

Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

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Go to www.irs.gov/Form990PF for instructions and the latest information

2018

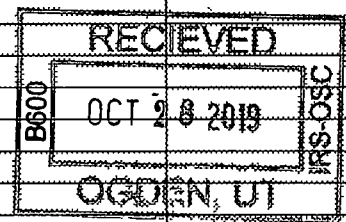
Open to Public Inspection

For calendar year 2018 or tax year beginning , and ending

Name of foundation GEORGE H. NETTLETON HOME FBO AGED WOMEN		A Employer identification number 44-0369625
Number and street (or P O box number if mail is not delivered to street address) P O BOX 8707	Room/suite	B Telephone number (816) 289-6585
City or town, state or province, country, and ZIP or foreign postal code PRAIRIE VILLAGE, KS 66208-0707		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,677,134	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

3/4
SCANNED NOV 14 2019

Part I Analysis of Revenue and Expenses		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</i>					
1 Contributions, gifts, grants, etc., received		69,389.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		104.	104.		STATEMENT 1
4 Dividends and interest from securities		88,986.	88,986.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		84,657.			
b Gross sales price for all assets on line 6a		683,309.			
7 Capital gain net income (from Part IV, line 2)			84,657.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		243,136.	173,747.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees STMT 3		410.	0.		410.
b Accounting fees STMT 4		6,906.	0.		0.
c Other professional fees STMT 5		180.	0.		0.
17 Interest					
18 Taxes STMT 6		2,500.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		4,291.	0.		0.
22 Printing and publications					
23 Other expenses STMT 7		28,399.	19,814.		0.
24 Total operating and administrative expenses Add lines 13 through 23		42,686.	19,814.		410.
25 Contributions, gifts, grants paid		327,774.			327,774.
26 Total expenses and disbursements Add lines 24 and 25		370,460.	19,814.		328,184.
27 Subtract line 26 from line 12		<127,324.>			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			153,933.		
c Adjusted net income (if negative, enter -0-)				N/A	



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		380,373.	419,612.	419,612.
	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 ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations STMT 8		228,312.	237,395.	237,395.
	b	Investments - corporate stock STMT 9		1,392,046.	1,252,430.	1,252,430.
	c	Investments - corporate bonds STMT 10		453,469.	441,029.	441,029.
	11	Investments - land, buildings, and equipment basis ▶				
	Less accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other STMT 11		1,716,349.	1,318,520.	1,318,520.	
14	Land, buildings, and equipment basis ▶					
	Less accumulated depreciation ▶					
15	Other assets (describe ▶ STATEMENT 12)		13,803.	8,148.	8,148.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		4,184,352.	3,677,134.	3,677,134.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)		0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31					
	24	Unrestricted		4,184,352.	3,677,134.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances		4,184,352.	3,677,134.		
31	Total liabilities and net assets/fund balances		4,184,352.	3,677,134.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,184,352.
2	Enter amount from Part I, line 27a	2	<127,324.>
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	4,057,028.
5	Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSSES ON INVESTMENTS	5	379,894.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,677,134.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			
b	SEE ATTACHED STATEMENTS		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e	683,309.	598,652.	84,657.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			84,657.

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	84,657.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes No

If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	335,890.	3,867,097.	.086858
2016	321,318.	3,718,272.	.086416
2015	321,425.	4,005,758.	.080241
2014	356,551.	4,096,784.	.087032
2013	307,935.	4,027,261.	.076463

2 Total of line 1, column (d)	2	.417010
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	.083402
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	3,853,734.
5 Multiply line 4 by line 3	5	321,409.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,539.
7 Add lines 5 and 6	7	322,948.
8 Enter qualifying distributions from Part XII, line 4	8	328,184.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes sub-tables for credits/payments (6a-6d) and tax due/overpayment (9-11). Total tax due is 1,964.00, with 1,964.00 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns for Yes/No. Includes questions about political campaigns, unrelated business income, and state reporting. Includes handwritten 'N/A' and '2'.

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► GNETTLETON.ORG	X	
14 The books are in care of ► KENNETH W. LAWRENCE Telephone no ► 9133620696 Located at ► LANDMARK BANK, 3500 W. 75TH, PRAIRIE VILLAGE, KS ZIP+4 ► 66208		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ►		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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 termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 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		N/A
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 before the first day of the tax year beginning in 2018?		X
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
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 statement - see instructions)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

			Yes	No
5a During the year, did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A			
If "Yes," attach the statement required by Regulations section 53.4945-5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included 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				

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, 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	

Total. Add lines 1 through 3 ▶ 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	3,868,733.
b	Average of monthly cash balances	1b	35,539.
c	Fair market value of all other assets	1c	8,148.
d	Total (add lines 1a, b, and c)	1d	3,912,420.
e	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	3,912,420.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	58,686.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,853,734.
6	Minimum investment return. Enter 5% of line 5	6	192,687.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part)

