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2019

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

**Return of Private Foundation** 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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	19 , aı	nd end	ling 12-31-	2019	
		indation el G and Wanda K O'Dell Family			A Employer ıd	entification numbe	r
Fo	undatio				27-1525255		
		d street (or P O box number if mail is not delivered to street address) on Source 501 Silverside Rd	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
					(800) 839-1754	Į.	
		, state or province, country, and ZIP or foreign postal code DE 198091377			<b>C</b> If exemption	application is pendin	g, check here
G Cl	neck al	I that apply Initial return Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere 🗆
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change			•	k here and attach co	· · -
H C	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private (	oundation			ındatıon status was t n 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust	private foundation				
of	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 9,596,522  J Accounting method  ☐ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accru	ıal		ation is in a 60-monti n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per books	( <b>b</b> ) N∈	et investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions) )	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	947,776	5			
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach	·				
		Sch B					
	3	Interest on savings and temporary cash investments	4,315		4,315		
	4 5a	Dividends and interest from securities	175,130	1	175,130		
	b b	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	7,851				
e <b>x</b>	b	Gross sales price for all assets on line 6a955,641	·				
Revenue	7	Capital gain net income (from Part IV, line 2)			791,236		
2	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,135,072	2	970,681		
	13	Compensation of officers, directors, trustees, etc	0				
_	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
Ē	16a	Accounting fees (attach schedule)					
Expenses	b c	Other professional fees (attach schedule)					
Ve	17	Interest					
and Administrative	18	Taxes (attach schedule) (see instructions)	1,100				
ni st	19	Depreciation (attach schedule) and depletion					
₫	20	Occupancy					
I Ac	21	Travel, conferences, and meetings					
and	22	Printing and publications					
Ď.	23	Other expenses (attach schedule)	25,652		41		25,611
Operating	24	Total operating and administrative expenses.					
<u>5</u>		Add lines 13 through 23	26,752	2	41		25,611
0	25	Contributions, gifts, grants paid	366,323	3		-	366,323
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	393,075	5	41		391,934
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	741,997	,			
	ь	Net investment income (If negative, enter -0-)	, 11,551		970,640		
	С	Adjusted net income (If negative, enter -0-)					
For	L Paper	work Reduction Act Notice, see instructions.	1	Ca	t No 11289>	r For	m <b>990-PF</b> (2019)

Form 990-PF (2019) Page 2 Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year Part II should be for end-of-year amounts only (See instructions ) (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash—non-interest-bearing 2 621,851 1,363,862 1,363,862 3 Accounts receivable Less allowance for doubtful accounts ▶ Pledges receivable Less allowance for doubtful accounts Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .

5,025,099

5,646,950

5,025,085

6.388.947

2

3

4

5

8,232,660

9,596,522

5,646,950 741,997

6,388,947

6,388,947 Form **990-PF** (2019)

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . .

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶ \_\_\_\_\_

Loans from officers, directors, trustees, and other disqualified persons

Investments—land, buildings, and equipment basis ▶

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Total assets (to be completed by all filers—see the

Other assets (describe > \_

	5
	6
	7
S	8
Assets	9
As	10a
	b

b

С

11

12

13 14

15

16

17

18

19

20

Liabilities

Net Assets or Fund Balances

Pa

2

3

21	Mortgages and other notes payable (attach schedule)		
22	Other liabilities (describe >)		
23	Total liabilities(add lines 17 through 22)	0	0
	Foundations that follow FASB ASC 958, check here 🕨 🗌		
	and complete lines 24, 25, 29 and 30.		
24	Net assets without donor restrictions		
25	Net assets with donor restrictions		
	Foundations that do not follow FASB ASC 958, check here  and complete lines 26 through 30.		
26	Capital stock, trust principal, or current funds		
27	Paid-in or capital surplus, or land, bldg , and equipment fund		
28	Retained earnings, accumulated income, endowment, or other funds	5,646,950	6,388,947
29	Total net assets or fund balances (see instructions)	5,646,950	6,388,947

Total net assets or fund balances (see instructions)		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
29 Total net assets or fund balances (see instructions)	6,388,947	
	6,388,947	
28 Retained earnings, accumulated income, endowment, or other funds 5,646,950	6,388,947	

