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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be allowed a copy of the return to extend the return the retu

OMB No 1545-0052 2011

Inte	ernal Re	evenue Service . N	lote.	The foundati	on may	be ab	le to	use a copy of	th				rting requirements	
		lendar year 2011 o	r ta	x year begir	nning					, 2011,	and end	ing		, 20
		of foundation	п,	~	T P P P		. T. CT. T	ON THE					A Employer identifi	
_		ERT HARDCASTI						····		·			43-184400	
Number and street (or P O box number if mail is not delive			not delive	ered to street address) Room/suite			iite	B Telephone numb	,					
	161	00 CHESTERFIE	חזי	עמגעממט	мест	,					150		(63	36) 532-0484
_		or town, state, and ZIP			MESI						150			
	City C	or town, state, and ZIP	Code	3									C If exemption applica	ation is
	CHE	STERFIELD, MO) 6	3017									pending, check here	, <u>-</u>
_		ck all that apply:	T	Initial retur	'n			Initial return	of.	a formor p	ublio obo	r,+/		▶□
u	One	ok all that apply.	 	Final return		}		Amended re		•	iublic cha	'''y	D 1. Foreign organiza2. Foreign organiza	
				Address ch		1		Name chang					85% test, check I	nere and attach
\overline{H}	Che	ck type of organiza	tion:			(c)(3)				undation			computation .	
Ī		ection 4947(a)(1) no				`		ner taxable p			tion		E If private foundation	n status was terminated
ī		market value of all				untin		ethod: X C						in a 60-month termination
	of y	ear (from Part II, col	. (c)			ther	(spe	ecify))(1)(B), check here
_	16)	▶ \$	19,	858.	(Part I,	colu	mn (d) must be o	n c	ash basis)				
E	art l	Analysis of Reve	nue	and Expens	es (The	1.	a) Po	evenue and	Γ	(b) Not :	otmos.	,	a) Administration	(d) Disbursements
		total of amounts in c may not necessarily	equ	al the amounts			expe	enses per		(b) Net inve		(1	c) Adjusted net income	for charitable purposes
_		column (a) (see insti	uctic	ns))				pooks	1					(cash basis only)
	1	Contributions, gifts, grants,	etc , re	eceived (attach schation is not requ	nedule) .	<u> </u>		65,000	1	,				
	2	Check ► L attach	Sch	в		<u> </u>		6	+		6.		_	A MCII 1
	3	Interest on savings and		•					1		0.			ATCH 1
	4	Dividends and intere							+		-		<u> </u>	
		Gross rents							╁					
•		Net rental income or (loss)							$^{+}$					
Revenue		Net gain or (loss) from Gross sales price for all assets on line 6a	sale (or assets not on	ine 10				t					
ě	7	Capital gain net inco	me (from Part IV, I	ıne 2) .				1				<u> </u>	
	8	Net short-term capita				<u> </u>			+					
ļ	9 10 a	Income modifications Gross sales less returns	s · ·						+					
		and allowances · · ·				-			+-					
		Less Cost of goods sold Gross profit or (loss)		ch schadula)					+					
	11	Other income (attach							T					
	12	Total. Add lines 1 th						65,006			6.			
	13	Compensation of office	rs, dır	ectors, trustees,	etc			(q					
	14	Other employee sala	ries	and wages .					\perp					
se	15	Pension plans, empl	-						\perp					
Operating and Administrative Expenses	164	Legan ees (atlach se	hedu	⋑					\perp					
E	ᄖ	Accounting fees (att	ach-s	schepule)^^``'				1,575	+		788.			78
tive	d	Other professional fa	me	attach@dhedul	e)				+					
tra							_	<u></u>	+					
nis	18	Taxes (attach schedule) Depreciation (attach			 mlater:			······································	+				-	
ΪĘ	19								╁					
ĕ	20 21	Occupancy Travel, conferences,							+					
anc	22	Printing and publicat							\dagger		-			
gu	23	Other expenses (atta						58			47.			1:
aţį	24	Total operating and					-		T	•				_
per		Add lines 13 through			•			1,633			835.			798
0	25	Contributions, gifts,						51,153						51,150
	26_	Total expenses and disbur	_	•				52,786	•		835.			51,95
	27	Subtract line 26 from	n line	12						- 				
	а	Excess of revenue over ex	pense	s and disburseme	ents			12,220	4			<u></u>		
	l	Net investment inco		•	•				\downarrow		0			
	۱ ۵	Adjusted net income	a /ıf ı	nogativo anton	- 0 \	1			1			i		I

