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DLN: 93491100008188

OMB No 1545-0052

**Return of Private Foundation** 

Form 990-PF Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. 2017

		Fillionnation	Tabout Form 990-FF an	iu its ilisti uctions is	at <u>www.iis</u>	.yov/10	<u>ттээорт</u> .	Inspection	
	caler	ndar year 2017, or tax year	r beginning 01-01-20	017 , a	nd ending				
Th Fo	e Danie undatioi	l G and Wanda K O'Dell Famıly n				25255	entification numbe	:r	
Num	ber and	tion Source   street (or P O box number if mail is n	not delivered to street address	) Room/suite	<b>B</b> Tele	B Telephone number (see instructions)			
F	oundatio	on Source 501 Silverside Rd				839-1754	,	,	
City Wilm	or town nington,	, state or province, country, and ZIP o DE 198091377	r foreign postal code				application is pendin	g, check here	
= C	ack all	I that apply  Initial return	Initial return of a	former public charity		orolan or	ganizations, check h		
a Ci	ieck aii	Final return	Amended return			_	ganizations, check in ganizations meeting	▶ ⊔	
		Address char					k here and attach co		
ı Ch	neck tv		501(c)(3) exempt private	foundation			undation status was n 507(b)(1)(A), chec		
_		. 4947(a)(1) nonexempt charitabl	_			aci seccio	11 307(B)(1)(A), click	.K Here	
Fa	r mark	et value of all assets at end	J Accounting method	☑ Cash ☐ Accru			ation is in a 60-mont		
		rom Part II, col (c), \$ 8,087,631	Other (specify)		un	der sectio	n 507(b)(1)(B), ched	k here	
	2 20/1	<b>+</b> 0,007,001	(Part I, column (d) must	t be on cash basis )					
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and equal the amounts in column (a) (se		expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes	
								(cash basis only)	
	1	Contributions, gifts, grants, etc , schedule)	, received (attach	352,060					
	2	Check ▶ ☐ If the foundation is	not required to attach						
		Sch B							
	3	Interest on savings and tempora	·	439		439			
	4	Dividends and interest from secu	urities	132,033		132,033			
	5a b	Gross rents							
<u>e</u>	6a	Net gain or (loss) from sale of a	ssets not on line 10	-					
e K	)   ь	- , ,							
Revenue	7	Gross sales price for all assets o Capital gain net income (from Pa		-		0			
4	8	Net short-term capital gain .	•						
	9	Income modifications							
	10a	Gross sales less returns and allo	wances						
	ь	-							
	С	Gross profit or (loss) (attach sch	nedule)						
	11	Other income (attach schedule)		3,603					
	12	<b>Total.</b> Add lines 1 through 11		488,135		132,472			
	13	Compensation of officers, director	·	C					
	14	Other employee salaries and wa Pension plans, employee benefit	-						
Ses	15 16a	Legal fees (attach schedule)							
Ē	ь	Accounting fees (attach schedule							
Operating and Administrative Expenses	C	Other professional fees (attach s	•						
<u>×</u>	17	Interest	seriedate) i i i i						
rat	18	Taxes (attach schedule) (see ins	structions)	1,200					
<u> </u>	19	Depreciation (attach schedule) a	,						
Ē	20	Occupancy	•						
Ă	21	Travel, conferences, and meetin		770				770	
anc	22	Printing and publications							
5	23	Other expenses (attach schedule	e)	28,320		57		28,263	
at i	24	Total operating and administ	rative expenses.						
<u>8</u>		Add lines 13 through 23		30,290		57		29,033	
)	25	Contributions, gifts, grants paid		237,433				237,433	
	26	<b>Total expenses and disburses</b> 25	ments. Add lines 24 and	147 777		E-7		366 466	
	27	Subtract line 26 from line 12		267,723		57		266,466	
	a	Excess of revenue over exper	nses and	220,412					
		disbursements	gative enter -0-1			132 //15			
	b c	Net investment income (If negative Adjusted net income(If negative)	-			132,415			
			, U j	i	1		ı	i	