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

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Other increases not included in line 2 (itemize) ▶ \_\_\_\_\_

Decreases not included in line 2 (itemize) ▶ \_

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs	MLC Co ) P—Pu	cquired irchase onation	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
1 a Publicly-traded Securities	S				
b					
С					
d					
e					
	(f)	(g)		(	h)
(e) Gross sales price	Depreciation allowed	Cost or other bas	IS		r (loss)
Gloss sales plice	(or allowable)	plus expense of sa	ale	(e) plus (f	) minus (g)
<b>a</b> 95	5,641		164,405	i	791,236
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation on 12/31.	/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col(i	)	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b>
	as of 12/31/69	over col (j), if ar	ıy	Losses (fre	om col (h))
a					791,236
b					
С					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in Part I, line If (loss), enter -0- in Part I, line		2	791,236
·	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0-	}	3	
Part V Qualification	Jnder Section 4940(e) for Re	duced Tax on Net Invest	ment In	come	
For optional use by domestic p	private foundations subject to the sec	tion 4940(a) tax on net investm	ent Incom	ne )	
f section 4940(d)(2) applies, le	eave this part blank			_	_
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do	· · ·	ise period	7  \ \ \ \ \ \ \ \	es 🔽 No
<ol> <li>Enter the appropriate an</li> </ol>	nount in each column for each year,	see instructions before making	any entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets	<b>(d)</b> Distribution rati (col (b) divided by c	
2018	357,451	7,887,	029		0 045321
2017	266,466	7,230,	645		0 036852
2016	251,766	5,360,	674		0 046965
2015	223,253	5,104,	997		0 043732
2014	191,760	4,842,	574		0 039599
2 Total of line 1, column (	d)		. 2		0 212469
	o for the 5-year base period—divide t	the total on line 2 by 5 0, or by	the		
number of years the four	ndation has been in existence if less	than 5 years	. 3		0 042494
	ncharitable-use assets for 2019 from	•	. 4	<u> </u>	8,188,107
<b>5</b> Multiply line 4 by line 3			. 5		347,945
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6		9,706
<b>7</b> Add lines 5 and 6			. 7		357,651
	ions from Part XII, line 4 ,		. 8		391,934
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line 1b, and complete tha	t part usir	ng a 1% tax rate Se	e the Part VI

Page **6** 

5a	During the year did the foundation p	pay o	r incur any amount to							Yes	No
	(1) Carry on propaganda, or otherw	ıse a	ttempt to influence legisl	ation (section 4945(e))?		☐ Yes	<b>✓</b>	No			
	(2) Influence the outcome of any sp	pecific	public election (see sect	tion 4955), or to carry							
	on, directly or indirectly, any vo	ter re	egistration drive?			☐ Yes	<b>✓</b>	No			
	(3) Provide a grant to an individual	for tr	ravel, study, or other sım	ılar purposes?		Yes		No			
	(4) Provide a grant to an organizati	on ot	her than a charitable, etc	, organization described	1						
	ın section 4945(d)(4)(A)? See ir					☐ Yes	<b>✓</b>	No			
	(5) Provide for any purpose other the	han r	eligious, charitable, scien	tific, literary, or							
	educational purposes, or for the		· ·			☐ Yes	<b>✓</b>	No			
b	If any answer is "Yes" to $5a(1)-(5)$ ,		=			rıbed ın					
	Regulations section 53 4945 or in a						•		5b		
	Organizations relying on a current n					▶					
С	If the answer is "Yes" to question 5a			•							
	tax because it maintained expenditu					☐ Yes		No			
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)							
6a	Did the foundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premit	ıms on						
	a personal benefit contract?				•	☐ Yes	✓	No			
b	Did the foundation, during the year,	pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?	·	•		6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, was					☐ Yes	<b>✓</b>	No			
b	If "Yes", did the foundation receive		·			?			7b		
8	Is the foundation subject to the sect					on or					
	excess parachute payment during th	ne ye	ar <sup>?</sup>			☐ Yes	<b>✓</b>	No			
Pa	Information About C	Offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Hi	ghly Pa	id Er	nplo	yees,	,	
Ра	and Contractors										
1	List all officers, directors, trustee	es, fo	oundation managers ar	nd their compensation	. See instruc	tions					
		(	<b>b)</b> Title, and average	(c) Compensation (If	(d) Conti			(e)	Expen	se acc	ount.
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee be deferred co				ther al		
See	Addıtıonal Data Table		devoted to position	-0-,	dererred co	Jilipelisa	.1011				
<u> </u>	Additional Data Table	1									
								1			
		-									
								+-			
		1									
								-			
		-									
	Compensation of five highest-pa	id on	anloyaas (athar than t	hoso included on line	  -coo instru	ctions\	Tf no	70.0	ntor"	NONE	71
	Compensation of five ingliest-pa	iu eii	ipioyees (other than th		(d) Cont		- 1	iie, e	iitei	HONE	•
(a)	Name and address of each employee	paid	(b) Title, and average	(2) Campanathan		ee benefi		(e)	Expens	se acco	ount,
	more than \$50,000		hours per week devoted to position	(c) Compensation		d deferre	:d	ot	her all	owanc	es
					compe	ensation					
Tota	I number of other employees paid over	er \$5	0,000			. •					
								For	m <b>99</b> 0	0-PF	(2019