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D	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
_	art n	- Dalance Oncets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non;interest-bear	ing	7,588.	19,858.	19,858.
	2	Savings and temporary	cash investments			<u> </u>
	3	Accounts receivable ▶				
		Less. allowance for dou	btful accounts ▶			
	4					
		Less allowance for dou	btful accounts ▶			
	5			,		
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
	7		receivable (attach schedule)	• • • • • • • • • • • • • • • • • • • •		
			btful accounts ▶			
	8	Inventories for sale or us				
ssets	9		eferred charges			
188	_					
⋖			e government obligations (attach schedule)			
			stock (attach schedule)			
	11	Investments - land, building				
		(attach schedule)	ation			
	12	Investments - mortgage	loans		-	
	13 14	Investments - other (atta	ach schedule)			
	14		b			
		(attach schedule)				
	15	Other assets (describe	▶)			
	16	•	completed by all filers - see the			
_			age 1, item I)	7,588.	19,858.	19,858.
	17	Accounts payable and a	accrued expenses			
	18	Grants payable				
es	19	Deferred revenue				
≣	20	Loans from officers, directo	ors, trustees, and other disqualified persons .			
Liabilities	21	Mortgages and other no	otes payable (attach schedule) L			
	22	Other liabilities (describe	∍ ▶) <u> </u>			
_	23	Total liabilities (add line	es 17 through 22)	0	0	
		Foundations that fol	low SFAS 117, check here ▶ 🔠			
		and complete lines	24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted				
ä	24 25 26 27	Temporarily restricted				
Bal	26					
B	i	•	not follow SFAS 117,			
Ξ			plete lines 27 through 31. X			
ŏ	27		cipal, or current funds			
ts	28		r land, bldg , and equipment fund			
Net Assets	29		ulated income, endowment, or other funds	7,588.	19,858.	
¥	30	Total net assets or fund	d balances (see instructions)	7,588.	19,858.	
Ž	31		net assets/fund balances (see			
		instructions)		7,588.	19,858.	
Ê	art I		anges in Net Assets or Fund E	Balances		
1	Tota	I net assets or fund b	palances at beginning of year - Part I	I, column (a), line 30 (r	nust agree with	
			d on prior year's return)			7,588.
2	Ente	er amount from Part I,	line 27a		2	12,220.
3	Othe	er increases not includ	ed in line 2 (itemize) ▶ ATTACHN	MENT 4	3	50.
					(19,858.
		reases not included in	line 2 (itemize) ▶		5	
			alances at end of year (line 4 minus li	ne 5) - Part II. column (b)		19,858.
_				, ,, ===== (4)	,	

Page 3

Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			
• •	nd describe the kind(s) of property sold (prick warehouse, or common stock, 200	3,	(b) How acquired P-Purchase	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo., day, yr)
1a			D-Donation	(, ==,, ,,	
b					
С					
d					
e					"-
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a					-
<u>b</u>					
С					
<u>d</u>					
е			ļ <u></u>		
Complete only for assets	s showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col. (h) g	
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col	(k), but not less t Losses (from co	
_a					
b					
<u>c</u>					
d					
<u>e</u>					
2 Capital gain net income of		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gail	n or (loss) as defined in sections 12				
	rt I, line 8, column (c) (see insti				
			3		
	Under Section 4940(e) for Red		ncome		
	the section 4942 tax on the distrib		ase period	i?	Yes X No
	not qualify under section 4940(e)		_	_	
	ount in each column for each year	; see the instructions before making	any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2010	57,231.	8,388.			6.822961
2009	61,550.	10,037.			6.132310
2008	48,375.	13,197.	_		3.665606
2007	49,142.	24,372.			2.016330
2006	36,915.	9,330.	, .		3.956592
2 Total of line 1, column (d)		2	2	2.593799
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the foun	idation has been in existence if less	s than 5 years	3		4.518760
4 Enter the net value of no	ncharitable-use assets for 2011 fro	m Part X, line 5	4		6,023.
5 Multiply line 4 by line 3			5		27,216.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
			7		27,216.
8 Enter qualifying distribution	ons from Part XII, line 4		8	using a 19/ +a-	51,951.
Part VI instructions.			nat part	using a 1% (a)	rate. See the

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

Form 990-PF (2011)

and addresses

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Form **990-PF** (2011)

at any time during the year?

b 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, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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? . .

