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## Form **990-PF**

# 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.

Department of the Treasury Internal Revenue Service

OMB No 1545-0052

	calendar year 2011 or tax year beginning		, and ending		
	ne of foundation	017777 3 FF 017		A Employer identification	number
	ICHAEL J. RAINEN FAMILY F	OUNDATION		43-6805204	
	/O FRIEND COOPER, LLC  nber and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	901 W. 47TH PLACE	<b>,</b>	103	913-387-20	65
	or town, state, and ZIP code			C If exemption application is pe	
	ESTWOOD, KS 66204				•
G C	Check all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	, check here 🕨 🗀
	Final return	Amended return		Foreign organizations me	eting the 85% test
	Address change	Name change		Foreign organizations me check here and attach co	mputation
<u> </u>	Check type of organization: X Section 501(c)(3) ex			E If private foundation stat	
<u> </u>		Other taxable private foundati		under section 507(b)(1)	
	ur market value of all assets at end of year J Accounting	· ·	Accrual	F If the foundation is in a 6	
( <i>II</i>	. , , ,	her (specify) mn (d) must be on cash ba	asis )	under section 507(b)(1)	(B), Check here
	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received		· · ·	_	
	2 Check X if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	10,688.	10,688.		STATEMENT 1
	4 Dividends and interest from securities	23,629.	23,629.	23,629.	STATEMENT 2
	5a Gross rents				,
	b Net rental income or (loss)				
ē	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<5,569.>	•		
Revenue	assets on line 6a 105, 910.	RECEIVED	7		
Ŗ	Capital gain for income (nominativ, line 2)	ILOLIVED	0.	N/A	
	8 Net short-term capital gain 9 Income modifications	AUG 2 3 2012 8	<del> </del>	N/A	
	8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances	400 3 3 5015 14			
	b Less Cost of goods sold	S S S S S S S S S S S S S S S S S S S			
	c Gross profit or (loss)	GUEN, UT			
	11 Other income				
	12 Total. Add lines 1 through 11	28,748.	34,317.	34,317.	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0
	14 Other employee salaries and wages				
g	15 Pension plans, employee benefits				
JUSE.	16a Legal fees b Accounting fees STMT 3	2,000.	2,000.	0.	0
xpe	c Other professional fees STMT 4	9,451.	9,451.	0.	0
e E	17 Interest	7, 324.	<u> </u>		
ati,	18 Taxes STMT 5	631.	631.	0.	0
istr	19 Depreciation and depletion				
in.	20 Occupancy				
١Ad	21 Travel, conferences, and meetings				
and	22 Printing and publications				
	23 Other expenses STMT 6	273.	273.	0.	0
ing a	24 Total operating and administrative	4.0.0	40 0==	_	_
rating a	expenses Add lines 13 through 23	12,355.	12,355.	0.	120 575
Operating a	-	139,575.			139,575
Operating and Administrative Expense	25 Contributions, gifts, grants paid				
Operating a	<ul><li>25 Contributions, gifts, grants paid</li><li>26 Total expenses and disbursements</li></ul>		12 255	_	120 575
Operating a	25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25	151,930.	12,355.	0.	139,575
Operating a	<ul> <li>25 Contributions, gifts, grants paid</li> <li>26 Total expenses and disbursements</li></ul>	151,930.		0.	139,575
Operating a	25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25			0.	139,575

