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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

	nt of the Treasury evenue Service	Note. The fo	undation may l		to use a copy of this			rting requirements.	2010
	ndar year 2010, or t					and e		Ø : - ∃ - : aa	
	all that apply:	X Initial retur			Initial return of a fo		_	Final return	
		Amended			Address chan	-		Name change	
Name o	f foundation							A Employer identification	number
	DTI 110	uan unn	770D E	OTBT	DAMTON T	MO		42 1050201	
Number	BILL HO	USE HERE				NC.	Room/suite	43-1959201 B Telephone number	
Number 6	•	CENTENN		200,000,			11001100110	765-565-01	0.4
City or 1	own, state, and ZIP of						-	C If exemption application is pe	
		S CITY,	KS 67	005				D 1. Foreign organizations	, check here
H Checi	k type of organization	n: X Section			rivate foundation			Foreign organizations med check here and attach con	ating the 85% test, mputation
	ection 4947(a)(1) по				xable private founda	ation		E If private foundation stat	us was terminated
	arket value of all asse	•	_	_		Accı	rual	under section 507(b)(1)	• •
	Part II, col. (c), line			her (sp	ecity) must be on cash i	haore \		F If the foundation is in a 6	
▶\$ Part	Analysis of Rever	ue and Expenses						under section 507(b)(1)	(d) Disbursements
Fait	(The total of amounts necessarily equal the	in columns (b), (c), a amounts in column i	nd (d) may not (a))	exp) Revenue and benses per books		ivestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
1	Contributions, gifts								
2	Check X if the f	oundation is not required							
3	Interest on savings and cash investments	d temporary							
4	Dividends and inter	est from securitie	s						<u> </u>
58	Gross rents								
l t	Net rental income or (lo	oss)		ļ					
9 68	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					<u> </u>			
Revenue 7	assets on line 6a Capital gain net incom	e (from Part IV line 2	···········				0.		
& 8	8 Net short-term capital gain						<u>v_</u> -	0.	
9	Income modification	-							
108	Gross sales less return and allowances	ns							
l t	Less Cost of goods so	old		ļ					
(Gross profit or (los	s)		<u> </u>					<u> </u>
11	Other income								
12	Total. Add lines 1 t		 		<u> </u>	<u> </u>	<u>0.</u>	0.	
13	Other employee sal	•	es, etc	<u> </u>			0.	0.	0.
14 15	Pension plans, emp	-		<u></u>					
9 16	Legal fees	noyou denomo						†	
== 1	Accounting fees								
ᇓ	Other professional	fees			I REC				
<u>≓</u> g 17	Interest			<u> </u>					<u></u>
2	Taxes			ļ	 	2 1 2011	S		
<u></u>	Depreciation and de	epletion		<u> </u>	ANN JUN	% 1 ZUII	86		
<u>E</u> 20	Occupancy Travel, conferences	and mastings			(No 1) 1	1 60 1	~~ - 11 - 11 - 1		
21	Printing and public		•		11. 11. 11. 11.	'= -	- 1	 	
=3ē 23 20 23	Other expenses	ations							
Ç.	Total operating an	d administrative			·				
Dec.	expenses. Add line			ļ	0.		0.	0.	0.
25	Contributions, gifts	, grants paid			0.				0.
17 18 19 19 19 19 19 19 19	Total expenses an								
-	Add lines 24 and 2		·	<u> </u>	0.		0.	0.	0.
27	Subtract line 26 fro				^				
l l	Excess of revenue ove	•		 -	0.				
	 Net investment incom Adjusted net incom 						0.	0.	
023501		vork Reduction A		the inc	ructions	·			Form 990-PF (2010)

