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Form **990-PF**

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

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number RICHARD M AND CAROL H LEVIN FOUNDATION 23-7052945 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 400 W 49TH TERRACE 2114 (816) 561-0321 City or town, state, and ZIP code C If exemption application is pending, check here KANSAS CITY 64112 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method; | X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 530,942. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses Part I (c) Adjusted net (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome (cash basis only) 17,634 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 5,949. 5,949 STATEMENT 4 Dividends and interest from securities 9,014. 9,014 STATEMENT 5a Gross rents b Net rental income or (loss) <260.> 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 17,374. 7 Capital gain net income (from Part IV, line 2) 0. 8 Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 32,337 14,963 12 Total. Add lines 1 through 11 0 Compensation of officers, directors, trustees, etc. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits STMT 106 0 106. 3 16a Legal fees **b** Accounting fees STMT 915. 0. 915. Uniterest

17 Interest

18 Taxes

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publication c Other professional fees STMT 5 251 0 0. 22 Printing and publications 875 STMT 6 875 23 Other expenses 0. 24 Total operating and administrative 1,021. expenses. Add lines 13 through 23 2,147 875 29,875 25 Contributions, gifts, grants paid 29,875. 26 Total expenses and disbursements. Add lines 24 and 25 32,022 875 30,896. 27 Subtract line 26 from line 12: Mat Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-) 315 14,088 C Adjusted net income (if negative, enter -0-) N/A 123501 LA For Paperwork Reduction Act Notice, see instructions.

\equiv		0-PF (2011) RICHARD M AND CAROL H LE	VIN FOUNDATION Beginning of year		7052945 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	End of (b) Book Value	
_	-				(c) Fair Market Value
	1	Cash - non-interest-bearing	2,500.	2,500. 42,117.	2,500. 42,117.
	2	Savings and temporary cash investments Accounts receivable	121,703.	42,11/.	42,117.
	3	Less; allowance for doubtful accounts			
				-	
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			·
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	١.,	disqualified persons			 -
	7	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
	l .	Investments - U.S. and state government obligations			
	ı	Investments - corporate stock STMT 7	144,327.	224,288.	295,531.
	1	Investments - corporate bonds STMT 8	190,000.	190,000.	190,794.
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
_	16	Total assets (to be completed by all filers)	458,590.	458,905.	530,942.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
		, , , , , , , , , , , , , , , , , , , ,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	458,590.	458,905.	
anc	25	Temporarily restricted	20070501	20075001	
Bal	26	Permanently restricted			
Net Assets or Fund Balances	"	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
et/	l	Total net assets or fund balances	458,590.	458,905.	
Ž	30	Total net assets of fund datances	450,550.	430,903.	
	24	Total liabilities and net assets/fund balances	458,590.	458,905.	
_				430,303.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances		
_	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3		- 	
'		st agree with end-of-year figure reported on prior year's return)	0		458,590.
2	-	r amount from Part I, line 27a		1	
		r increases not included in line 2 (itemize)		2	315.
		lines 1, 2, and 3		3	0.
		eases not included in line 2 (itemize)		4	458,905.
		l net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	ump (h) line 20		<u>0.</u> 458,905.
<u>6</u>	ı Uld	i not assets of fund palances at end of year time 4 minus line 5) - Part II, col	unin (D), inte 30	6	458,905. Form 990-PF (2011)
					rum 330-r r (2011)

RICHARD M_AND CAROL H LEVIN FOUNDATION

23-7052945

Page 3

Form 990-PF (2011)

			7052			age 4
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see ir	struc	tion	<u>(S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) 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%	1			28	<u>32.</u>
	of Part I, line 27b					
	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-)	2				0.
	Add lines 1 and 2	3			28	32.
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-	5			28	<u>82.</u>
6	Credits/Payments:					
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a					
þ	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>
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	9			28	<u>82.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11				
Pa	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	ın			Yes	
	any political campaign?			1a		<u>X</u>
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	ed or			ĺ	
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0 .	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$0.				İ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	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_
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	of "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	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	e 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	ļ
	If "Yes," complete Part II, col. (c), and Part XV.					ł
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MO					
t	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					ļ
of each state as required by General Instruction G? If "No," attach explanation				8b	X	<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for call	endar				
	year 2011 or the taxable year beginning in 2011 (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		X