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include rele organizations and other beneficiaries served, conferences convened, research papers produce.		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3		Form <b>990-PF</b> (2019)

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

За 3h

4

5

391.934

9.706

382.228

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

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

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

4

5

399,699

4,224

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Page 9

,	
Part XIII	ι

**b** Total for prior years

a From 2014. . . . . **b** From 2015. . . . . c From 2016. . . d From 2017. . . . . e From 2018. . . . .

PF (2)	J19)			
111	Undist	ributed	Income	7

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

6 Enter the net total of each column as

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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)

indicated below:

10 Analysis of line 9

a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

same amount must be shown in column (a) )

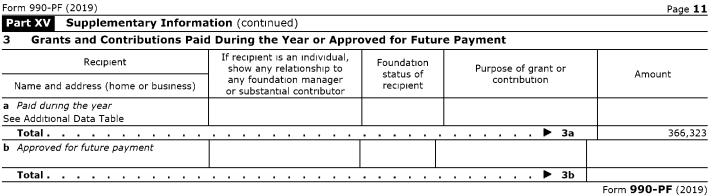
Undistributed Income (see instruc	tions)
	(a)

2017, 2016, 2015

ndistributed Income (see instructions)	

- 1 Distributable amount for 2019 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . . .
- Corpus
- (b) Years prior to 2018
- (c) 2018 387,710

387,710



	s amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
с						
g Fees 2 Membe	and contracts from government agencies ership dues and assessments					
investr 4 Dividei	nents			14 14	4,315 175,130	
	ntal income or (loss) from real estate					
<b>b</b> Not o	-financed property					
invento	r (loss) from sales of assets other than ory			18	7,851	
LO Gross L1 Other	profit or (loss) from sales of inventory revenue a					
.3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	(lations )		13	187,296 	187,296
	I-B Relationship of Activities to the		ment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex					
	Instructions )					
	instructions )					
	Instructions )					
	Instructions )					
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	Instructions )					

Form 990-PF (2019)		Pa	ge <b>13</b>
Part XVII  Information Regarding Transfers To and Transactions and Relationships With Nonchar Exempt Organizations	itable		
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
<b>b</b> Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)	_	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market		<u> </u>	
of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received			
(a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and shared transfers.	arıng arra	ngemen	its

of the go	ods, other assets, or se	rvices given by the	reporting foundation If the	e foundatioi	n received less than fair market value ther assets, or services received
(a) Line No	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Desc	cription of transfers, transactions, and sharing arrangements
(_,	(2)	(0)		(-,	
2a Is the fo	undation directly or indir	ectly affiliated with	, or related to, one or more	e tax-exem	pt organizations
	•	•	(c)(3)) or in section 527? .		<u> </u>
	complete the following s		(-/(-// -: 02/ -	· · ·	
D 11 165,	(a) Name of organizati		(b) Type of organizat	tion	(c) Description of relationship
	(=) or organizati		(2) Type of organization		(c) become an interaction of the