For	m 99	0-PF(2010) BILL HOUSE HEREFORD		. 43-	<u>-1959201</u>	Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year	
느	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market	Value
		Cash - non-interest-bearing				
		Savings and temporary cash investments				
	3	Accounts receivable >				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts				
	-	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
şţs	8	Inventories for sale or use				
Assets	1	Prepaid expenses and deferred charges				
⋖	1	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment, basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
		Investments - other				
	14	Land, buildings, and equipment: basis				
	ļ	Less accumulated depreciation				
	15	Other assets (describe)			
_		Total assets (to be completed by all filers)	0	. 0.		0.
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue			_	
Liabilities	i	Loans from officers, directors, trustees, and other disqualified persons				
iab	l .	Mortgages and other notes payable			_	
_	22	Other liabilities (describe)	 	-	
_	23	Total liabilities (add lines 17 through 22)	0	0.	4	
		Foundations that follow SFAS 117, check here	-			
Š		and complete lines 24 through 26 and lines 30 and 31.	1			
2	24	Unrestricted	<u> </u>		4	
ala	25	Temporarily restricted	· · · · · · · · · · · · · · · · · · ·		4	
9	26	Permanently restricted			-	
Ë		Foundations that do not follow SFAS 117, check here	<u>x.</u>			
٩		and complete lines 27 through 31.				
ets	27	Capital stock, trust principal, or current funds	0			
188	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other fund			4	
Ž	30	Total net assets or fund balances	0	0.	-	
	21	Total liabilities and net assets/fund balances	0	. 0.		
\equiv				· U ·	<u> </u>	
Ξ	art					
1		net assets or fund balances at beginning of year - Part II, column (a), line 30			_
		t agree with end-of-year figure reported on prior year's return)		1		0.
		amount from Part I, line 27a		2		0.
		increases not included in line 2 (itemize)		3		0.
		ines 1, 2, and 3		4		0.
		eases not included in line 2 (itemize)			 	0.
<u>6</u>	iotal	net assets or fund balances at end of year (line 4 minus line 5) - Par	rt II, column (b), line 30	6		0.

023511 12-07-10

023521 12-07-10

		59201	Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	ee instru	ctions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		0.
	of Part I, line 27b		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
3	Add lines 1 and 2		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0.
6	Credits/Payments;		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a		
b	Exempt foreign organizations - tax withheld at source		
C	Tax paid with application for extension of time to file (Form 8868)		
d	Backup withholding erroneously withheld 6d		
7	Total credits and payments. Add lines 6a through 6d		0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
	Enter the amount of line 10 to be: Credited to 2011 estimated tax		
	rt VII-A Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes No
	any political campaign?	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
	distributed by the foundation in connection with the activities.		
C	Did the foundation file Form 1120-POL for this year?	1c	x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		
	managers. ▶ \$ 0.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	x
	If "Yes," attach a detailed description of the activities.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Х
	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		
	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?	7	X
	If "Yes," complete Part II, col. (c), and Part XV.		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE		
		_	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_	
	of each state as required by General Instruction G? If "No," attach explanation N/A	. 8b	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	$\frac{x}{x}$

orm 990-PF (2010) BILL HOUSE HEREFORD FOUN			<u>43-19592</u>	<u>01 P</u>	age 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			¬ <u></u>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		•	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir				
any voter registration drive?	· ·		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	• •	Y ₀	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		l		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined	_		
expenditure responsibility for the grant?		1/A ∐ Y	es No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		İ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?			es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		as X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trustopher Paid Employees, and Contractors		nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(None and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expe	nse
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account, o	ces
SEE STATEMENT 1		0.	0.		0.
	· · · · · · · · · · · · · · · · · · ·				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(-) Company	(d) Contributions to employee benefit plans and deferred	(e) Expe	nse
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	account, o	omer ces
NONE					
				į	
		† · · · · ·			
				I	
Total number of other employees paid over \$50,000	, , , , , , , , , , , , , , , , , , ,	<u> </u>			ō

Form 990-PF (2010) BILL HOUSE HEREFORD FOUNDATION, INC. 43-3	19592	2 01 Page
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		·
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensatio
NONE		
· ·		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	[Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		-
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions.)	••
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		·
а		la l	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	<u> </u>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		<u>.</u>
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (se	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount				
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011.		\neg		
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2006		1		
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

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recipient is an individual, show any relationship to iny foundation manager r substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
r substantial contributor	recipient		
		' <u>l</u>	
		3a	
	ļ		
	ļ		
	İ		
	İ		
J.			
			> 3a