	1990-PF (2011) RICHARD M AND CAROL H LEVIN FOUNDATION 23-7052	<u> 1945</u>	Р	age 5
Pa	art VII-A 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 instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	1	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			
14	The books are in care of ► RICHARD M LEVIN Telephone no. ► (816)	561-	-032	21
	Located at ► 400 W 49TH TERR, #2114, KANSAS CITY, MO ZIP+4 ►64			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N/	'A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	'*		
	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u> </u>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after		1	
	termination of government service, if terminating within 90 days.)			
	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	10	-	
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1,1		77
	before the first day of the tax year beginning in 2011?	1c		<u> </u>
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)):			
(At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011?			
-	If "Yes," list the years \blacktriangleright			
Į.	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		ļ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		1	
	statement - see instructions.) N/A	2b		
•	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3			Ī	
	during the year?			
Į	o If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		- 1	
	Form 4720, to determine if the foundation had excess business holdings in 2011)	3ь		
4	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4h		x

Fear VII-B Státements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2011) RICHARD M AND CAROL H LE	VIN FOUNDATIO	N	<u>23-70529</u>	<u>45</u>	Page 6
(1) Carry on procepanda, or otherwise attempt to influence legislation (section 4945(s))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual of bravel, study, or other smalar purposes? (4) Provide a grant to an individual of bravel, study, or other smalar purposes? (5) Provide to any purpose other than religious, Charitable, scientific, lett., organization described in section \$50(a(t)), (2), or (3), or section 4940(s)(2)? (6) Provide a for any purpose other than religious, Charitable, scientific, lett., organization described in section \$50(a(t)), (2), or (3), or section 4940(s)(2)? (7) Provide for any purpose other than religious, Charitable, scientific, lett., organization of the prevention of curely to children or animals? (8) Provide for any purpose other than religious, Charitable, scientific, lett., organization of the provincial of the provi		orm 4720 May Be F	Required (continu	ued)		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration draw? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization of the than a charitable, etc., organization described in section SOS(01, 12, 67, 63), or section 494(0)(2)? (5) Provide for any purpose other than religious, charitable, scentric, literary, or educational purposes, or for the prevention of cruetly to different or animals? It is any answer is "set to \$61(-).55, did any of the fransactions fail to qualify under the exceptions described in Regulations section \$5.94(-).55 to the section of the section	5a During the year did the foundation pay or incur any amount to:				l l	ļ
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Sign (1), (2), or (3), or section 4940(p)(2)? (5) Provide to any purpose their than religious, charizable, scenntific, literary, or educational purposes, or for the prevention of cruelly to children or animals? (5) I can arrive the study of the design of the prevention of cruelly to children or animals? (6) I can arrive sing on a current notice regarding dissaster assistance (see instructions)? (7) Criganizations relying on a current notice regarding dissaster assistance (see instructions)? (7) Criganizations relying on a current notice regarding dissaster assistance (see instructions)? (8) If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (8) If "Yes" (20) I can arrive the statement required by Plagulations section 53 4945-5(d). (8) In the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (8) If "Yes" (20) In the foundation quality or prohibited tax shelter transaction? (9) If "Yes" (20) In the foundation exceed any proceeds or have any net moment attributable to the transaction? (9) If "Yes (20) In the foundation exceeds any proceeds or have any net moment attributable to the transaction? (9) Name and address (9) Name and address for each employees (other than those included on line 1). If none, enter "NONE." (1) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (1) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (1) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (1) Compensation of five highest-paid employees (other than those included on line 1). If	• • • • • • • • • • • • • • • • • • • •	. ,,		s LX No		
(3) Provide a grant to an origonization other than a charitable, etc., organization described in section S0(a(1), (2), or (5), or section 4940(c)(2?) (5) Provide for any purpose other than reliquous, charitable, scentific, literary, or educational purposes, or for the prevention of cruetly to children or animals? b I arry answer is "Yes" to S4(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section S3-(456) or in a current motice regarding dissester assistance check here c if the answer is "Yes" to question 54(1), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53-4945-5(d). B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 0, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? I List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address Did Tille, and average of the contract of the properties of the	(-)	r to carry on, directly or indire				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than enablosis, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? If any answer is "Yes" to 53(1)/5, did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? If a state is the statement required by Regulations section 53 4945-5(d). 8 bid the foundation, during the year, recover any funds, directly or indirectly, to pay premiums on a personable benefit contact? If we'se is 05, this Form 887. If a stary time during the tax year, was the foundation or april to a prohibited tax shelter transaction? If it is all officers, directors, trustees, foundation managers and their compensation. Information About Officers, Directors, Trustees, Foundation Managers, Highly It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address of each employees of have any net recome attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. (b) If any and average is a proper or week devoted (c) Compensation (d) Compensation (d	any voter registration drive?					