	2	Savings and temporary cash investments	5/3,181	441,534	44
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
ts		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	5,081,184	5,433,244	7,64
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe 🕨)			

5,874,778

5,874,778

5,874,778 5,874,778

2

3

4

5

6

5,654,365

5,874,778

5,874,778 Form **990-PF** (2017)

220,412

5,654,365

5,654,365

5,654,365

8,087,631

### 16 Total assets (to be completed by all filers—see the 5,654,365 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses . . . 18 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund

Liabilities

or Fund Balances

Assets 27

21

22

23

24

25

26

28

29 Net 30

31 Part III

2

Other liabilities (describe >\_

Unrestricted

Temporarily restricted Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 . . . . . .

Enter amount from Part I, line 27a

Capital Gains	and Losses for Tax on Invest	ment income				
	(a) the kınd(s) of property sold (e g , re rehouse, or common stock, 200 shs	(b) How acquire P—Purchas D—Donation	se   Da	(c) ite acquired o , day, yr )	<b>(d)</b> Date sold (mo , day, yr	
1a						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain c	h) r (loss) ) minus (g)
a						
b c						
d						
e						
Complete only for asse	ts showing gain in column (h) and ow	ned by the foundation (	on 12/31/69		(	1)
(i) F M V as of 12/31/6	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (յ), ıf any	cc	Gains (Col. (h) gain minus col. (k), but not less than -0-) o Losses (from col. (h))	
a						
b						
С						
d						
е					1	
2 Capital gain net incom	1	If gain, also enter in P. If (loss), enter -0- in F		}		
·	gain or (loss) as defined in sections					
in Part I, line 8	art I, line 8, column (c) (see instructi			3		
art V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investmen	t Income	2	
r optional use by domestic	private foundations subject to the se	ction 4940(a) tax on ne	t investment i	ncome )		
ection 4940(d)(2) applies,	leave this part blank					
	•	hl	the beauties			es 🔽 No
	the section 4942 tax on the distributa not qualify under section 4940(e) Do		in the base pe	erioaz	Ш Ү	es 🖭 No
	mount in each column for each year,		making any e	ntries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(col	(d) Distribution rat (b) divided by o	
2016	251,766		5,360,674	· · · · · · · · · · · · · · · · · · ·		0 046965
2015	223,253		5,104,997			0 043732
2014	191,760		4,842,574			0 039599
2013	128,865		4,118,322			0 031291
2012	102,075		2,665,987	_ 1		0 038288
2 Total of line 1, column	• •			2		0 199875
	o for the 5-year base period—divide indation has been in existence if less		or by the	3		0 039975
	indation has been in existence if less oncharitable-use assets for 2017 from		$\dots$	4		7 230 645

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 7,230,645 5 289,045 6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . . 6 1,324 7 290,369 **7** Add lines 5 and 6 . . . . . . . . . 8 266,466 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

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
				. "NO. 15 "
2 Compensation of five highest-pai	d employees (other than t	hose included on line 1		ne, enter "NONE."
(a)	Title, and average	(-) 6	Contributions to employee benefit	Expense account,
Name and address of each employee pa more than \$50,000	hours per week  (b) devoted to position	(c) Compensation	plans and deferred	(e) other allowances
· · ·			(d) compensation	
Total number of other employees paid over				- II
3 Five highest-paid independent co (a) Name and address of each persor			e of service	(c) Compensation
(a) Name and address of each person	r paid more than \$50,000	(b) Typ	e or service	(C) Compensation
		-		
		_		
T. I				
Total number of others receiving over \$50  Part IX-A Summary of Direct O			<u> •  </u>	
List the foundation's four largest direct charitable		ude relevant statistical inforn	nation such as the number of	_
organizations and other beneficiaries served, conf	ferences convened, research paper	s produced, etc	additional additional and the manifest of	Expenses
1				
2				
-				
3				
4				_
Part IX-B Summary of Program	n-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
2				
All other program-related investments	See instructions			
3				
Fotal. Add lines 1 through 3 .		<del></del>		

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

2

3a 3h

4

5

266,466

266,466

Form 990-PF (2017)

354,520

Form 990-PF (2017)

(d)

2017

Page 9

-PF (20	017)	
4111	Undistributed Income	(see instructions)

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017

2015 , 2014 , 2013

a Enter amount for 2016 only. . . . . . .

