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Form 990-PF Part XVI	(2014) THE R	OETHELI -	· LIL'	RED FOUNDAT	ION and Relation	20-027 ships With Noncha		Page	13				
Exempt Organizations													
1 Did the	organization directly or indi	rectly engage in any	of the following	g with any other organiza	tion described in sec	tion 501(c) of	ן ו	Yes N	10				
the Code	e (other than section 501(c	:)(3) organizations) o	r in section 52	7, relating to political org	anizations?			I					
	rs from the reporting found						1 1	- 1					
(1) Cas		_	1a(1)	1 2	X								
٠.	er assets	•			• •		1a(2)		X				
b Other tra		•				•							
		hie evernt organiza	tion				10(1)	,	X				
(1) Sales of assets to a nonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization									X				
					1b(2)		X						
• •	ital of facilities, equipment,						15(4)		X				
(4) Reimbursement arrangements													
• •	ns or loan guarantees						1b(5)		X				
٠,	formance of services or me		_			•	1b(6)		X				
	of facilities, equipment, ma						1c		X				
						market value of the goods, o		ts,					
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in													
column	(d) the value of the goods,	other assets, or serv	ices received.										
(a)Line no.	(b) Amount involved	(c) Name of	noncharitable	e exempt organization (d) Description of transfers, transactions,			having arra	ngemenis					
			N/A										
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in sector	undation directly or indirect n 501(c) of the Code (other complete the following schi	r than section 501(c)	•		nizations described		☐ Yes	(X) N	lo				
(a) Name of organization				(b) Type of organization		(c) Description of relationship			_				
N/A													
									_				
Here	r penalves of perury I declare belief in the rue, correct, and correct	that I have examined the perior Declaration of fin	ensum nigurin ensum biken har	g accompanying schedules an taxpayer) is based on all info		<u>محت</u>	ine its on in with the its below (s	ise ine,t. Is. busbase.	40				
	Print/Type preparer's na	ime	Preparer's si		Date	Check if PTIN			_				
			1,		1 .	self- employed							
Paid KATHRYN RHODES Ferm's name > CBIZ MHM, LLC				untilhale	110/-110		0351	21					
				y roull	or (~1 1/1.)	Firm's EIN > 34-18			—				
				•		FIRM'S EIN > 34-16	1446	U					
Use Only	⁻ 1												
	Firm's address ► 70			-	TTOO								
	KA	NSAS CITY	, MO 6	4112		Phone no. 816-94							
						Fo	rm 99 0-	PF (20	14)				

Form 990	PF (2014) THE R	OETHELI - LIL'	RED FOUNDATIO		274173	Page 13				
Part X	VII Information Re Exempt Organ	egarding Transfers To	and Transactions ar	nd Relationships With None	haritable					
1 Did 1	he organization directly or indi	rectly engage in any of the followl	ng with any other organization	n described in section 501(c) of	1	Yes No				
the (Code (other than section 501(c	(3) organizations) or in section 5	27, relating to political organiz	zations?	1 [
		ation to a noncharitable exempt or				1				
					1a(1)	Х				
				,,,,,	***	X				
	r transactions:					- -				
		hl			15(1)	x				
						- X				
					1b(2)	$\frac{1}{x}$				
(3) Rental of facilities, equipment, or other assets										
(4) Reimbursement arrangements										
(5) Loans or loan guarantees										
(6)	Performance of services or me	embership or fundraising solicitation	ons		1b(6)	X				
						X				
d If the	answer to any of the above is	"Yes," complete the following scho	edule. Column (b) should alwa	ays show the fair market value of the goo	ds, other asse	ts,				
				in any transaction or sharing arrangeme						
		other assets, or services received.								
(a) Line no.		(c) Name of noncharitabl		(d) Description of transfers, transactions,	and sharing ara	ngements				
		N/A								
				 						
	<u> </u>			 						
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		thy affiliated with, or related to, one				(Ter)				
		r than section 501(c)(3)) or in sec	DON 5277		Yes	X No				
b #76	s,* complete the following sch									
	(a) Name of org	janization	(b) Type of organization	(c) Description of relat	onship					
	N/A									
					-					
	Under penalties of perfury, I declare	that I have examined this return, include	ng accompanying schedules and st	tatements, and to the best of my knowledge	May the last of	cues for				
Sign	and belief it is true, correct, and car		en bespayer) is based on all informat	tion of which preparer has any knowledge.	May the IHS dis return with the	preparer				
Here	D. T. W. (30 Mer. 100	10-08-15	(FO	shown below (s	No No				
	Signature of officer or trustee		Date	Trtle	Law les	NO				
					IN					
	Print/Type preparer's na	arie riepaters	Maria mic	self- employed	m4					
		1/_/	1 / D: 10	, I - I						
Paid	KATHRYN RH		inh 1Challes !		2000351					
Preparer Firm's name ► CBIZ MHM, LLC / Firm's EIN ► 34-1										
Use Only										
	Firm's andress ► 70	0 WEST 47TH STR	REET, SUITE 11	L00						
		NSAS CITY, MO 6		Phone no. 816-	-945-55	00				
					Form DOOL					