SOSIa(1), (2), or (3), or section 494(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? b I any ariswer is Yes' to Sa(1)-(5), did any of the transactions salt to qualify under the exceptions described in Regulations seaton 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of Ith the answer is Yes' to question 54/4, does the foundation of current of the sex because it maintained expenditure responsibility for the grant? If Yes, and the foundation, during the year, pear year funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes's to 65, his Form 8870 A lary time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If Yes's did the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors PRESIDENT Q) Name and address (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours go position of the highest-paid employees (other than those included on line 1), If none, enter *NONE.* (c) Compensation (d) C	· ·		L Ye	s LXL No	- 1	
(e) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? If it prevention of cruelty to children or animals? If it any answer is "Fes" to Sat (1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 5at(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). Sa bit the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53.4945-5(d). Sa bit the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations assistance (see the premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations assistance (see the premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations and previous and statement required by Regulations and Previous Animals and Regulations	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
b If any answer is "Yes" to \$a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to quiston \$6(4), does the foundation of cumulation of the lax because it maintained expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to \$b\$, file Form 8870 Tall any time during the say ear, was the foundation a party to a prohibited tax shelter transaction? If "Yes" of the fluoridation, during the say are, was the foundation aparty to a prohibited tax shelter transaction? If "Yes" to \$b\$, file Form 8870 Tall any time during the say are, was the foundation aparty to a prohibited tax shelter transaction? If yes a to \$b\$, file Form 8870 Tall any time during the say are, was the foundation aparty to a prohibited tax shelter transaction? If yes a to \$b\$, file Form 8870 Tall any time during the say are, was the foundation aparty to a prohibited tax shelter transaction? If yes a to \$b\$, file Form 8870 Tall any time during the say are, was the foundation aparty to a prohibited tax shelter transaction? If yes a to \$b\$, file Form 8870 Tall any time during the say are, was the foundation for file to the transaction? If yes a to \$b\$, file Form 8870 Tall any time during the say are, was the foundation for file to the transaction? If yes a to \$b\$, file Form 8870 Tall any time during the say are, was the foundation for file to the transaction? If yes a to \$b\$, file Form 8870 Tall any time during the say are, was the foundation for file the file file file file file file file fil	509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s 🗶 No	- 1	
b If any answer is Yes' to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here c if the answer is Yes' to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, "attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes, "attach the statement required by Regulations section 53.4945-5(d). 6b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes, "attach the statement required by Regulations assistance, and the foundation during the tax year, was the foundation aparty to a principle data sheller transaction? If Yes, "attach the stay rear, was the foundation aparty to a principle data sheller transaction? If Yes, "attach the stay rear, was the foundation aparty to a principle data sheller transaction? If Yes, "attach the stay rear, was the foundation aparty to a principle data sheller transaction? If Yes, "attach the stay rear, was the foundation aparty to a principle data sheller transaction? If Yes, "attach the stay rear, was the foundation aparty to a principle data sheller transaction? If Yes, "attach the stay rear, was the foundation aparty to a principle data shell rearries and the stay rearries	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
section S3.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of if the answer is Yes' to quistion Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes art arth the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes's to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes's did the foundation receive any proceeds or have any net income attributable to the transaction? It list all officers, directors, trustees, foundation Managers, Highly 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address Organizations relying to the grant of the party of the par	the prevention of cruelty to children or animals?		Ye	8 X No		
Organizations relying on a current notice regarding disaster assistance check here c I the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Lif "Yes" to bb, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? b If "Yes" to bb, file Form 8870 1 List all officers, directors, Trustees, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Tille, and average hours per week devoted to position (if not paid, enter-0-) and the paid of the foundation of five highest-paid employees (other than those included on line 1), If none, enter "NONE" 2 Compensation of five highest-paid employees (other than those included on line 1), If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000 (b) Tille, and average hours per week devoted to position (c) Compensation (c) Compensa	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			
c if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If Yes, 'attach the statement required by Regulations section 53 4945-5(d). 8a Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8370 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Vill Prices,' did the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address foundation managers and their compensation. (a) Name and address foundation managers and their compensation. (b) Title, and average hours per week devoted fine trian, and the managers and their compensation. PRESIDENT 2 Compensation of five highest-paid employees (other than those included on line 1), If none, enter "NONE." (c) Compensation five highest-paid employees (other than those included on line 1), If none, enter "NONE." (b) Title, and average hours per week devoted to position foundation managers foundation foun	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes " At any time during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes " X No If "Ye	Organizations relying on a current notice regarding disaster assistance check h	ere		▶∟」		