Under penalties of perjury, I declare that I have 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 Sign May the IRS discuss this return with the preparer shown 2020-05-05 Here Signature of officer or trustee Title Date (see instr ) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P01345770 employed ▶ □ Jeffrey D Haskell Paid

**Preparer** Firm's name ▶ Foundation Source **Use Only** Firm's address ▶ One Hollow Ln Ste 212 Lake Success, NY 11042

Firm's EIN ▶

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, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation Daniel G O'Dell Dir, Pres, Treas 0 0

Foundation Source 501 Silverside Rd Wilmington, DE 198091377	1.0			
Gary A O'Dell	Dir	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			
Karan M O'Dall	D			

Gary A O Dell	DIF	l o	l o	' <b>'  </b>
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	] 1 0			
Karen M O'Dell	Dir	0	0	0
Foundation Source 501 Silverside Rd Wilmington, DE 198091377	10			

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	Dır, Sec, VP	0	0	0

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

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

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

0

Dır

10

Amy O'Dell Hood

Foundation Source 501 Silverside Rd Wilmington, DE 198091377

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 \$5,000).

Daniel G O'Dell Wanda K 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, Foundation Purpose of grant or Amount show any relationship to status of contribution

AMERICAN CANCER SOCIETY	N/A	PC	Charitable Event	500
a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	recipient		

1100 PENNSYLVANIA AVE KANSAS CITY, MO 64105	.,,,,			
ASSISTANCE LEAGUE OF KANSAS CITY 6101 N CHESTNUT AVE	N/A	PC	Operation School Bell - Step UP for Students	1,120

KANSAS CITT, MO 64105				
ASSISTANCE LEAGUE OF KANSAS CITY 6101 N CHESTNUT AVE GLADSTONE, MO 64119	N/A	PC	Operation School Bell - Step UP for Students	1,120
ASSOCIATED BAPTIST PRESS PO BOX 21148	N/A	PC	Clemons Fund	250

Total			▶ 3a	366,323
ASSOCIATED BAPTIST PRESS PO BOX 21148 WINSTON SALEM, NC 27120	N/A	PC	Clemons Fund	250
6101 N CHESTNUT AVE GLADSTONE, MO 64119	IN/A	PC	for Students	1,120

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

	or substantial contributor			
a Paid during the year				
CAL RIPKEN SR FOUNDATION INC	N/A	PC	Youth Sports Field in Toledo,	2,500

BALTIMORE, MD 21209				
CONSOLIDATED LIBRARY DISTR #3-MID-CONT PUB LIBRARY 15616 E 24 HWY	N/A	GOV	Woodneath Legacy	5,000

CONSOLIDATED LIBRARY DISTR #3-MID-CONT PUB LIBRARY 15616 E 24 HWY INDEPENDENCE, MO 64050	N/A	GOV	Woodneath Legacy	5,000
CORBIN THEATRE COMPANYPO BOX 202	N/A	PC	General & Unrestricted	1,000

#3-MID-CONT PUB LIBRARY 15616 E 24 HWY INDEPENDENCE, MO 64050				
CORBIN THEATRE COMPANYPO BOX 202	N/A	PC	General & Unrestricted	1,000

INDEPENDENCE, MO 64050				
CORBIN THEATRE COMPANYPO BOX 202 LIBERTY, MO 64069	N/A	PC	General & Unrestricted	1,000

CORBIN THEATRE COMPANYPO BOX 202 LIBERTY, MO 64069	N/A	PC	General & Unrestricted	1,000

366,323

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

Name and address (home or business)

Total .