1	Minimum investment return from Part X, line 6	1	192,687.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	1,539.
b	Income tax for 2018 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,539.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	191,148.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	191,148.
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	191,148.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	328,184.
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		
a	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	328,184.
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	1,539.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	326,645.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII . Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				191,148.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013	62,934.			
b From 2014	107,238.			
c From 2015	59,171.			
d From 2016	73,217.			
e From 2017	76,430.			
f Total of lines 3a through e	378,990.			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$	328,184.			
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions) **	69,389.			
d Applied to 2018 distributable amount				191,148.
e Remaining amount distributed out of corpus	67,647.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	516,026.			
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 2017 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	69,389.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	62,934.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	383,703.			
10 Analysis of line 9				
a Excess from 2014	107,238.			
b Excess from 2015	59,171.			
c Excess from 2016	73,217.			
d Excess from 2017	76,430.			
e Excess from 2018	67,647.			

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 2018, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum 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

Table with 5 columns: Tax year (a) 2018, (b) 2017, (c) 2016, (d) 2015, (e) Total. Rows correspond to items 2a-e and 3a-d.

3 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 listed
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.)

1 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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [] 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

SEE STATEMENT 15

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><i>a Paid during the year</i></p> <p>SHEPHERD'S CENTER OF THE NORTHLAND 5601 NE ANTIOCH RD GLADSTONE, MO 64119</p>		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	45,000.
<p>PHOENIX FAMILY HOUSING CORP 3908 WASHINGTON ST KANSAS CITY, MO 64111</p>		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	23,874.
<p>NE JOHNSON COUNTY CATHOLIC CHARITIES 9720 W 87TH ST OVERLAND PARK, KS 66212</p>		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	5,500.
<p>JEWISH FAMILY SERVICES 5801 W. 115TH ST OVERLAND PARK, KS 66211</p>		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	15,417.
<p>DON BOSCO CENTER 580 CAMPBELL ST KANSAS CITY, MO 64106</p>		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	50,000.
<p>Total SEE CONTINUATION SHEET(S) ▶ 3a</p>				327,774.
<p><i>b Approved for future payment</i></p> <p>NONE</p>				
<p>Total ▶ 3b</p>				0.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1c regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains one entry with '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) (other than section 501(c)(3)) or in section 527? [] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains one entry with 'N/A'.

Sign Here 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. Signature of officer or trustee: [Signature] Date: 10/21/19 Title: PRESIDENT

May the IRS discuss this return with the preparer shown below? See instr [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name: JOHN PRITCHARD Preparer's signature: [Signature] Date: 10/11/19 Check [] if self-employed PTIN: P00220476 Firm's name: JOHN G. PRITCHARD, CPA PC Firm's EIN: 43-1523129 Firm's address: 4501 BLUE RIDGE CUTOFF KANSAS CITY, MO 64133-1403 Phone no: (816) 358-7100

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MIDWEST TRUST - ST COVERED - SEE ATTACHED	P		
b MIDWEST TRUST - LT COVERED - SEE ATTACHED	P		
c MIDWEST TRUST - LT NONCOVERED - SEE ATTACHED	P		
d MIDWEST TRUST - UNDETERMINED - SEE ATTACHED	P		
e MIDWEST TRUST - CAPITAL GAIN DISTRIBUTIONS	P		
f MIDWEST TRUST - OTHER GAINS	P		
g MIDWEST TRUST ENDOWMENT - ST COVERED - SEE ATTACH	P		
h MIDWEST TRUST ENDOWMENT - LT COVERED - SEE ATTACH	P		
i MIDWEST TRUST ENDOWMENT - LT NONCOVERED - SEE ATT	P		
j MIDWEST TRUST ENDOWMENT - UNDETERMINED - SEE ATTA	P		
k MIDWEST TRUST ENDOWMENT - CAPITAL GAIN DISTRIBUTI	P		
l MIDWEST TRUST ENDOWMENT - OTHER GAINS	P		
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 52,822.		41,919.	10,903.
b 432,234.		396,018.	36,216.
c 32,091.		23,636.	8,455.
d 27,087.		27,087.	0.
e 22,554.			22,554.
f 664.			664.
g 2,462.		1,581.	881.
h 86,446.		87,024.	<578.>
i 5,993.		5,988.	5.
j 16,855.		15,399.	1,456.
k 4,048.			4,048.
l 53.			53.
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col (h)) Gains (excess of col (h) gain over col (k), but not less than "-0-")
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			10,903.
b			36,216.
c			8,455.
d			0.
e			22,554.
f			664.
g			881.
h			<578.>
i			5.
j			1,456.
k			4,048.
l			53.
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	84,657.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 }	3	N/A