MICHAEL J. RAINEN FAMILY FOUNDATION

For	m <u>99</u>	00-PF (2011) C/O FRIEND COOPER, LLC			805204 Page 2
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	
<u></u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	8,224.	1.	1.
	2	Savings and temporary cash investments	1,172,970.	1,043,713.	1,043,713.
	3	Accounts receivable ►			
		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			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
∢	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			<u></u>
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	1,936,168.	1,904,385.	1,904,385.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)	3,117,362.	2,948,099.	<u>2,948,099.</u>
es	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	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			
Ś		and complete lines 24 through 26 and lines 30 and 31.			
ဥ	24	Unrestricted			
ala	25	Temporarily restricted			
or Fund Balances	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
ä		•			
٥		and complete lines 27 through 31	0	0.	
ets		Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	3,117,362.	2,948,099.	
et A	29	Retained earnings, accumulated income, endowment, or other funds	3,117,362.	2,948,099.	
ž	30	Total net assets or fund balances	3,111,302.	2,340,033.	
		Total lighthis and not access found belongs	3,117,362.	2,948,099.	
	31	Total liabilities and net assets/fund balances		2,940,099.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	3,117,362.
2		r amount from Part I, line 27a		2	<123,182.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	- 1-V	4	2,994,180.
		reases not included in line 2 (itemize)		5	46,081.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,948,099.
<u>-</u>		The state of the s			Form <b>990-PF</b> (2011)

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132,603.

139,575.

Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

MICHAEL J. RAINEN FAMILY FOUNDATION 43-6805204 C/O FRIEND COOPER, LLC Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter. 220. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1% 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a b Exempt foreign organizations - tax withheld at source 6b 1,000 c Tax paid with application for extension of time to file (Form 8868) 6¢ 6d d Backup withholding erroneously withheld 1,000. 7 7 Total credits and payments. Add lines 6a through 6d 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 9 780. 10 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 780. Refunded ▶ 11 11 Enter the amount of line 10 to be. Credited to 2012 estimated tax | Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1c Х c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (2) On foundation managers. ► \$ (1) On the foundation. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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9 10 X

X

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remain in the governing instrument?

If "Yes," complete Part II, col (c), and Part XV

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

MICHAEL J. RAINEN FAMILY FOUNDATION 43-6805204 Form 990-PF (2011) Page 5 C/O FRIEND COOPER, LLC Part 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 X 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 X If "Yes," attach statement (see instructions) 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 ightharpoonup FRIEND COOPER, LLC Telephone no.  $\triangleright 913 - 387 - 2065$ ZIP+4 ▶66205 KS Located at ▶ 1901 W. 47TH PLACE, SUITE 103, WESTWOOD, 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 No 16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, Yes X 16 securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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 Yes X No 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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A1b section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2011? 10 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)): a 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 Yes X No before 2011? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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3b

4a

Yes X No

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

2 C	ompensation of five highest-paid employees (other than those inc	cluded 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	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE				
		-			
					<del></del>
	-			ļ	
Total	number of other employees paid over \$50,000				(

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MICHAEL J. RAINEN FAMILY FOUNDATION

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en		
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant starnumber of organizations and other beneficiaries served, conferences convened, research papers pi	tistical information such as the roduced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.  3		

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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	1,678,999.
	Average of monthly cash balances	1b	1,060,363.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,739,362.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,739,362.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,090.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,698,272.
6	Minimum investment return. Enter 5% of line 5	6	134,914.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here   and do not complete this part.)	ıd certai	
1	Minimum investment return from Part X, line 6	1	134,914.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	220.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	134,694.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	134,694.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	134,694.
P	art XII Qualifying Distributions (see instructions)	······	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	139,575.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	139,575.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	<u>220.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	139,355.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

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	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	Обирае	Todio prior to 2010	2070	2011
line 7				134,694.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
<b>b</b> Total for prior years:				
		0.		<del></del>
3 Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006 <b>b</b> From 2007				
c From 2008 38, 238.				
d From 2009 19,785.				
e From 2010				
f Total of lines 3a through e	58,023.			
4 Qualifying distributions for 2011 from	30,023.			
Part XII, line 4. ► \$ 139,575.		}		
a Applied to 2010, but not more than line 2a			0.	
<b>b</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				134,694.
e Remaining amount distributed out of corpus	4,881.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	62,904.			
<b>b</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				
be distributed in 2012				0.
7 Amounts treated as distributions out of	:			
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	0.			
not applied on line 5 or line 7  9 Excess distributions carryover to 2012				
Subtract lines 7 and 8 from line 6a	62,904.			
10 Analysis of line 9:	02,504.			
a Excess from 2007				
b Excess from 2008 38, 238.				
c Excess from 2009 19,785.				
d Excess from 2010				
e Excess from 2011 4,881.				