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ROBERT HARDCASTLE CHARITABLE FOUNDATION, INC 43-1844009 Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 3 Five.highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (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 statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 N/A

Form **990-PF** (2011)

All other program-related investments. See instructions

NONE

Total. Add lines 1 through 3

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	6,115.
С	Fair market value of all other assets (see instructions)	1c	
d		1d	6,115.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	
3	Cubtract line O from line 1d	3	6,115.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		0,113.
•		4	92.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		6,023.
6		5	
	Minimum investment return. Enter 5% of line 5	6	301.
Ρá	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
_	foundations and certain foreign organizations check here ▶ and do not complete this		
1	Minimum investment return from Part X, line 6	1	301.
2a	Tax on investment income for 2011 from Part VI, line 5	-	
	Income tax for 2011. (This does not include the tax from Part VI.)	<u> </u>	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	301.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	301.
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	301.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	T	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,951.
b			
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	'	
		2	
3	purposes Amounts set aside for specific charitable projects that satisfy the:	-	
а		20	
b	Cash distribution test (attach the required schedule)	3a 3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	51,951.
5		-	31,931.
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	2
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,951.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating whe	other the foundation

Page 9

Pa	rt XIII Undistributed Income (see instru	uctions)			
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				301.
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only				
b	Total for prior years 20 09 ,20 08 ,20 07				
3	Excess distributions carryover, if any, to 2011				
	From 2006				
b	From 2007				
C	From 2008				
d					
	From 2010	0.40 0.40			
f	Total of lines 3a through e	249,948.			
4					
	line 4 ▶ \$ 51,951.				
	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
A	Applied to 2011 distributable amount			 	301.
	Remaining amount distributed out of corpus	51,650.			
5	Excess distributions carryover applied to 2011	-			
	(If an amount appears in column (d), the same		"		
6	amount must be shown in column (a)) Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	301,598.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
е	amount - see instructions				
	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2012				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)	36,448.			
9	Excess distributions carryover to 2012.	265 150			
	Subtract lines 7 and 8 from line 6a	265,150.			
	Analysis of line 9: Excess from 2007 47, 925.				
c d					
	Excess from 2010 56,812. Excess from 2011 51,650.				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

The form in which applications should be submitted and information and materials they should include.

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c Any submission deadlines.

Supplementary information (continueu)			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	T
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid daming the year				
ATTACHMENT 6				
		1		
	•			
	<u> </u>	L		54.450
Total	<u></u> T	<u></u>	▶ 3a	51,153.
b Approved for future payment				
Total	<u> </u>		<u></u> ▶ 3b	

Page **12**

Part XVI	 Analysis of Income-Produ 	ucing Activ	vities			
Enter gross	amounțs unless otherwise indicated	Unrel	ated business income	Excluded b	y section 512, 513, or 514	(e)
1 Program	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
_						(OGO MON GONO.)
f						
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments					
	on savings and temporary cash investments			14	6.	
	ds and interest from securities					
	tal income or (loss) from real estate					
	t-financed property		-	 -		
	debt-financed property					
	al income or (loss) from personal property .					
	nvestment income					
-	(loss) from sales of assets other than inventory					
	ome or (loss) from special events			 		
	profit or (loss) from sales of inventory		<u>-</u>	+		
	evenue: a			 		
			, ,,	 	<u> </u>	
е				-		
	I Add columns (b), (d), and (e)				6.	
	dd line 12, columns (b), (d), and (e)				<u> </u>	6.
	heet in line 13 instructions to verify calc		• • • • • • • • • • • • • • • • • • • •			
Part XVI			complishment of Ex	rempt Purn	ooses	
Line No.	<u>"</u>					
	Explain below how each activity					
•	accomplishment of the foundation	on's exemp	or purposes (other than	oy providing	g runus for such purpose	s). (See instructions.)
						·
						-
			<u></u>			
			<u> </u>		<u> </u>	
						