8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position PRESIDENT PRESIDENT PRESIDENT (c) Compensation (d) Compensation (file paid, either-0-) allowances allowances allowances (compensation). (d) Compensation (d) Compensation (file paid, either-0-) allowances allowances allowances allowances allowances. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position RICHARD M LEVIN 400 WEST 49TH TERRACE, #2114 KANSAS CITY, MO 64112 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Titls, and average hours per week devoted to position (c) Compensation (c) Compensatio	expenditure responsibility for the grant?	N	I/A 🔲 Ye	8 No		
a personal benefit contract? b Dd the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to bb, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (a) Name and address (b) Tife, and average hours per week devoted fo position PRESIDENT PRESIDENT PRESIDENT 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Tife, and average hours per week devoted for position (c) Compensation (d) Compensation (e) Compensation (f) Compensation (f) Compensation (g) Compensat	If "Yes," attach the statement required by Regulations section 53 494	5-5(d).				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, life Form 8870 7 At At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? I List all officers, directors, trustees, foundation managers and their compensation (a) Name and address (b) Title, and average hours per week devoked (enter -0-) RICHARD M LEVIN PRESIDENT PRESIDENT PRESIDENT 2 Compensation of five highest-paid employees (other than those included 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 devoked (enter -0-) N/A (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation o	6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			- 1	
If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No	a personal benefit contract?		Ye	s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b !! Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter-0-) PRESIDENT 400 WEST 49TH TERRACE, #2114 KANSAS CITY, MO 64112 10.00 0.0. 2 Compensation of five highest-paid employees (other than those included 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 devoted to position (C) Compensation (C) Compensatio	b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Ĺ	6b	X
b If Yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII	If "Yes" to 6b, file Form 8870					
Part VIII	7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (lf not paid, enter -0-) (a) Name and address (c) Compensation (lf not paid, enter -0-) (lf not paid, enter -					7b	
(a) Name and address (a) Name and address (b) Intle, and average hours per week devoted in position (enter 0-)	Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>		
RICHARD M LEVIN 400 WEST 49TH TERRACE, #2114 KANSAS CITY, MO 64112 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee tentification account, other allowances	1 List all officers, directors, trustees, foundation managers and their	compensation.				
RICHARD M LEVIN 400 WEST 49TH TERRACE, #2114 KANSAS CITY, MO 64112 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee tentification account, other allowances	/-1 Name and address	(b) Title, and average		(d) Contributions to employee benefit plans	acc	Expense
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (d) Costributions to employee the employee account, other allowances of each employee paid more than \$50,000 NONE	(a) Name and adoress		enter -0-)	and deferred compensation	a	
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) True, and average hours pare week devoted to position NONE (c) Compensation (d) Combubtions to enhalp be account, other allowances		PRESIDENT				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and eaverage hours per week devoted to position (c) Compensation (d) Coetrubutions to employee benefit plans account, other allowances (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee elemit plans account, other allowances NONE	KANSAS CITY, MO 64112	10.00	0.	0.	.⊥	0.
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee elemit plans account, other allowances NONE						
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee elemit plans account, other allowances NONE					1	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee elemit plans account, other allowances NONE					-	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee elemit plans account, other allowances NONE					İ	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee elemit plans account, other allowances NONE						
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee brenth plans account, other allowances NONE					ļ.—	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee brenth plans account, other allowances NONE					1	
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(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee elemit plans account, other allowances NONE	O O	luded on line 4). If some	anter WMONE II		L	
(a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation employee benefit plas addressed addressed compensation NONE (devoted to position) employee benefit plas addressed addressed addressed addressed allowances	2 Compensation of live nignest-paid employees (other than those inc	T	, enter "NONE."	(d) Contributions to	1 1	a) Eynense
NONE	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	aè	count, other
	NONE	devoted to position		compensation		illowances
Total number of other employees paid over \$50,000	NONE	-			ļ	
Total number of other employees paid over \$50,000					╂	
Total number of other employees paid over \$50,000		+				
Total number of other employees paid over \$50,000			-	 	-	
Total number of other employees paid over \$50,000		-				
Total number of other employees paid over \$50,000 ▶ 0					╁	
Total number of other employees paid over \$50,000 ▶ 0		1				
Total number of other employees paid over \$50,000			 	 	+-	 -
Total number of other employees paid over \$50,000		†		1	}	
	Total number of other employees paid over \$50,000	. l		<u> </u>		0