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated I	business income	Excluded	by section 512, 513, or 514	(a)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
-	Code	 	1 0000		
ab	-				
c					
d					
e		·			
f	•				
g Fees and contracts from government agencies	•	 			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			1 1		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			1		
9 Net income or (loss) from special events		 			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				-	
a					
b					
С	l I				
d					
e	,				
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	•			13	0.
(See worksheet in line 13 instructions to verify calculations.)					<u></u>
Part XVI-B Relationship of Activities	to the Accom	nplishment of Ex	empt F	Purposes	
Line No. Explain below how each activity for which inc			contribute	ed importantly to the accom	plishment of
the foundation's exempt purposes (other than	Tay providing tunes	s for such purposes).			·
					
					_
		··········			
					
	- /				
		·			
					
					
					
					
I .					

	_	Lxempt Organ	124110113							
1		ganization directly or indi			•			ection 501(c) of		Yes No
		(other than section 501(c)					nizations?			
а		from the reporting found	ation to a noncharita	ble exempt or	ganization	of:				
	(1) Cash								1a(1)	X
_	(2) Other				-		•		1a(2)	X
D		,	ble everent ergenizat	tion					45.44	-
	• -	s of assets to a noncharital				• •			1b(1)	A A
		hases of assets from a no al of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·	n yanızatıdı					1b(2)	X X X X X X X X X X
		ar or racilities, equipment, ibursement arrangements							1b(3)	- +
		s or loan guarantees							1b(4)	1
		ormance of services or me	mhershin or fundras	eina enlicitatio	nne				1b(5)	+ +
С		of facilities, equipment, ma							1b(6)	T Y
		wer to any of the above is				nn (h) should a	lways show the fai	r market value of the o		
٠		es given by the reporting for								,613,
		d) the value of the goods,				7 1411 1114 1114 144	ioo iii ariy iranoasi	on or briaining arranger		
a)∟	ine no	(b) Amount involved		noncharitable		ganization	(d) Descript	ion of transfers, transactio	ns, and sharing arr	rangements
				N/A		· · · · · · · · · · · · · · · · · · ·			<u></u>	
										
	1				· · · · · · · · · · · · · · · · · · ·					
										
				·						
								 		
							<u> </u>			
2a		ndation directly or indirect				x-exempt organ	izations described			
		501(c) of the Code (other		(3)) or in sect	tion 527?				Yes	X No
b	If "Yes," co	omplete the following sche			1 (1) 7:		т			
		(a) Name of org	anization		(b) Type	of organization		(c) Description of re	lationship	
		N/A								
							<u> </u>	- -		
					 		 	 <u>-</u>		
							 			
	Unde	er penalties of perjury, I declare	that I have examined th	us return, includ	ing accompar	ving schedules ar	d statements, and to	the best of my knowledge	and belief it in the	
Si	gn and	complete Declaration of prepa	rer (other than texpayer	or fiduciary) is b	ased on all in	formation of which	preparer has any kno	wledge	and belief, it is tru	ie, conect,
	ere	YAMAUI	Y 6\/\\\	10		16-14	-//			
		Signature of officer or tru	istee	<u> </u>		Date	''' • §	SECRETARY Title		
	1*	Print/Type preparer's na		Preparer's s	ionature	Date	Date		PTIN	
		l		1-	A	CPA	1	self- employed	_	
Pa	id	BILL GLAZN	ER	170	1	CAPI	6/1/11	33 3р.0,00	P80 31	67640
	eparer	Firm's name ► ADA	_	, BERA	M. Je	BALL CH		Firm's EIN ▶	<u> </u>	<u> </u>
	e Only	ADA	TID, DICHIN	, DERA	_1,\\X	TUTH CE		TILLIS EIN	- 104	10139
	- • • • •	Firm's address > P.	O. BOX 86	4		,	·		, , ,	
		ł	PHERSON,		60-08	64		Phone no. (6	520)241	-2000
				<u> 0/4</u>	<u> </u>	<u> </u>		Ti none no. (t		-2030 -PF (2010)
									101111 330	• • (2010)