				_		
				<u> </u>		
			<u>-</u>			
	1				- 	

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Part	XVII	Exempt Organ	•	isters to and trans	saction	is and Reia	tionsnips with Non-	cnaritabi	e
		organization direct	ly or indirectly e	• -	_	-	organization described 527, relating to political	Yes	No
	•	ations?							
a T	ransfe	ers from the reportin	g foundation to a	noncharitable exempt	organıza	tion of:			
								1a(1)	X
(2) Oth	er assets						1a(2)	X
		ransactions.							
(Sale 	es of assets to a no	ncharitable exem	pt organization				1b(1)	X
(2) Pur	chases of assets fro	om a noncharitab	le exempt organization .				1b(2)	X
(Rer	ntal of facilities, equi	pment, or other a	ssets				1b(3)	X
(4) Rei	mbursement arrange	ements					1b(4)	X
(5) Loa	ins or loan guarantee	es					1b(5)	X
									X
									<u> </u>
							(b) should always show		
							foundation received less		
	alue ir	any transaction or	sharing arrange	ement, show in column	(d) the	value of the o	goods, other assets, or s	ervices rec	ceived.
(a) Line	e no	(b) Amount involved	(c) Name of no	ncharitable exempt organizatio			f transfers, transactions, and sha	nng arrangem	ents
		N/A				N/A			
		<u>-</u>							
									-
	<u> </u>								
			-						
							···		
							· · · · · · · · · · · · · · · · · · ·		
		<u> </u>							
20.1	c the f	foundation directly	or indirectly affil	ated with, or related t	0 000 0	or more toy o	vomat organizations		
2a 1	o lile i	od in costion E01(a)	of the Code (ath	ner than section 501(c)(2\\ ar in .	on more tax-e.	xempi organizations	Yes 2	Z Na
h 1	f "Voc	complete the follo	ron the Code (off	iei tilali section sortojo	3)) (1 111 :	Section 527 ?			- NO
	1 165,	(a) Name of organization		(b) Type of organiza	ition		(c) Description of relation	ehin	
		(a) Name of organization	<u>'</u>	(b) Type of organiza			(c) Description of relation	311P	
									
						- 			
									
	1,,,,,,,,								
Sign	correct	penantes of penury, I decia t, and complete Declaration of	foreparer other than tax	parer) is based on all information o	nying sched fwhich prep	ules and statements arer has any knowled	s, and to the best of my knowled dge	ge and belief, i	it is true
_		IND I AND	MASTI The	110 1 19 1	1	TRIKT	May the IR	S discuss this	s return
Here			MAN HAND	m 6-10-10	<u>* </u>	inwi		repar <u>er s</u> hown	<u>bel</u> ow
	Sign	ature of officer or trustee		Date	Tit	le	(see instruction	ns)? X Yes	No
		Danat/Time	 -	I Danis and a const		TR :		DOTAL :	
Paid		Print/Type preparer's		Preparer's signature) .	Date	_ Cliecklii	PTIN	
Prep	arer	Keneth	UMIN	1001110	<u> </u>	- اله-	12-12 self-employed		44
•		Firm's name ► RU	BINBROWN LI				Firm's EIN ▶ 43-0	765316	
Use (Unly	Fırm's address ▶ ON	E NORTH BRE	ENTWOOD					
		25	TNT LOUIS.	MO		63105	Dhana - 314-2	90-3300	ı

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No 1545-0047

2011

Internal Revenue Service Name of the organization Employer identification number ROBERT HARDCASTLE CHARITABLE FOUNDATION, INC 43-1844009 Organization type (check one). Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 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 (1) Form 990, Part VIII, line 1h, or (11) 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, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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 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).

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)

Name of organization ROBERT HARDCASTLE CHARITABLE FOUNDATION, INC

Employer identification number 43-1844009

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ROBERT HARDCASTLE 398 LARIMORE VALLEY DRIVE ST. LOUIS, MO 63005	\$65,000.	Person X 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 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 if there is a noncash contribution)

Name of organization ROBERT HARDCASTLE CHARITABLE FOUNDATION, INC

Employer identification number 43-1844009

Part II	'Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is ne	eded.
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization ROBERT HARDCASTLE CHARITABLE FOUNDATION, INC

Employer identification number

43-1844009

Part III	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the ye	individual contribution ear. Complete columns	ns to section 5 (a) through (e	01(c)(7), (8), or (10) organizations) and the following line entry.		
C	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this inform	<i>ely</i> religious, cation once. Se	haritable, etc., e instructions.) ►\$		
(a) No.	Use duplicate copies of Part III if additic	onal space is needed.	-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft 	(d) Description of how gift is held		
		(e) Transfer of	gift			
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held		
		(e) Transfer of	ifer of gift			
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee		
			-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held		
		(e) Transfer of	gift			
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held		
		(e) Transfer of	gift			
	Transferee's name, address, an	ed ZIP + 4	Relatio	nship of transferor to transferee		
			· · · · · · · · · · · · · · · · · · ·			

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	• 9	.9
REVENUE AND EXPENSES PER BOOKS	.9	9
		TOTAL
DESCRIPTION	LINDELL BANK	

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	787.	787.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	788.	788.
REVENUE AND EXPENSES PER BOOKS	1,575.	1,575.
		TOTALS
DESCRIPTION	TAX PREPARATION FEES	

ATTACHMENT 3 PAGE 20

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

REVENUE	AND	EXPENSES	PER BOOKS	35.	23.
			DESCRIPTION	BANK SERVICE FEES	CHECK FEES

TOTALS

NET	INVESTMENT	INCOME	35.	12.	47.
AND	EXPENSES	PER BOOKS	35.	23.	58.