Excess distributions carryover, if any, to 2017

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . .
 b Excess from 2014. . . .
 c Excess from 2015. . . .
 d Excess from 2016. . . .
 e Excess from 2017. . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

d Applied to 2017 distributable amount. . . . .
e Remaining amount distributed out of corpus
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

same amount must be shown in column (a) )

(a)

Corpus

(b)

Years prior to 2016

(c)

2016

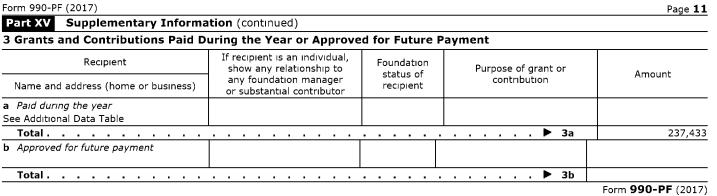
262,102

262,102

Form 990-PF (2	017)
Part XIII	Und

**b** Total for prior years

a From 2012. . . . .
b From 2013. . . .
c From 2014. . . . .
d From 2015. . . . .
e From 2016. . . . .



rm 990-PF (2017) Part XVI-A Analysis of Income-Producing	Activities				Page <b>1</b>
ter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
. Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
a b					
c					
d					
e					
f					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash			14	420	
Investments			14	439 132,033	
Net rental income or (loss) from real estate				102,000	
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income.  Gain or (loss) from sales of assets other than					
inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue  a Federal Tax Refund			01	3,603	
b			01	3,003	
с					
d					
e					
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)				136,075	I
(See worksheet in line 13 instructions to verify calcu	lations )		13		130,07
art XVI-B Relationship of Activities to the		ment of Exen	npt Purposes		
ne No. Explain below how each activity for which the accomplishment of the foundation's expression instructions )	income is reporte kempt purposes (d	d in column (e) o other than by pro	of Part XVI-A contribut oviding funds for such	ed importantly to purposes) (See	

orm 990-PF (2										Pa	ge <b>13</b>
Part XVII	Information Re Exempt Organia		nsfers To a	nd Transactio	ns and	Relatio	nships With No	ncharitab	le		
	ganization directly or inc Code (other than sectio							on 501		Yes	No
	rom the reporting foun										
<b>(1)</b> Cash.								. <u>1</u> a	(1)		No
• •	assets							. <u>1</u> a	(2)		No
<b>b</b> Other trans								ļ.,			
` '	of assets to a nonchari	•	-						(1)		No
	ases of assets from a n							_	(2)		No No
	l of facilities, equipmen oursement arrangemen	•						_	(4)		No
	or loan guarantees.							_	(5)		No
• •	mance of services or m							_	(6)		No
c Sharing of	facilities, equipment, n	nailing lists, othe	er assets, or <sub>l</sub>	paid employees.				. 🗀	Lc		No
of the good in any tran	ver to any of the above ds, other assets, or serv saction or sharing arra (b) Amount involved	vices given by th ngement, show	ne reporting f in column <b>(d</b>	oundation If the ) the value of the	foundation for goods, o	on receive other asse	d less than fair mar ts, or services recei	ket value ved		aoman	te.
(a) Line No	( <b>b</b> ) Amount involved	(c) Name of non	icharitable exen	npt organization	( <b>a</b> ) De	scription or	transfers, transactions	, and snaring	arrang	gemen	<u>ts</u>
2a Is the foun	dation directly or indire	ctly affiliated w	ıth or related	to one or more	tav-ever	nnt organi	zations				
	n section 501(c) of the	•						🗆	Yes	<b>✓</b>	Nο
	emplete the following so	·-	5000.0 50	2(0)(0)) 0: 000				–			
	(a) Name of organization		(b	) Type of organizati	on		(c) Description	n of relationsh	пр		
of my which	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, corre									
Sign Here	****			2018-03-22	\	*****		May the I return with the p			
S	Signature of officer or ti	rustee		Date		Title		below (see ınstr	)? 🗸	Yes	□ <sub>No</sub>
	Print/Type preparer's  Jeffrey D Haskell	name Pr	eparer's Sıgn	ature	Date		Check if self- employed ▶ □	PTIN PO	13457	770	
Paid	Jenney D Haskell										
Preparer Use Only	Firm's name ▶ Foun	dation Source						Fırm's EIN	<b>&gt;</b>		
Jac Jilly	Firm's address ▶ On	ne Hollow Ln Ste	212								