Traine and dualess (memo or pasiness)	or substantial contributor			
a Paid during the year				
CORNERSTONES OF CARE 300 E 36TH ST	N/A	PC	General & Unrestricted	2,000

recipient

366,323

DRUMM CENTER FOR CHILDREN INC 3210 LEES SUMMIT RD INDEPENDENCE, MO 64055  N/A  PC  General & Unrestricted 5,000	KANSAS CITY, MO 64111				
	3210 LEES SUMMIT RD	N/A	PC	General & Unrestricted	5,000

DRUMM CENTER FOR CHILDREN INC 3210 LEES SUMMIT RD INDEPENDENCE, MO 64055	N/A	PC	General & Unrestricted	5,000
FEED NORTHLAND KIDS 8105 N COSBY AVE	N/A	PC	General & Unrestricted	2,000

3210 LEES SUMMIT RD INDEPENDENCE, MO 64055				
FEED NORTHLAND KIDS 8105 N COSBY AVE KANSAS CITY, MO 64151	N/A	PC	General & Unrestricted	2,000

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

Name and address (home or business)

Traine and dadress (nome or pasiness)	or substantial contributor			
a Paid during the year				
FORT TUTHILL MILITARY MUSEUM INC 210 W LAMAR RD FLAGSTAFF, AZ 86005	N/A	PC	General & Unrestricted	1,000

recipient

FLAGSTAFF, AZ 86005				
FREEDOM HOUSEPO BOX 1415 LIBERTY, MO 64069	N/A	PC	General & Unrestricted	3,000
GIRLS ON THE RUN SERVING GREATER KANSAS CITY MO	N/A	PC	General & Unrestricted	1,000

FREEDOM HOUSEPO BOX 1415 LIBERTY, MO 64069	N/A	PC	General & Unrestricted	3,000
GIRLS ON THE RUN SERVING GREATER KANSAS CITY MO 211 W 18TH ST KANSAS CITY, MO 64108	N/A	PC	General & Unrestricted	1,000

LIBERTY, MO 64069	IN/A		General & Offiestricted	3,000
GIRLS ON THE RUN SERVING GREATER KANSAS CITY MO 211 W 18TH ST KANSAS CITY, MO 64108	N/A	PC	General & Unrestricted	1,000
Total 3a				

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

1 '				
GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	N/A	PC	Liberty Community Christmas Tree Program	2,500
GREATER KANSAS CITY COMMUNITY	N/A	PC	Liberty Giving Circle	303

KANSAS CITY, MO 64105				
GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	N/A	PC	Liberty Giving Circle	303
HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD	N/A	PC	General & Unrestricted	1,000

FOUNDATION 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105				
HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 64109	N/A	PC	General & Unrestricted	1,000
Total			▶ 3a	366,323

Recipient Foundation Purpose of grant or If recipient is an individual, 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 HARVESTERS-THE COMMUNITY FOOD N/A PC General & Unrestricted 2.000

NETWORK 3801 TOPPING AVE KANSAS CITY, MO 64129				·
HEARTLAND REGIONAL MEDICAL CENTER-ARTHRITIS CENTER	N/A	PC	General & Unrestricted	500

10/11/3/13 0111/110 01123				
HEARTLAND REGIONAL MEDICAL CENTER-ARTHRITIS CENTER 802 N RIVERSIDE STE 160 ST JOSEPH, MO 64507	N/A	PC	General & Unrestricted	500
HEARTSTRONG INC 6804 W 107TH ST STE 100	N/A	PC	General & Unrestricted	2,500

CENTER-ARTHRITIS CENTER 802 N RIVERSIDE STE 160 ST JOSEPH, MO 64507				
HEARTSTRONG INC 6804 W 107TH ST STE 100 OVERLAND BARK KS 66212	N/A	PC	General & Unrestricted	2,50

Total .

ST JOSEPH, MO 64507				
HEARTSTRONG INC 6804 W 107TH ST STE 100 OVERLAND PARK, KS 66212	N/A	PC	General & Unrestricted	2,500

366,323

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

INACMUCH MINICTRY	N/A	DC.	Canada O Hamastriated	F 000
HILLCREST MINISTRIESPO BOX 17 LIBERTY, MO 64069	N/A	PC	General & Unrestricted	50,000
a Paid during the year				

INASMUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 64068	N/A	PC	General & Unrestricted	5,000
ISAACS DREAM INC	N/A	PC	Charitable Event	1,300

LIBERTY, MO 64068				
ISAACS DREAM INC 10531 N OAKLAND AVE KANSAS CITY, MO 64157	N/A	PC	Charitable Event	1,300

Total . .