11.

CHARITABLE PURPOSES ROBERT HARDCASTLE CHARITABLE FOUNDATION, INC 43-1844009

ATTACHMENT 4

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

DESCRIPTION AMOUNT

PRIOR PERIOD ADJUSTMENT 50.

> 50. TOTAL

ATTACHMENT 5	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	0
	COMPENSATION	0
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 2.00
FORM 990PF, PART VIII - LIST O	NAME AND ADDRESS	ROBERT HARDCASTLE 398 LARIMORE VALLEY DRIVE CHESTERFIELD, MO 63005

GRAND TOTALS

ATTACHMENT 6

1481-803

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		,
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AISH НАТОRАН	NONE	RELIGIOUS	12,870.
457 NORTH WOODS MILL ROAD			
CHESTERFIELD, MO 63017			
ARTHRITIS FOUNDATION	NONE	GENERAL	100.
ST. LOUIS, MO			
AUGUDAS ISRAEL	NONE	RELIGIOUS	500.
8202 DELMAR BOULEVARD			
ST. LOUIS, MO 63124			
AMERICAN CANCER SOCIETY	NONE	GENERAL	110.
ST. LOUIS, MO			
BRITH SHALOM	NONE	RELIGIOUS	25.
1107 EAST LINDEN AVE			
ST. LOUIS, MO 63117			
BACKSTOPPERS	NONE	GENERAL	250.
10411 CLAYTON RD, STE A5			
ST. LOUIS, MO 63131			

43-1844009

ATTACHMENT 6 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	.008	100.	2,000.	536.	1,200.	500.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	GENERAL	RELIGIOUS	RELIGIOUS	GENERAL	RELIGIOUS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	BASEBALL HALL OF FAME 25 MAIN STREET COOPERSTOWN, NY 13326	ESTHER MILLER BAIS YAATZER OF ST. LOUIS 700 NORTH & SOUTH RD ST. LOUIS, MO 63130	JCC 2 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	JEWISH FEDERATION 12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	JUST BECAUSE WE CARE 400 NORTH 5TH STREET, SUITE 201 ST. CHARLES, MO 63301	KNESES HATORAH 1722 S3RD STREET NEW YORK, NY 11204

ATTACHMENT 6 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
КАВВАLАН ST. LOUIS, MO	NONE	RELIGIOUS	100.
JWI ST. LOUIS, MO	NONE	RELIGIOUS	100.
HARVESTER CHRISTIAN CHURCH 2950 KINGS CROSSING ST. CHARLES, MO 63303	NONE	GENERAL	100.
GIRLS ON THE RUN 120 COTTAGE PLACE CHARLOTTE, NC 28207	NONE	GENERAL	140.
MISSOURI SPORTS HALL OF FAME 3861 EAST STAN MUSIAL DRIVE SPRINGFIELD, MO 65809	NONE	GENERAL	1,375.
MISSOURI TORAH INSTITUTE 14550 LADUE ROAD ST. LOUIS, MO 63017	NONE	RELIGIOUS	100.

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43-1844009

ATTACHMENT 6 (CONT'D)

1481-803

RECIPIENT NAME AND ADDRESS NER ISRAEL ST. LOUIS, MO	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT NONE	PURPOSE OF GRANT OR CONTRIBUTION RELIGIOUS	**************************************
NATIONAL FOOTBALL FOUNDATION 433 E LAS COLINAS BLVD, STE 1130 IRVING, TX 75039	NONE	GENERAL	500.
	NONE	RELIGIOUS	3,105.
	NONE	RELIGIOUS	3,900.
	NONE	general	100.
	NONE	EDUCATIONAL	2,500.