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		-
3 Five highest-paid independent contractors for professional services. If none, ent		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 stat number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the oduced, etc.	Expenses
1 N/A		
		-
]
2		
		<u> </u>
3		4
	···	4
·		-
4	····	_
		-
Part IX-B Summary of Program-Related Investments		-
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
2	·	
		_
All other program-related investments. See instructions.		
3		
<u> </u>	•	
		7
Total, Add lines 1 through 3		0

4940(e) reduction of tax in those years.

b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 30,896. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 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 30,896. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7	-	· · · · · · · · · · · · · · · · · · ·		25,443.
2 Undistributed income, if any, as of the end of 2011				20,440.
a Enter amount for 2010 only			0.	
b Total for prior years:				
, , , , , , , , , , , , , , , , , , ,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007 24, 267.				
c From 2008 46,665.				
d From 2009 129.				
e From 2010				
f Total of lines 3a through e	71,061.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	·	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				25,443.
e Remaining amount distributed out of corpus	5,453.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	76,514.			
b Prior years' undistributed income. Subtract		·		
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line	···			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				ļ
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	76,514.			
10 Analysis of line 9:				
a Excess from 2007 24, 267.				
b Excess from 2008 46,665.				
c Excess from 2009 129.				-
d Excess from 2010				
e Excess from 2011 5, 453.				50 000 PE (0044)