Lake Success, NY 11042

Phone no (800) 839-1754

Form **990-PF** (2017)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Daniel G O'Dell Pres / Dir / Treas 0 0

Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Gary A O'Dell	Dir	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Karon M O'Doll	Dire	0	٥	

Foundation Source 501 Silverside Rd Wilmington, DE 198091377				
Karen M O'Dell	Dir	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			

Wilmington, DE 198091377				
Karen M O'Dell	Dır	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1 0			
Wanda K O'Dell	VP / Dir / Sec	0	0	0
Foundation Source 501 Silverside Rd	10			

Foundation Source 501 Silverside Rd Wilmington, DE 198091377				
Wanda K O'Dell	VP / Dır / Sec	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			

Wanda K O'Dell	VP / Dır / Sec	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Amy O'Dell Hood	Dır	0	0	0

Foundation Source 501 Silverside Rd Wilmington, DE 198091377				
Amy O'Dell Hood	Dir	0	0	

Wilmington, DE 198091377				
Amy O'Dell Hood	Dir	0	0	
5 II 6 F04.61 I B1	1 0			

Amy O'Dell Hood	Dır	0	0	
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			

Form 990PF Part XV Line 1a - 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).

Wanda K O'Dell

Daniel G O'Dell

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ASSISTANCE LEAGUE OF KANSAS CITY 6101 N CHESTNUT AVE GLADSTONE, MO 64119	N/A	PC	Operation School Bell - Step UP for Students Campaign	880
ASSISTANCE LEAGUE OF KANSAS CITY 6101 N CHESTNUT AVE GLADSTONE, MO 64119	N/A	PC	Serving Tomorrow Capital Campaign	5,000
CHILDRENS MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64108	N/A	PC	General & Unrestricted	500
CLAY COUNTY AFRICAN AMERICAN LEGACY INC 502 N WATER ST LIBERTY, MO 64068	N/A	PC	Charitable Event	1,000

PC

General & Unrestricted

1,000

237,433

GLADSTONE, NO 04119				
CHILDRENS MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64108	N/A	PC	General & Unrestricted	50
CLAY COUNTY AFRICAN AMERICAN	N/A	PC	Charitable Event	1,00

CORBIN THEATRE COMPANYPO BOX 202 N/A

LIBERTY, MO 64069

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CORNERSTONES OF CARE N/A PC in support of the Spofford 2,000 300 E 36TH ST Program KANSAS CITY, MO 64111

DRUMM CENTER FOR CHILDREN INC 3210 LEES SUMMIT RD INDEPENDENCE, MO 64055	N/A	PC	Charitable Event	7,500
FEED NORTHLAND KIDS 8105 N COSBY AVE KANSAS CITY, MO 64151	N/A	PC	General & Unrestricted	500
FREEDOM HOUSEPO BOX 1415 LIBERTY, MO 64069	N/A	PC	General & Unrestricted	2,500
GIRLS ON THE RUN SERVING GREATER KANSAS CITY MISSO 211 W 18TH ST	N/A	PC	General & Unrestricted	1,000