MICHAEL J. RAINEN FAMILY FOUNDATION Form 990-PF (2011) C/O FRIEND COOPER 43-6805204 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) 4942(j)(3) or 2 a Enter the lesser of the adjusted net Tax year Prior 3 years income from Part I or the minimum (a) 2011 **(b)** 2010 (c) 2009 (d) 2008 (e) Total investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not 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 Complete 3a, b, or c for the alternative test relied upon: 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 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) (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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LXJ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include:

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

c Any submission deadlines:

C/O FRIEND COOPER, LLC

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Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount contribution status of Name and address (home or business) recipient a Paid during the year PUBLIC CHARITY CHARITABLE BACK IN THE SWING N/A 500. PUBLIC CHARITY CHARITABLE BAKER UNIVERSITY N/A 26,000. **BCCNS** N/A PUBLIC CHARITY CHARITABLE 50,000. FRIENDS OF IDF N/A PUBLIC CHARITY CHARITABLE 1,000. PUBLIC CHARITY CHARITABLE JEWISH FEDERATION N/A 15 000. SEE CONTINUATION SHEET(S) 139 575. Total ➤ 3a b Approved for future payment NONE Total

5 Net rental income or (loss) from real estate:  a Debt-financed property  b Not debt-financed property  6 Net rental income or (loss) from personal property  7 Other investment income  8 Gain or (loss) from sales of assets other than inventory  9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue:  a b	Page 12
1 Program service revenue:    1 Program service revenue:   2	
1 Program service revenue:    1 Program service revenue:   2	<del></del>
1 Program service revenue:    Code	empt
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Exempt Organizations   Ves No   Dodg (other than section 501(x)) organizations) or in section 527, cellang to political organizations?	Part XVII	_		sfers To a	and Transactions a	and Relationship	s With Nonchai	'itable	
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(a) Description of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 f(c) of the Code (offier than section 50 f(c)(3)) or in section 52??  If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penale 22 PPPTPY Transactional Library examined this return, including accompanying schedules and statements, and to the best of my knowledge forum with the preparer signature of offices of trustee  Print'type preparer's name  Preparer's signature  Print'type preparer's name  Preparer's signature  ANDREA WILSON  ANDREA WILSON  Firm's same > SENTINEL WEALTH ADVISORS, LLC  Firm's address > 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340	or service	s given by the reporting fo	oundation. If the four	ndation receiv	ed less than fair market valu	ue in any transaction or s	sharing arrangement, s	now in	
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  b if "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A    Under penal@sa*Psprint-thecever-hard Libage examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if true, correct, and complete Description of preparer (other than tappayer) is based on all information of which preparer as any knowledge of the first true correct, and complete Description of preparer (other than tappayer) is based on all information of which preparer as any knowledge of the first true correct, and complete Description of preparer (other than tappayer) is based on all information of which preparer as any knowledge of the first true correct, and complete Description of preparer (other than tappayer) is based on all information of which preparer as any knowledge of the first true correct, and complete Description of preparer (other than tappayer) is based on all information of which preparer as any knowledge of the first true correct, and complete Description of preparer (other than tappayer) is based on all information of which preparer as any knowledge of the first true correct, and complete Description of preparer (other than tappayer) is based on all information of which preparer as any knowledge of the first true correct, and complete the following schedules and statements, and to the best of my knowledge of the first as any knowledge of the first true true true.    Very very very very very very very very v		•							
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (ofter than section 501(c)(3)) or in section 527?  b If Yes, complete the following schedule.  (a) Name of organization  N/A    Code penalization   (b) Type of organization   (c) Description of relationship	(a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description of tr	ansfers, transactions, and s	haring arrangi	ements
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductore that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.?)  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature				N/A				<del> </del>	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductors that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it between correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instity). TRUSTEE  Firm's name ▶ SENTINEL WEALTH ADVISORS, LLC  Firm's address ▶ 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductore that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.?)  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductore that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.?)  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature							<u> </u>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductors that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it between correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instity). TRUSTEE  Firm's name ▶ SENTINEL WEALTH ADVISORS, LLC  Firm's address ▶ 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductors that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it between correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instity). TRUSTEE  Firm's name ▶ SENTINEL WEALTH ADVISORS, LLC  Firm's address ▶ 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340									