Part XIV Private Operating Fo		ostructions and Part V		N/A	5-1052945 Fage 10
			T-A, question 3)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	<u> </u>	▶ └	1040()(0)	4040()(5)
b Check box to indicate whether the found		ing toundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(a) Total
income from Part I or the minimum	(a) 2011	(0) 2010	(6) 2009	(0) 2000	(e) Total
investment return from Part X for					
each year listed			 		
b 85% of line 2a		<u> </u>			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		İ			
used directly for active conduct of					
exempt activities					
e 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:					İ
a "Assets" alternative test - enter:					
(1) Value of all assets			+		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		<u> </u>		+	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)		-	-		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundation	n had \$5 000	or more in assets
at any time during t			ii tiio iodiidati),, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Information Regarding Foundation		-			
a List any managers of the foundation wh	_	e than 2% of the total co	ntributions received by t	the foundation befor	e the close of any tax
year (but only if they have contributed n					o mo order or any take
NONE					
b List any managers of the foundation wh	o own 10% or more of	the stock of a corporation	n (or an equally large po	rtion of the ownersh	nip of a partnership or
other entity) of which the foundation ha			, , , , , , , , , , , , , , , , , , , ,		
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loa	n, Scholarship, etc., l	Programs:		
Check here 🕨 🗶 if the foundation of	only makes contribution:	s to preselected charitabl	e organizations and doe	s not accept unsolic	cited requests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to ind	lividuals or organizations	under other conditions	, complete items 2a,	, b, c, and d.
a The name, address, and telephone num	iber of the person to wh	om applications should b	e addressed:		
b The form in which applications should t	be submitted and inform	nation and materials they	should include:		
c Any submission deadlines:					<u>.</u>
d Any restrictions or limitations on award	le euch se hy nangraph	ical areas, charitable field	e kinde of inetitutions	or other factors.	
2 7 mg 100 monotono or miniationo on awaru	o, outri as by yeograpiii	ioui areas, orial navie lielu	o, miluo vi iliolitutivilo,	or other lactors.	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year HEART OF AMERICA SHAKESPEARE FESTIVAL EXEMPT civic 3619 BROADWAY, SUITE 2 KANSAS CITY, MO 64111 500. JEWEL BALL - KC SYMPHONY NONE EXEMPT CIVIC 1703 WYANDOTTE STREET, SUITE 200 KANSAS CITY, MO 64108 3,200. NONE EXEMPT RELIGIOUS JEWISH COMMUNITY FOUNDATION 5801 W. 115TH ST STE 104 OVERLAND PARK, KS 66211 1,000. JEWISH FAMILY SERVICE NONE EXEMPT RELIGIOUS 5801 W. 115TH STREET, SUITE 103 OVERLAND PARK, KS 66211 200. JEWISH FEDERATION EXEMPT RELIGIOUS NONE 5801 W. 115TH ST, #201 SHAWNEE MISSION, KS 66211 5,000 SEE CONTINUATION SHEET(S) Total ▶ 3a 29.875. **b** Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.		ed business income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	5,949.	
4 Dividends and interest from securities		-	14	5,949. 9,014.	
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			1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			 		
than inventory			18	<260.	•
9 Net income or (loss) from special events	-		1 - 4	1200.	
10 Gross profit or (loss) from sales of inventory		·			
11 Other revenue:					
a b	-		1 1		
C	I				
d					
e	-		 		
12 Subtotal. Add columns (b), (d), and (e)	-	0.		14,703.	0
13 Total. Add line 12, columns (b), (d), and (e)	<u>L</u>	1 0 1	•1 1	13	
(See worksheet in line 13 instructions to verify calculations.)				13	<u> </u>
					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which inc	come is reported	in column (e) of Part XVI-	A contribute	d importantly to the accom	nlishment of
the foundation's exempt purposes (other that	n by providing fu	inds for such purposes).		a importantly to the accom	phoninone of
		<u>.</u>		.	
				.	
	- · · · · · · · · · · · · · · · · · · ·	 			
		 			
-					
					<u> </u>
	 				
		<u> </u>			-

Part 2		egarding Transfe	AROL H LEVIN FOUNI ers To and Transactions a	<u>DATION</u> 23 - 70 nd Relationships With Nonch			ige 13
	the organization directly or ind	rectly engage in any of th	ne following with any other organization			Yes	No
			section 527, relating to political organi	zations?			
	insfers from the reporting found	ation to a noncharitable e	exempt organization of:				
	Cash Other assets				1a(1)		X
	ner transactions:				1a(2)	<u> </u>	^
	Sales of assets to a noncharita	ible exempt organization			1b(1)		X
	Purchases of assets from a no		nization		1b(2)		X
(3)	Rental of facilities, equipment,	or other assets			1b(3)		Х
(4)	Reimbursement arrangements	;			1b(4)		Х
٠,,	Loans or loan guarantees				1b(5)		X
	Performance of services or me				1b(6)		X
	aring of facilities, equipment, ma			rays show the fair market value of the good	_ <u>1c</u> _	l	X
or s	services given by the reporting turn (d) the value of the goods,	foundation. If the foundat	ion received less than fair market value	e in any transaction or sharing arrangemen			
A) Line n	o (b) Amount involved	(c) Name of nor	ncharitable exempt organization	(d) Description of transfers, transactions, a	nd sharing ar	rangeme	ants
			N/A				
	<u> </u>	 					
				 		-	
			<u> </u>		-		
					-		
<u>-</u>							
					_		
				-			
ın s	the foundation directly or indirect section 501(c) of the Code (other Yes," complete the following sch	er than section 501(c)(3)	ed to, one or more tax-exempt organiz or in section 527?	rations described	Yes	X	No No
<u></u>	(a) Name of or		(b) Type of organization	(c) Description of relation	nship		
	N/A				<u> </u>		

