		
print							
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions	<u> </u>			
extended due date for	110 W 26TH AVE						
filing your	City, town or post office, state, and ZIP code For	r a foreign ad	dress, see instructions				
return See Instructions	NORTH KANSAS CITY, MO 64116						
Enter the R	leturn code for the return that this application	is for (file a	a separate application for each return)	0 4		
Application	1	Return	Application		Return		
is For		Code	Is For		Code		
Form 990		01					
Form 990-E	BL	02	Form 1041-A		08		
Form 990-E		03	Form 4720		09		
Form 990-F	PF	04	Form 5227		10		
 Form 990-1	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	(trust other than above)	06	Form 8870		12		
STOP! Do i	not complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed For	rm 8868.		
If the org If this is for the who list with the I requi For ca If the f T State	ne No ► 816 268-6619 Janization does not have an office or place of legroup, check this box ► It names and EINs of all members the extension est an additional 3-month extension of time under the extension of time under year 2010, or other tax year beginning tax year entered in line 5 is for less than 12 mm detail why you need the extension ADDIT INFORMATION NECESSARY TO PREPARTION NECESSARY TO PREPA	business in ur digit Gro f it is for pa n is for ntil ng onths, chec	tup Exemption Number (GEN) Int of the group, check this box 11/15, 20, and ending the reason initial return TIME IS NEEDED IN ORDER	If t▶ and at 20 11 Final return TO GATHER	this is		
THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.							
							
Ra If this	application is for Form 990-BL, 990-PF, 99	00-T 4720	or 6069 enter the tentative tay	less any			
	application is for Form 990-BL, 990-PF, 99 fundable credits. See instructions	70-1, 4/2U	, or ocos, enter the tentative tax	, less any 8a \$	8000.		
		4720 or	6069 enter any refundable cr		<u> </u>		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any							
amount paid previously with Form 8868							
amount paid previously with Form 8868 c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS							
	ronic Federal Tax Payment System) See instru-		ent with this form, it required, by us	8c \$	0.		
(2,000			d Verification	[00]			
	s of perjury, I declare that I have examined this form, ct, and complete and that I am althorition prepare this form	including acco		o the best of my knowled	dge and belief,		

Form **8868** (Rev 1-2011)