366,323

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
KANSAS CITY SYMPHONY	N/A	PC	General & Unrestricted	500

LIBERTY COMMUNITY CHORUS N/A DC Coperal & Uprostructed	1703 WYANDOTTE ST STE 200 KANSAS CITY, MO 64108			
PO BOX 884	PO BOX 884	N/A	General & Unrestricted	500

LIBERTY COMMUNITY CHORUS PO BOX 884 LIBERTY, MO 64069	N/A	PC	General & Unrestricted	500
LIBERTY HOSPITAL FOUNDATION PO BOX 1002 LIBERTY, MO 64069	N/A	PC	Charitable Event	2,500

PO BOX 884 LIBERTY, MO 64069				
LIBERTY HOSPITAL FOUNDATION PO BOX 1002 LIBERTY, MO 64069	N/A	PC	Charitable Event	2,500
Total			▶ 3a	366,323

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 \_\_

CHARITABLE FUND 1600 S WITHERS RD LIBERTY, MO 64068	N/A	120	Annual Fundraiser	2,000
LIBERTY SCHOOL DISTRICT FOUNDATION	N/A	PC	General & Unrestricted	3,000

2 222

LIBERTY, MO 64068				
LIBERTY SCHOOL DISTRICT FOUNDATION 8 VICTORY LN STE 100 LIBERTY, MO 64068	N/A	PC	General & Unrestricted	3,000
LIBERTY SYMPHONY ORCHESTRA INC	N/A	PC	General & Unrestricted	1,000

8 VICTORY LN STE 100 LIBERTY, MO 64068				
LIBERTY SYMPHONY ORCHESTRA INC 500 COLLEGE HILL BOX 1137 LIBERTY, MO 64068	N/A	PC	General & Unrestricted	1,000

LIBERTY, MO 64068		
Total	 ▶ 3a	366,323

Recipient If recipient is an individual, Purpose of grant or Foundation 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				
LIFE UNLIMITED INC2135 MANOR WAY	N/A	PC	General & Unrestricted	2,000

LIBERTY, MO 64068				
LITERACY KANSAS CITY 3036 TROOST AVE	N/A	PC	General & Unrestricted	3,

LITERACY KANSAS CITY	N/A	PC	General & Unrestricted	3,000
3036 TROOST AVE				
KANSAS CITY, MO 64109				
		1		

KANSAS CITY, MO 64109				
MAYO CLINIC13400 E SHEA BLVD	N/A	PC	General & Unrestricted	10,000

366,323

KANSAS CITY, MO 64109				
MAYO CLINIC13400 E SHEA BLVD SCOTTSDALE, AZ 85259	N/A	PC	General & Unrestricted	1

10 (115) 15 6211     116 61203				
MAYO CLINIC13400 E SHEA BLVD SCOTTSDALE, AZ 85259	N/A	PC	General & Unrestricted	10

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 MEMORIAL SLOAN-KETTERING CANCER N/A PC Charitable Event 250 CENTER 1275 YORK AVE

NEW YORK, NY 10065				
NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC 11625 RAINWATER DR STE 500 ALPHARETTA, GA 30009	N/A	PC	NCF Giving Account Fund Heartstrong Fund	5,000
OPERATION BREAKTHROUGH INC 3039 TROOST AVE	N/A	PC	General & Unrestricted	50,000

▶ 3a

366,323

KANSAS CITY, MO 64109

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

DUBLIC TELEVISION 10 INC	NI/A	nc	Canada O Hamastriated	F 000
POLICE FOUNDATION OF KANSAS CITY 2345 GRAND BLVD KANSAS CITY, MO 64108	N/A	PC	Charitable Event	2,500
a : a.a aa,g a				

KANSAS CITT, MO 04100				
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 64108	N/A	PC	General & Unrestricted	5,000
REBUILDING TOGETHER KANSAS CITY INC	N/A	PC	General & Unrestricted	5,000

125 E 31ST ST KANSAS CITY, MO 64108				
REBUILDING TOGETHER KANSAS CITY INC 2050 PLUMBERS WAY STE 150 LIBERTY, MO 64068	N/A	PC	General & Unrestricted	5,000