					1		
Sign Here	and be	penalties of perjury, I declare that I have examined this life, it is true donecal and complete Declaration of enautric profiles and complete Declaration of enautric profiles and complete Declaration of enautric profiles					May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No.
Paid Prepa Use C		Print/Type preparer's name CONNIE HENDERSON Firm's name ► MCGLADREY LI			Date 5/9/12	Check	PTIN P00156688 42-0714325
		Firm's address ► 4801 MAIN S KANSAS CITY	TREET,	SUITE 400 4112		Phone no.	816-753-3000
							Form 990-PF (2011

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization **Employer identification number** 23-7052945 RICHARD M AND CAROL H LEVIN FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

_		•		
Schedule B	/Earm 000	000 E7 a	~ 000 DE	/2011
Scriedule D	IFUIIII 990.	990 EZ. 0	1 990-661	12011

Page 2

Name of organization

Employer identification number

RICHARD M AND CAROL H LEVIN FOUNDATION

23-7052945

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD M. LEVIN 400 W. 49TH TERRACE, NO. 2114 KANSAS CITY, MO 64112	\$\$ \$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01.		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

RICHARD M AND CAROL H LEVIN FOUNDATION

23-7052945

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	300 SHS OF AMGEN INC.		06/08/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization Employer identification number RICHARD M AND CAROL H LEVIN FOUNDATION 23-7052945 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Richard & Carol Levin Foundation EIN 23-7052945 December 31, 2011

FORM 990-PF, PART II

		2010		201	2011		
	Shares	Cost	Market	Cost	Market		
CASH - NON-INTEREST-BEARING		2 500 00	2 500 00	2 500 00	2 500 00		
UMB Checking Acct		2,500.00	2,500.00	2,500.00	2,500.00		
SAVINGS AND TEMPORARY CASH							
INVESTMENTS							
UMB		121,763.16	121,763.16	42,116.53	42,116.53		
Total Cash		124,263.16	124,263.16	44,616.53	44,616.53		
CORPORATE STOCK							
Abbott Laboratories	500			24,287.45	28,115.00		
AT & T Inc	2,000	26,515.00	29,380.00	57,359.90	60,480.00		
Chevron Corp	300	23,704.47	27,375.00	23,704.47	31,920.00		
Chubb Corp	500	15,559.47	17,892.00	28,533.45	34,610.00		
General Mills	700	14,799.98	14,236.00	26,654.48	28,287.00		
Johnson & Johnson	465	2,407.83	28,760.25	2,407.83	30,494.70		
Procter & Gamble	400	9,538.00	25,732.00	9,538.00	26,684.00		
Sysco Corp	1,000	25,015.00	29,400.00	25,015.00	29,330.00		
Target Corp	500	26,787.50	30,065.00	26,787.80	25,610.00		
Total		144,327.25	202,840.25	224,288.38	295,530.70		
CORDODATE DONOS							
CORPORATE BONDS		05 000 00	07 455 75	0E 000 00	05 441 75		
American Express		95,000.00	97,455.75	95,000.00	95,441.75		
BMW Bank No Amer		95,000.00	97,386.40	95,000.00	95,352.45		
Total		190,000.00	194,842.15	190,000.00	190,794.20		

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
UMB BANK UMB BANK CHECKING ACCOUNT						5,9 4 3	
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A							49.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A	.)
UMB BANK		_	9,014.		0.	9,0	14.
TOTAL TO FM 990-PF, PART I,	LN 4		9,014.		0.	9,0	14.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
LEGAL FEES		106.	0.				.06.
TO FM 990-PF, PG 1, LN 16A		106.		0.		1	.06.
ORM 990-PF ACCOUNTING FEI			NG FEES			STATEMENT	4
DESCRIPTION	EXPE		(B) NET INV MENT IN	EST-			
ACCOUNTING FEES		915.	· -	0.			15.
TO FORM 990-PF, PG 1, LN 16B	· 	915.		0.			915.