KANSAS CITY, MO 64108

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GREATER KANSAS CITY COMMUNITY N/A PC Liberty Community Christmas 1,000 FOUNDATION Tree Program 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105 GREATER KANSAS CITY COMMUNITY N/A PC. Liberty Giving Circle Program 303 FOUNDATION 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105 HABITAT FOR HUMANITY OF KANSAS N/A PC General & Unrestricted 1,000 CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 64109 HARVESTERS-THE COMMUNITY FOOD N/A PC General & Unrestricted 2,000

HILLOPEST MINISTRIESDO BOY 17	N/A	DC.	General & Unrestricted	50.00
NETWORK 3801 TOPPING AVE KANSAS CITY, MO 64129				

LIBERTY, MO 64069

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1				
INASMUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 64068	N/A	PC	General & Unrestricted	5,000
ISAACS DREAM INC9621 N HOME AVE KANSAS CITY, MO 64157	N/A	PC	Charitable Event	1,000

KANSAS CITY, MO 64157				
ISAACS DREAM INC9621 N HOME AVE KANSAS CITY, MO 64157	N/A	PC	Charitable Event	250
KANSAS CITY SYMPHONY 1703 WYANDOTTE ST STE 200 KANSAS CITY, MO 64108	N/A	PC	General & Unrestricted	500

1703 WYANDOTTE ST STE 200 KANSAS CITY, MO 64108				
LEWY BODY DEMENTIA ASSOCIATION INC 912 KILLIAN HILL SW LILBURN, GA 30047	N/A	PC	General & Unrestricted	500

237,433

KANSAS CITY, MO 64108				
LEWY BODY DEMENTIA ASSOCIATION INC	N/A	PC	General & Unrestricted	!
912 KILLIAN HILL SW LILBURN. GA 30047				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LIBERTY COMMUNITY CHORUS N/A PC General & Unrestricted 500 PO BOX 884 LIBERTY, MO 64069 LIBERTY HOSPITAL FOUNDATION N/A PC Charitable Event 2,500 PO BOX 1002 LIBERTY, MO 64069 LIBERTY PARKS & RECREATION N/A PC 1,000 Annual Campaign CHARITABLE FUND 1600 S WITHERS RD LIBERTY, MO 64068 LIBERTY SCHOOL DISTRICT NO 53 N/A PC General & Unrestricted 2,500 FOUNDATION INC 8 VICTORY LN LLBERTY, MO 64068 LIBERTY SCHOOL DISTRICT NO 53 N/A PC Liberty Schools Activity 25.000 FOUNDATION INC. Complexes Fund 8 VICTORY LN

LLBERTY, MO 64068

237,433 Total . . . . . 3a

### Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
LIBERTY SYMPHONY ORCHESTRA INC 500 COLLEGE HILL BOX 1137 LIBERTY, MO 64068	N/A	PC	General & Unrestricted	500

LIBERTY, MO 64068				
LIFE UNLIMITED INC2135 MANOR WAY LIBERTY, MO 64068	N/A	PC	General & Unrestricted	2,000
LITERACY KANSAS CITY 211 W ARMOUR BLVD FL 3RD	N/A	PC	General & Unrestricted	2,500

EIBERTT, NO 04000				
LITERACY KANSAS CITY 211 W ARMOUR BLVD FL 3RD KANSAS CITY, MO 64111	N/A	PC	General & Unrestricted	2,500
MAN TO MAN	N/A	PC	Topeka Gang Diplomacy	1,500

KANSAS CITY, MO 64111				
MAN TO MAN 8025 SHEPHERDSTOWN PIKE SHEPHERDSTOWN, WV 25443	N/A	PC	Topeka Gang Diplomacy Initiative	1,500
MAN TO MAN	N/A	DC.	Tonoka Gang Diplomacy	3 000

8025 SHEPHERDSTOWN PIKE SHEPHERDSTOWN, WV 25443			Initiative	
MAN TO MAN 8025 SHEPHERDSTOWN PIKE SHEPHERDSTOWN WV 25443	N/A	PC	Topeka Gang Diplomacy Initiative	3,000