KANSAS CITY, MO 64108				
REBUILDING TOGETHER KANSAS CITY INC 2050 PLUMBERS WAY STE 150 LIBERTY, MO 64068	N/A	PC	General & Unrestricted	5,000
Total			▶ 3a	366,323

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

a Paid during the year		
a Paid during the year		

3637 BROADWAY BLVD KANSAS CITY, MO 64111	·			ŕ
SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC	N/A	PC	Soroptimist Benevolent Fund	1,000

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC PO BOX 69 LIBERTY, MO 64069	N/A	PC	Soroptimist Benevolent Fund	1,000
SYNERGY SERVICES INC400 F 6TH ST	N/Δ	PC	General & Unrestricted	2 000

SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC PO BOX 69 LIBERTY, MO 64069	N/A	PC	Soroptimist Benevolent Fund	1,000
SYNERGY SERVICES INC400 E 6TH ST PARKVILLE, MO 64152	N/A	PC	General & Unrestricted	2,000

PO BOX 69 LIBERTY, MO 64069				
SYNERGY SERVICES INC400 E 6TH ST PARKVILLE, MO 64152	N/A	PC	General & Unrestricted	2,000

366,323

	i		i	
SYNERGY SERVICES INC400 E 6TH ST	N/A	PC	General & Unrestricted	2,000
PARKVILLE, MO 64152				

STACKOT SERVICES INCHOOL OTH ST	LING		deneral & officied	
PARKVILLE, MO 64152				
·			•	

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

THE SECOND PARTICE CHIRCH OF

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LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	IN/A	PC	General & Unrestricted	100
THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST	N/A	PC	2019 Christmas Store	1,000

l pc

Canaral & Unrestricted

100

THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	N/A	PC	2019 Christmas Store	1,000
THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	N/A	PC	Second Year (2020) of Catalyst 4 Campaign	20,000

300 E KANSAS ST LIBERTY, MO 64068				
THE SECOND BAPTIST CHURCH OF LIBERTY MISSOURI 300 E KANSAS ST LIBERTY, MO 64068	N/A	PC	Second Year (2020) of Catalyst 4 Campaign	20,000
Total			▶ 3a	366,323

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

WILLIAM JEWELL COLLECE	N/A	DC.	Charitable Event	EOO
a Paid during the year				
Name and address (home or business)	nd address (home or business) any foundation manager or substantial contributor			

WILLIAM JEWELL COLLEGE 500 COLLEGE HL LIBERTY, MO 64068	N/A	PC	Charitable Event	500
WILLIAM JEWELL COLLEGE	N/A	PC	Center for Sports and Fitness	135,000

LIBERTY, MO 64066				
WILLIAM JEWELL COLLEGE 500 COLLEGE HL LIBERTY, MO 64068	N/A	PC	Center for Sports and Fitness	135,000
WILLIAM JEWELL COLLEGE	N/A	PC	Harrıman-Jewell Series	2,500

500 COLLEGE HL LIBERTY, MO 64068				
WILLIAM JEWELL COLLEGE 500 COLLEGE HL LIBERTY, MO 64068	N/A	PC	Harriman-Jewell Series	2,500
Total			▶ 3a	366,323

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

Name and address (home or business)

· ·	or substantial contributor			
a Paid during the year				
WILLIAM JEWELL COLLEGE 500 COLLEGE HL	N/A	PC	J Club Membership	10,000

LIBERTY, MO 64068				
WILLIAM JEWELL COLLEGE 500 COLLEGE HL	N/A	PC	The Jewell Fund	10,000
LIBERTY MO 64068				

WILLIAM JEWELL COLLEGE 500 COLLEGE HL LIBERTY, MO 64068	N/A	PC	The Jewell Fund	10,000
Total			▶ 3a	366,323

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491142013630 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule **Name:** The Daniel G and Wanda K O'Dell Family Foundation