023622

	LIST OF OFFICERS, I	STATEMENT 1		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
CAROL HOUSE 500 N CENTENNIAL ARKANSAS CITY, KS 67005	SECRETARY 0.00	0.	0.	0.
JOHN D PONTIUS 12435 OAK ALLEY GUTHRIE, OK 73044	DIRECTOR 0.00	0.	0.	0.
LORRI A PONTIUS 12435 OAK ALLEY GUTHRIE, OK 73044	DIRECTOR 0.00	0.	0.	0.
MICHAEL G YOUNG RR 1 CEDAR VALE, KS 67024	DIRECTOR 0.00	0.	0.	0.
JEFFREY D SMITH 7300 ANDERSON AVE MANHATTAN, KS 66502	DIRECTOR 0.00	0.	0.	0.
JASON D SMITH 6859 DEER TRAIL RD MANHATTAN, KS 66503	DIRECTOR 0.00	0.	0.	0.
BILL HELMING 10640 S GLENVIEW LAND OLATHE, KS 66061	DIRECTOR 0.00	0.	0.	0.
JAMES LENTS 25398 SW COOMBS ROAD INDIAHOMA, OK 73552	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

Bill House Hereford Foundation, Inc.

Federal ID: 43-1959201

The Bill House Hereford Foundation Inc. was not funded until the year 2011. Therefore, it had \$0 in income and \$0 in assets and fund balances in the year 2010. This tax return reflects these \$0 balances. As the entity was not funded and had no revenue during 2010, the support test was met as no non charitable support was received during the year.

Form **8868**

(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 a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	X
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of this	form)		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6 months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an e	extension
	file any of the forms listed in Part I or Part II with the ex		-		*	
	Benefit Contracts, which must be sent to the IRS in paper					
	rs.gov/efile and click on e-file for Charities & Nonprofits		(Common of the common of the c		g 0	,
Part I	Automatic 3-Month Extension of Time		ibmit original (no copies needed)			
	ation required to file Form 990-T and requesting an autor			nnlete		
Part I onl			Shiri Satoriolori Gricok tria box aria con	ipicio		
	, corporations (including 1120-C filers), partnerships, REN	fiCe and t	rusts must use Form 7004 to request a	a ovdor	soon of time	
to file inc	ome tax returns.	iios, ariu t	rusis must use i omi 7004 to request ar	i exter	ISION OF UITIE	
Type or	Name of exempt organization					
• •	Name of exempt organization			Emp	loyer identification	n number
print	DILL HOUSE HEREEODD HOUNDA	m T () \	TNO		2 1050001	
File by the	BILL HOUSE HEREFORD FOUNDA			4	3-1959201	
due date for filing your	Number, street, and room or suite no. If a P.O box, s	ee instruc	tions.			
return See	500 N. CENTENNIAL					
instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	lress, see instructions.			
	ARKANSAS CITY, KS 67005	<u> </u>				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
A pplicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 990	EZ	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
-	CAROL HOUSE				-	
The bo	ooks are in the care of 500 N CENTENNI	AL - A	ARKANSAS CTIY. KS 67	005		
	none No. ► 620-442-9159		FAX No. ▶			
	organization does not have an office or place of business	s in the Ur				. 🗀
	s for a Group Return, enter the organization's four digit			is is fo	r the whole group	chack this
box ▶ [. If it is for part of the group, check this box					
	quest an automatic 3-month (6 months for a corporation				ers the extension is	s ior.
•			tion return for the organization named a		The extension	
ie f	or the organization's return for:	i Organiza	tion return for the organization harned a	ibove.	THE EXTENSION	
	X calendar year 2010 or					
			d and a			
	tax year beginning	, an	a enaing		- ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return Fina	ıl retur	n	
L.	☐ Change in accounting period					
					· · · · · · · · · · · · · · · · · · ·	
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	refundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	3a	_\$	0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
est	mated tax payments made. Include any prior year overp	payment al	llowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a Include your pa	yment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System)	See instru	ctions	3c	\$	0.
	If you are going to make an electronic fund withdrawal v			8879-	EO for payment ins	
	or Paperwork Reduction Act Notice, see Instructions			-	Form 8868 (R	
					3555 (1.	,,

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