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductors that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it between correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instity). TRUSTEE  Firm's name ▶ SENTINEL WEALTH ADVISORS, LLC  Firm's address ▶ 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340									
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductore that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it between correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instit?)  Print/Type preparer's name  Preparer's signature  Print/T									
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductore that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it between correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instit?)  Print/Type preparer's name  Preparer's signature  Print/T									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  Under penaltes of perpay, reductore that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it between correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instit?)  Print/Type preparer's name  Preparer's signature  Print/T	,					_			
b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penaltes of parjury. Televiare that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)?  TRUSTEE  Tritle  Print/Type preparer's name  Preparer's signature  Date  Check ☐ if Self- employed  ANDREA WILSON  Pol1403581  Prim's name ➤ SENTINEL WEALTH ADVISORS, LLC  Firm's address ➤ 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340	2a Is the fou	ndation directly or indirect	tly affiliated with, or i	related to, one	or more tax-exempt organ	izations described			
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penaltesor perpay, reactare that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and statements, and to the best of my knowledge frequency.  TRUSTEE  Tritle  Print/Yppe preparer's name  Preparer's signature  ANDREA WILSON  ANDREA WILSON  Polition of relationship  Preparer has any knowledge  True True True True True True True True	ın section	501(c) of the Code (other	r than section 501(c)	)(3)) or in sec	tion 527?			Yes	X No
N/A    Sign   Under penaltes of perjury, it declare that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the left in the preparer has any knowledge and belief, it is true, correct and statements, and to the left in the preparer has any knowledge and statements, and to the left in the p	b If "Yes," co	omplete the following sch	edule.						
Sign Here		(a) Name of org	janization		(b) Type of organization	(c) [	escription of relationsl	ııp	
Sign Here    And belief, it strue, correct, and complete   Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   TRUSTEE   Trustee   Title   Trustee   Title   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Trustee   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's		N/A							
Sign Here    And belief, it strue, correct, and complete   Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   TRUSTEE   Trustee   Title   Trustee   Title   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Trustee   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's									
Sign Here    And belief, it strue, correct, and complete   Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   TRUSTEE   Trustee   Title   Trustee   Title   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Trustee   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Print/Type preparer's									
Sign Here    And belief, it strue, correct, and complete   Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   TRUSTEE   Treturn with the preparer shown below (see instr.)?   Yes   No									
Sign Here    And belief, it strue, correct, and complete   Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   TRUSTEE   Treturn with the preparer shown below (see instr.)?   Yes   No									
Sign Here    Signature of officer of trustee   Date   Title   Trustee   Date   Title   Trustee   Preparer's signature   Date   Title   Print/Type preparer's name   Preparer's signature   Date   Title   Print/Type preparer's name   Preparer's signature   Date   Check   If self-employed   Policy   Self-employed   Policy   Prim's name   SENTINEL WEALTH ADVISORS, LLC   Firm's EIN   20-2217654								the IRS discu	uss this
Here Signature of officer of trustee    Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed	Sign and b	elief, it is true, correct, and con	nplete Declaration of pr	eparer (other tha	in taxpayer) is based on all inform	mation of which preparer has	any knowledge retu	irn with the pre	eparer
Paid Primt No preparer's name Preparer's signature Date Check If self- employed Prim's name ► SENTINEL WEALTH ADVISORS, LLC Firm's EIN ► 20-2217654  Firm's address ► 1901 W 47TH PL, SUITE 103 WESTWOOD, KS 66205 Phone no. 913.647.1340		1//			XIIS    U	TRUSTEE	ľ	r	
Paid Preparer Use Only  Firm's address ▶ 1901 W 47TH PL, SUITE 103 WESTWOOD, KS 66205  Self-employed  P01403581  Po1403581  Firm's EIN ▶ 20-2217654  Phone no. 913.647.1340	/ Sigi	nature of officer or trustee			Date	Title			
Paid Preparer Use Only    Firm's address   1901 W 47TH PL, SUITE 103   WESTWOOD, KS 66205   Phone no. 913.647.1340   Self-employed   P01403581		Print/Type preparer's na	 ame	Preparer's s	ignature	Date Che	eck if PTIN		
Preparer Use Only  Firm's name ► SENTINEL WEALTH ADVISORS, LLC  Firm's EIN ► 20-2217654  Firm's address ► 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340		'				self	f- employed		
Preparer Use Only  Firm's name ► SENTINEL WEALTH ADVISORS, LLC  Firm's EIN ► 20-2217654  Firm's address ► 1901 W 47TH PL, SUITE 103  WESTWOOD, KS 66205  Phone no. 913.647.1340	Paid	ANDREA WIL	SON	ANDREA	WILSON		P0:	140358	31
Use Only    Firm's address ► 1901 W 47TH PL, SUITE 103   Phone no. 913.647.1340	Preparer			•		Fii			
Firm's address ► 1901 W 47TH PL, SUITE 103 WESTWOOD, KS 66205 Phone no. 913.647.1340	•			<b></b>	,	'"			
WESTWOOD, KS 66205 Phone no. 913.647.1340	•	Firm's address ▶ 1 9	01 W 47TH	I PL . S	SUITE 103	· · · · · · · · · · · · · · · · · · ·			
						Pi	none no. 913.0	547.13	340
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del>-</del>	1'-			