MAN TO MAN 8025 SHEPHERDSTOWN PIKE SHEPHERDSTOWN, WV 25443	N/A	PC	Topeka Gang Diplomacy Initiative	3,00

Total				237.433
8025 SHEPHERDSTOWN PIKE SHEPHERDSTOWN, WV 25443			Initiative	
MAN TO MAN	I IV/A	PC	Topeka Gang Diplomacy	3,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MAYO CLINIC13400 E SHEA BLVD SCOTTSDALE, AZ 85259	N/A	PC	General & Unrestricted	10,000
MONKEY TAIL RANCH1993 ORCHARD RD HOLLISTER, CA 95023	N/A	PC	Service dog Project	3,000
OPERATION BREAKTHROUGH INC 3039 TROOST AVE KANSAS CITY MO. 64109	N/A	PC	General & Unrestricted	50,000

3039 TROOST AVE KANSAS CITY, MO 64109			deneral & officestricted	30,000
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 64108	N/A	PC	General & Unrestricted	5,000
REBUILDING TOGETHER KANSAS CITY INC 2050 PLUMBERS WAY STE 150	N/A	PC	Charitable Event	1,500

KANSAS CITY, MO 64108				
REBUILDING TOGETHER KANSAS CITY INC 2050 PLUMBERS WAY STE 150 LIBERTY, MO 64068	N/A	PC	Charitable Event	1,500
Total	237.433			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SALVATION ARMY N/A PC. Annual Christmas Campaign 2,000 3637 BROADWAY BLVD KANSAS CITY, MO 64111 SOROPTIMIST INTERNATIONAL OF THE N/A PC 1,000 General & Unrestricted AMERICAS INC

PO BOX 69 LIBERTY, MO 64069				
SYNERGY SERVICES INC400 E 6TH ST PARKVILLE, MO 64152	N/A	PC	General & Unrestricted	2,000
THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	N/A	PC	General & Unrestricted	10,000
THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	N/A	PC	Catalyst 3 Fund	10,000

Total . 3a

237,433

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	N/A	PC	2017 Christmas Store Program	500
THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	N/A	PC	Second Friends Preschool Scholarship Program	2,000
WILLIAM JEWELL COLLEGE 500 COLLEGE HL LIBERTY, MO 64068	N/A	PC	Harrıman Fine Arts Program	2,500
WILLIAM JEWELL COLLEGE 500 COLLEGE HL LIBERTY, MO 64068	N/A	PC	Harriman Fine Arts - Prelude 2017 Program	1,000
WILLIAM JEWELL COLLEGE 500 COLLEGE HL LIBERTY, MO 64068	N/A	PC	Student Scholarship Fund for the 2018 Achievement Day Dinner	2,500

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

237,433

· ·	or substantial contributor			
a Paid during the year				
WILLIAM JEWELL COLLEGE	N/A	PC	The Jewell Fund	10,000

LIBERTY, MO 64068 Total.

Name and address (home or business)

3а

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491100008188 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule **Name:** The Daniel G and Wanda K O'Dell Family

# Name: The Daniel G and Wanda K O'Dell Family Foundation EIN: 27-1525255

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491100008188

# **TY 2017 Investments Corporate Stock Schedule**

Name: The Daniel G and Wanda K O'Dell Family

Foundation

FTN: 27-1525255

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ADIENT PLC	3,867	6,532
APPLE INC	449,869	507,690
BANNER CORP	85,936	275,600
CITIGROUP INC	1,251,949	1,637,020
GENERAL MOTORS	61,149	81,980
GOLDMAN SACHS GROUP	154,516	254,760
HUNTSMAN CORP	404,650	832,250
INTEL CORP	99,609	230,800
INTERNATIONAL BUSINESS MACHINE	314,498	306,840
ISHARES SILVER TRUST	188,218	159,900
JOHNSON CONTROLS INTERNATIONAL	38,151	31,822
KANSAS CITY SOUTHERN	395,405	631,320
MAILLINCKRODT PLC	25,352	16,920
MEDTRONIC PLC	441,385	463,182
NASB FINANCIAL INC	213,615	339,300
PACCAR INC	144,422	213,240
PFIZER INC	138,798	181,100
POWERSHARES QQQ NASDAQ 100	115,909	311,520
PROSHARES TRUST	248,600	42,225
RIVERVIEW BANCORP INC	324,241	674,951
STATE BANK FINANCIAL CORP	76,898	118,465
UNITED TECHNOLOGIES CORP	70,270	127,570
US BANCORP	79,807	107,160
VERIZON COMMUNICATIONS	37,647	41,762
VODAFONE GROUP PLC	68,483	52,188