FORM 990-PF	TAX	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
TAXES	251.	0	•		0.	
TO FORM 990-PF, PG 1, LN 18 =	251.	0	•		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
AGENCY FEES	875.	875	•	·····	0.	
TO FORM 990-PF, PG 1, LN 23	875.	875	•		0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	•	
						
CORPORATE STOCKS			224,288.	295,53	1.	
CORPORATE STOCKS TOTAL TO FORM 990-PF, PART II	, LINE 10B		224,288.	295,53		
	CORPORAT	E BONDS				
TOTAL TO FORM 990-PF, PART II				295,53	8	
TOTAL TO FORM 990-PF, PART II FORM 990-PF			224,288.	295,53 STATEMENT FAIR MARKET	8	

RICHARD M AND CAROL H LEVIN FOUNDATION 23-7052945

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
KANSAS CITY ART INSTITUTE	NONE	EXEMPT	EDUCATIONAL	1
4415 WARWICK BLVD				
KANSAS CITY, MO 64111				1,00
KCPT	NONE	EXEMPT	EDUCATIONAL	
125 E. 31ST STREET				
KANSAS CITY, MO 64108				10
MAYO CLINIC	NONE	EXEMPT	CHARITABLE	
200 FIRST ST. S.W.				1 00
ROCHESTER, MN 55905				1,00
NATIONAL MULTIPLE SCLEROSIS SOCIETY	NONE	EXEMPT	CHARITABLE	
7611 STATE LINE ROAD, SUITE 100 KANSAS CITY, MO 64114				15
CIII, NO VIIII				1,
NELSON GALLERY FOUNDATION 4525 OAK STREET	NONE	EXEMPT	CIVIC	
KANSAS CITY, MO 64111				8.62
SIERRA CLUB	NONE	EXEMPT	CIVIC	
7164 MANCHESTER AVE	NONE	EXEMPI		
MAPLEWOOD, MO 63143				10
THE NEW REFORM TEMPLE	NONE	EXEMPT	RELIGIOUS	
7100 MAIN STREET				
KANSAS CITY, MO 64114	<u> </u>			5,85
THE PEMBROKE HILL SCHOOL	NONE	EXEMPT	EDUCATIONAL	
5121 STATE LINE ROAD				
KANSAS CITY, MO 64112				10
TRUMAN LIBRARY INSTITUTE	NONE	EXEMPT	EDUCATIONAL	
500 W. US HWY 24 INDEPENDENCE MO 64050				25
INDEFENDENCE, NO 04030	·			
UNITED WAY 1080 WASHINGTON STREET	NONE	EXEMPT	CHARITABLE	
KANSAS CITY, MO 64105				1,50
Total from continuation sheets				19 97

RICHARD M AND CAROL H LEVIN FOUNDATION 23-7052945

Recipient Status and Contributions Paid During the Year (Continuation) Recipient Recipient Status of recipient Status of	
VAYSIDE WAIFS NONE EXEMPT CIVIC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137 VAI NETWORK 460 W. 34TH STREET	
VAYSIDE WAIPS 1901 MARTHA TRUMAN ROAD 1ANSAS CITY, MO 64137 VAI NETWORK 160 W. 34TH STREET	mount
2901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137 VAI NETWORK 160 W. 34TH STREET RONE EXEMPT EDUCATIONAL	
2901 MARTHA TRUMAN ROAD LANSAS CITY, MO 64137 CAI NETWORK ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROAD	
VAI NETWORK NONE EXEMPT EDUCATIONAL 160 W. 34TH STREET	
460 W. 34TH STREET	1,200
160 W. 34TH STREET	
460 W. 34TH STREET	
NEW YORK, NY 10001	
	100
i l l l	