43-6805204

**Supplementary Information** 3 . Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient N/A PUBLIC CHA CHARITABLE KANSAS CITY ART INSTITUTE 1,000. PUBLIC CHA CHARITABLE KAUFFMAN CENTER N/A 15,000, KEMPER MUSEUM N/A PUBLIC CHA CHARITABLE 275. PUBLIC CHA CHARITABLE NELSON GALLERY FOUNDATION N/A 3,500. PUBLIC CHA CHARITABLE KC ARTISTS COALITION N/A 2,250. MO COALITION FOR LIFESAVING CURES N/A PUBLIC CHA CHARITABLE 100. JEWISH VOCATIONAL SERVICES N/A PUBLIC CHA CHARITABLE 1,200. THE STUDIOS INC. N/A PUBLIC CHA CHARITABLE 2,500. THE WHOLE PERSON N/A PUBLIC CHA CHARITABLE 2,000, PUBLIC CHA CIRCLE OF CHAI N/A CHARITABLE 1,000. Total from continuation sheets 47.075.

#### MICHAEL J. RAINEN FAMILY FOUNDATION

C/O FRIEND COOPER, LLC 43-6805204

3 .Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
CHORI	N/A	PUBLIC CHA	CHARITABLE	15,00
TEMPLE ISRAEL	N/A	PUBLIC CHA	CHARITABLE	
				1,75
KC BALLET	N/A	PUBLIC CHA	CHARITABLE	
				1,00
JEWISH FAMILY SERVICES	N/A	PUBLIC CHA	CHARITABLE	50
Total from continuation sheets		<u> </u>		

FORM 990-PF INTEREST ON SAVI	NGS AN	D TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
MORGAN STANLEY SCHWAB US BANK						7,7 2,8	
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A			10,6	88.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUR	ITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS VIDENDS	COLUMN (A AMOUNT	)
APPLESEED, LLC CHARLES SCHWAB MORGAN STANLEY	_		6. 19,240. 4,383.		0. 0. 0.	19,2 4,3	
TOTAL TO FM 990-PF, PART I, I	ກ 4 =		23,629.		0.	23,6	29.
FORM 990-PF	ACC	OUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVE		(C) ADJUSTED NET INCOM		
TAX PREPARATION	2	,000.	2 ,	.000.		0.	0.
TO FORM 990-PF, PG 1, LN 16B	2	,000.	2 ,	000.		0.	0.
	MUED D	ROFES	SIONAL FE	EES		STATEMENT	
FORM 990-PF C	THER P					<u> </u>	
	( A EXPEN	.)	(B) NET INVE	EST-	(C) ADJUSTED NET INCOM		
DESCRIPTION INVESTMENT FEES	(A EXPEN PER B	SES	(B) NET INVE MENT INC	EST-	ADJUSTED	CHARITA	