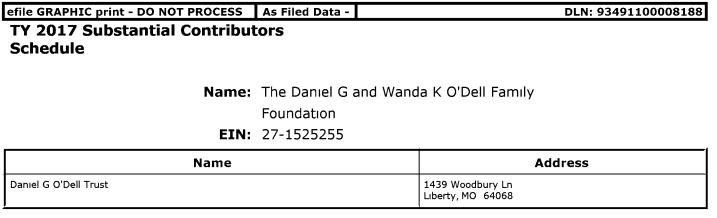
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491100008188	
<b>TY 2017 Other Expenses Sche</b>	TY 2017 Other Expenses Schedule				
Name:	The Daniel G ar	nd Wanda K O'Del	ll Family		
	Foundation				
EIN:	<b>EIN:</b> 27-1525255				
Other Expenses Schedule				·	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Administrative Fees	28,253			28,253	
Bank Charges	57	57	1		

State or Local Filing Fees

## Other Treems Schodule

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
Federal Tax Refund	3.603				

**EIN:** 27-1525255



efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491100008188		
TY 2017 Taxes Schedule						
Name:	The Daniel G	and Wanda K O'[	Dell Family			
	Foundation					
EIN:	27-1525255					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
				Purposes		

990-PF Estimated Tax for 2017

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491100008188
Schedule B		Schedi	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>Ir</i>s <i>gov/form</i>990</u>		ons is at	2017
Name of the organization The Daniel G and Wanda I					Employer id	lentification number
Foundation	·				27-1525255	
Organization type (che	ck one)					
Filers of:	Section:					
orm 990 or 990-EZ						
	☐ 4947(a)(	1) nonexempt cha	ritable trust <b>not</b> treated a	s a private founda	tion	
	☐ 527 politi	ical organization				
Form 990-PF	<b>✓</b> 501(c)(3)	) exempt private fo	oundation			
	☐ 4947(a)(	1) nonexempt cha	ritable trust treated as a	private foundation		
501(c)(3) taxable private foundation						
			PF that received, during Complete Parts I and II S			
Special Rules						
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vi), that che luring the year, total	g Form 990 or 990-EZ th scked Schedule A (Form al contributions of the gro plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, t	otal contributions o	f more than \$1,000	, or (10) filing Form 990 o 0 <i>exclusively</i> for religious r animals Complete Part	s, charitable, scien		
during the year, of if this box is check purpose Don't co	contributions <i>exclus</i> cked, enter here the omplete any of the p	cively for religious, total contributions parts unless the <b>G</b>	, or (10) filing Form 990 of charitable, etc., purpose is that were received duri eneral Rule applies to the or more during the year	s, but no such con ng the year for an nis organization be	itributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
Caution. An organizatio 990-EZ, or 990-PF), but Form 990-EZ or on its F 990-EZ, or 990-PF)	it <b>must</b> answer "No	o" on Part IV, line 2	2, of its Form 990, or che	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 990		tructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)

Name of organiz	ation	Employer identification	number
The Daniel G and Toundation	Wanda K O'Dell Famıly	27-1525255	
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Daniel G O'Dell Trust 1439 Woodbury Ln Liberty, MO64068	\$ 352,060	(Complete Part II for noncash
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person

Schedule B (Form	990, 990-EZ, or 990-PF) (2017)		Page 4
Foundation	i <b>ion</b> anda K O'Dell Family		Employer identification number 27-1525255
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, chari ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
		<del></del>	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)