ATTACHMENT 6 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	358.	8,250.	25.	1,090.	100.	100.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	RELIGIOUS	RELIGIOUS	GENERAL	EDUCATIONAL	GENERAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	SHRINE CIRCUS ST. LOUIS, MO	TIPHERIS ISRAEL 14550 LADUE ROAD ST. LOUIS, MO 63017	UNITED SYNAGOG OF CONSERVATIST JUDAISM ST. LOUIS, MO	123 CLUB ST. LOUIS, MO	BLOCK YESHIVA HIGH SCHOOL 1146 NORTH WARSON ST. LOUIS, MO 63132	MATHEW DICKEY BOYS CLUB ST. LOUIS, MO

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1481-803

1481-803

43-1844009

	ATTACHMENT 6 (CONT'D)
PAID DURING THE YEAR	
XV - GRANTS AND CONTRIBUTIONS PAID	
FORM 990PF, PART	

AMOUNT	500.	800.	136.	175.	200.	6,000.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	EDUCATIONAL	RELIGOUS	GENERAL	GENERAL	GENERAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	VARIETY CLUB 2200 WEST PORT FLAZA DR #2 ST. LOUIS, MO 63146	NEVE YERUSHALAYIM 25 BROADWAY, SUITE 403 NEW YORK, NY 10004	SH'OR YOSHUV ST. LOUIS, MO	ST. LOUIS BALLET 218 THE BOULEVARD CHESTERFIELD, MO 63005	SALUKI BASEBALL CARBONDALE, MO	SALUKI WAY ATHLETICS CARBONDALE, IL

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ATTACHMENT 6 (CONT'D)

1481-803

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NURSES FOR NEWBORNS 7259 LANDSDOWNE, SUITE 100 ST. LOUIS, MO 63119	NONE	GENERAL	50.
SALUKI ATHLETIC SCHOLARSHIP FUND CARBONDALE, IL	NONE	EDUCATIONAL	1,000.
ST. LOUIS BROWNS ST. LOUIS, MO	NONE	GENERAL	58.
ST. LOUIS KOLLEL 8200 DELMAR BOULEVARD ST. LOUIS, MO 63124	NONE	RELIGIOUS	300.
MIDWEST PERFORMING ARTS 317 OZARK TRAIL DRIVE, SUITE 140-160 ELLISVILLE, MO 63011	NONE	GENERAL	500.

51,153. TOTAL CONTRIBUTIONS PAID

Form **8868**

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	Service File a s	separate app	Discation for each return		
•	iling for an Automatic 3-Month Extension, co	•	•		► [X]
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unlessou have already been granted an automatic 3-month extension on a previously filed Form 8868 					
Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for					
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information					
Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see					
instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)					
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete					
Part I only					
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time					
to file income tax returns Enter filer's identifying number, see instructions					
Type or Name of exempt organization or other filer, see instru				Employer identification number (EIN) or
print	ROBERT HARDCASTLE CHARITABLE FOUNDATION, INC X 43-1844009			43 1944000	
File by the	Number, street, and room or suite no. If a P.O. box				
due date for	16100 CHESTERFIELD PARKWAY WEST			Social security number (SSN)	
filing your return See	City, town or post office, state, and ZIP code For a				
instructions	CHESTERFIELD, MO 63017				
Enter the Return code for the return that this application is for (file a separate application for each return)					
<u> </u>					
Application		Return	Application	Return	
ls For		Code	ls For	orCod	
Form 990		01	Form 990-T (corporation	orm 990-T (corporation) 07	
Form 990-BL		02	Form 1041-A 08		- 08
Form 990-EZ		01	Form 4720 09		09
Form 990-PF		04	Form 522710		
Form 990-T (sec 401(a) or 408(a) trust)		05 06	Form 6069		
Form 990-T (trust other than above)			Form 8870	Form 8870 12	
The best and the same of b. DODEDE D. HADDONOMIC					
The books are in the care of					
Telephone	e No ▶ 636 532-0484		FAX No ▶		
• If the organization does not have an office or place of business in the United States, check this box					
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is					
for the whole group, check this box If it is for part of the group, check this box and attach					
a list with the names and EINs of all members the extension is for					
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time					
until 08/15 , 20 12 , to file the exempt organization return for the organization named above. The extension is					
for the organization's return for					
▶ X calendar year 20 11 or					
tax year beginning, 20, and ending, 20					
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return					
Change in accounting period					
2a. If this application is far Form 200 BL 200 BE 200 T 4700, or COCO, order the tentation to local and					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions					
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$					
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS					
(Electronic Federal Tax Payment System) See instructions 3c \$ 0					
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for					
payment instructions					
For Privacy Act and Paperwork Reduction Act Notice, see Instructions Form 8868 (Rev 1-2012)					