FORM 990-PF	TAX	ES 		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES			
FOREIGN TAXES - SCHWAB 2010 TAXES PAID	81. 550.	81. 550.		). (			
TO FORM 990-PF, PG 1, LN 18 =	631.	631.	0	). (			
FORM 990-PF	OTHER E	XPENSES		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES			
PORTFOLIO DEDUCTIONS	273.	273.	(	). (			
TO FORM 990-PF, PG 1, LN 23	273.	273.	(	). (			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT			
DESCRIPTION		LUATION ETHOD BO	OK VALUE	FAIR MARKET VALUE			
SECURITIES APPLESEED, LLC		FMV FMV	1,604,385.	1,604,385			
TOTAL TO FORM 990-PF, PART II	I, LINE 13		1,904,385.	1,904,385			

#### Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			ightharpoons
	are filing for an Additional (Not Automatic) 3-Month Ex	-		this form)		
•	complete Part II unless you have already been granted a		• • • • • • • • • • • • • • • • • • • •		rm 8868	
	nic filing (e-file). You can electronically file Form 8868 if y					orporation
	to file Form 990-T), or an additional (not automatic) 3-moi					
	o file any of the forms listed in Part I or Part II with the exc					
	ll Benefit Contracts, which must be sent to the IRS in pap					
	w irs gov/efile and click on e-file for Charities & Nonprofits		(coo mondonomo, no mondo donamo s			,
Part	•		ubmit original (no copies ne	eded).	-	
	ration required to file Form 990-T and requesting an autor					
Part I or	•		THE SALUTION OF SHOOT THE BOX LINE			
All other	") corporations (including 1120-C filers), partnerships, REM come tax returns	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	_
Type or	Name of exempt organization or other filer, see instru	ctions	-	Employer	identification nu	ımber (EIN) or
print	MICHAEL J. RAINEN FAMILY FO		rton			
print	C/O FRIEND COOPER, LLC	011211	1 1 0 1 1	X	43-6805	204
File by the	Number street and ream are suite no. If a D.O. have	ee instriici	tions		curity number (S	
due date for filing your	1901 W. 47TH PLACE, NO. 101					,
return See instruction			ress, see instructions			
	WEDTWOOD, RD 00204					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	Return	Application	· <del></del>		Return
Is For		Code	Is For			Code_
Form 99	00	01	Form 990-T (corporation)	_		07
Form 99	<del></del>	02	Form 1041-A			08
Form 99	·	01	Form 4720			09
Form 99		04	Form 5227			10
	00-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	00-T (trust other than above)	06	Form 8870			12
	FRIEND COOPER,					
• The l	pooks are in the care of ▶ 1901 W. 47TH PI		SUITE 103 - WESTW	OOD.	KS 66205	
	phone No ► 913-387-2065		FAX No ▶			
•	e organization does not have an office or place of business	s in the Un				
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole arou	p. check this
box >	If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation					
• ''			tion return for the organization name		The extension	
	for the organization's return for	t Organiza	tion return for the organization ham	ca abovo	THE EXECUTION	
	X calendar year 2011 or					
	tax year beginning	an	d ending			
	tax year beginning		d ending	'	_	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	'n	
	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax, less any	<u>"</u>		
	onrefundable credits. See instructions	0000,0	indicate tany loss any	За	\$	0.
	stimated tax payments made Include any prior year over			3b	\$	0.
				30	Ψ	<u>v.</u>
	alance due. Subtract line 3b from line 3a Include your pa	-		3c	•	0.
	v using EFTPS (Electronic Federal Tax Payment System)   If you are going to make an electronic fund withdrawal v				EO for payment	
	For Privacy Act and Paperwork Reduction Act Notice,			<u> </u>		Rev 1-2012)

123841 01-04-12