**EIN:** 27-1525255

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491142013630

## **TY 2019 Investments Corporate Stock Schedule**

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

Foundation

**EIN:** 27-1525255

Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
ADIENT PLC	3,867	1,764			
APPLE INC	449,869	880,950			
BANNER CORP	85,936	282,950			
CADENCE BANCORPORATION	76,885	91,466			
CITIGROUP INC	1,251,949	1,757,579			
GENERAL MOTORS	71,880	73,200			
GOLDMAN SACHS GROUP	154,516	229,930			
HUNTSMAN CORP	404,650	604,000			
INTEL CORP	241,846	299,250			
INVESCO QQQ TRUST	115,909	425,220			
ISHARES SILVER TRUST	188,218	166,800			
JOHNSON CONTROLS INTERNATIONAL	38,151	33,993			
KANSAS CITY SOUTHERN	395,405	918,960			
MEDTRONIC PLC	441,385	650,749			
NASB FINANCIAL INC	213,615	395,100			
PACCAR INC	171,758	237,300			
PFIZER INC	138,798	195,900			
RIVERVIEW BANCORP INC	324,241	639,140			
UNITED TECHNOLOGIES CORP	70,270	149,760			
US BANCORP	79,807	118,580			
VERIZON COMMUNICATIONS	37,647	48,445			
VODAFONE GROUP PLC	68,483	31,624			

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TY 2019 Other Expenses Schedule						
Name: The Daniel G and Wanda K O'Dell Family						
	Foundation					
<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	25,600			25,600		
Bank Charges	41	41				
State or Local Filing Fees	11			11		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491142013630		
TY 2019 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 2019	1,100					

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491142013630
Schedule B		Schedul	e of Contributors	S		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	•		Form 990, 990-EZ, or 990-Pl <u>//Form990</u> for the latest info			2019
Name of the organization The Daniel G and Wanda I	K O'Dell Family				Employer id	lentification number
Foundation					27-1525255	
Organization type (che	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) org	ganization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	☐ 527 politic	cal organization				
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private four	ndation			
	☐ 4947(a)(1	l) nonexempt charita	able trust treated as a pri	vate foundation		
	☐ 501(c)(3)	taxable private four	ndation			
			F that received, during the mplete Parts I and II See			
Special Rules						
under sections 5 received from an	09(a)(1) and 170(b)(	(1)(A)(vı), that check urıng the year, total	Form 990 or 990-EZ that ked Schedule A (Form 99 contributions of the great ete Parts I and II	0 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, t	total contributions of	more than \$1,000 e	or (10) filing Form 990 or sexclusively for religious, conmals Complete Parts I	haritable, scient		
during the year, of If this box is check purpose Don't co	contributions <i>exclusi</i> cked, enter here the omplete any of the p	<i>ively</i> for religious, ch total contributions the parts unless the <b>Gen</b>	or (10) filing Form 990 or maritable, etc., purposes, hat were received during neral Rule applies to this rimore during the year.	but no such con the year for an organization be	tributions tota e <i>xclusively</i> re cause it recei	aled more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt <b>must</b> answer "No"	on Part IV, line 2, o	e and/or the Special Rules of its Form 990, or check t the filing requirements o	the box on line l	H of its Form	
For Paperwork Reduction A for Form 990, 990-EZ, or 990		ructions	Cat No 30613X	Schedu	le B (Form 990	, 990-EZ, or 990-PF) (2019)

Name of organization **Employer identification number** The Daniel G and Wanda K O'Dell Family 27-1525255 Foundation Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed Contributors (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Daniel G O'Dell Trust 1 c/o DG ODell 1439 Woodbury Lane Payroll \$ 947,776 Noncash Liberty, MO 64068 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (a) (b) (C) (d) **Total contributions** No. Name, address, and ZIP + 4 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)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of or The Daniel Foundation	G and Wanda K O'Dell Family			Employer identification number 27-1525255
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con	tributor. Complete e total of exclusive e instructions.) ►	e columns <mark>(a) thr</mark> e ely religious, chai	ed in section 501(c)(7), (8), or (10) that total more
(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	` '	ransfer of gift Re	lationship 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		ransfer of gift Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gr Transferee's name, address, and ZIP 4			lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh			lationship of transferor to transferee
	ransteree's name, address, and	ZIP 4 -		Schedule B (Form 990, 990-EZ, or 990-PF) (2019