823591
04-01-18

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JERUSALEM FARM 520 GARFIELD AVE KANSAS CITY, MO 64124		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	25,000.
JOHN KNOX VILLAGE 1001 NW CHIPMAN RD LEE'S SUMMIT, MO 64081		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	25,000.
ELBERT C. COLE JR. LEGACY AWARD - METRO LUTHERAN MINISTRY 3031 HOLMES ST. KANSAS CITY, MO 64109		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	5,000.
KANBE'S MARKETS 4747 TROOST AVE KANSAS CITY, MO 64110		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	15,000.
ELMWOOD CEMETARY SOCIETY 4900 E TRUMAN RD KANSAS CITY, MO 64127		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	1,000.
ARTS & AGING KC P O BOX 165303 KANSAS CITY, MO 64116		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	10,000.
TURNING POINT 4000 CAMBRIDGE ST KANSAS CITY, KS 66160		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	12,500.
ST. MICHAEL'S VETERANS CENTER 3818 CHELSEA KANSAS CITY, MO 64128		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	30,000.
LITERACY KC 3036 TROOST AVE KANSAS CITY, MO 64109		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	25,000.
SHEPHERD'S CENTER OF KC KANSAS 757 ARMSTRONG KANSAS CITY, KS 66101		PUBLIC CHARITY	ELDERLY AND FRAIL SERVICES	25,000.
Total from continuation sheets				187,983.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization

GEORGE H. NETTLETON HOME FBO AGED WOMEN

Employer identification number

44-0369625

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GEORGE H. NETTLETON HOME FBO AGED WOMEN	Employer identification number 44-0369625
--	---

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TUW MINERVA GUNDELFINGER U S TRUST, P O BOX 830269 DALLAS, TX 75283	\$ 53,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	AH & LA JACCARD MEMORIAL TRUST COMMERCE TRUST CO., 118 W 47TH ST KANSAS CITY, MO 64112	\$ 6,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization GEORGE H. NETTLETON HOME FBO AGED WOMEN	Employer identification number 44-0369625
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization GEORGE H. NETTLETON HOME FBO AGED WOMEN	Employer identification number 44-0369625
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK OF AMERICA BUSINESS INTEREST CHECKING	104.	104.	
TOTAL TO PART I, LINE 3	104.	104.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CORPORATE BOND INTEREST	14,130.	0.	14,130.	14,130.	
DIVIDENDS FROM STOCK & MUTUAL FUNDS	69,827.	0.	69,827.	69,827.	
U.S. GOVERNMENT INTEREST	5,029.	0.	5,029.	5,029.	
TO PART I, LINE 4	88,986.	0.	88,986.	88,986.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	410.	0.		410.
TO FM 990-PF, PG 1, LN 16A	410.	0.		410.

FORM 990-PF	ACCOUNTING FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
QUARTERLY BOOKKEEPING	2,974.	0.		0.	
ANNUAL CERTIFIED REVIEW	2,200.	0.		0.	
TAX RETURN PREPARATION	1,732.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	6,906.	0.		0.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES	180.	0.		0.	
TO FORM 990-PF, PG 1, LN 16C	180.	0.		0.	

FORM 990-PF	TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ESTIMATED TAX PAYMENTS FORM 990-PF	2,500.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	2,500.	0.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
POSTAGE / PO BOX	400.	0.			0.
BANK CHARGES	424.	0.			0.
TRUST INVESTMENT MGMT. FEES	19,814.	19,814.			0.
INSURANCE	1,083.	0.			0.
OFFICE EXPENSES	778.	0.			0.
DONATIONS	5,900.	0.			0.
TO FORM 990-PF, PG 1, LN 23	28,399.	19,814.			0.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
GOVERNMENT AND AGENCY SECURITIES - SEE ATTACHED	X		237,395.	237,395.	
TOTAL U.S. GOVERNMENT OBLIGATIONS			237,395.	237,395.	
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS					
TOTAL TO FORM 990-PF, PART II, LINE 10A			237,395.	237,395.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	9
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORPORATE EQUITY SECURITIES - SEE ATTACHED			1,252,430.	1,252,430.
TOTAL TO FORM 990-PF, PART II, LINE 10B			1,252,430.	1,252,430.

FORM 990-PF		CORPORATE BONDS		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
CORPORATE DEBT SECURITIES - SEE ATTACHED		441,029.	441,029.	
TOTAL TO FORM 990-PF, PART II, LINE 10C		441,029.	441,029.	

FORM 990-PF		OTHER INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
MUTUAL FUNDS - SEE ATTACHED	FMV	1,318,520.	1,318,520.	
TOTAL TO FORM 990-PF, PART II, LINE 13		1,318,520.	1,318,520.	

FORM 990-PF		OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
ACCRUED INTEREST	7,903.	8,148.	8,148.	
ART AND VALUABLES	5,900.	0.	0.	
TO FORM 990-PF, PART II, LINE 15	13,803.	8,148.	8,148.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSANN RIFFE 13820 W. 77 TER. LENEXA, KS 66216	PRESIDENT 2.00		0.	0.
TERESA L. CLARK 18020 NW 130TH PL. PLATTE CITY, MO 64079	BOARD MEMBER 1.00		0.	0.
JODY CARROLL 303 NW OBRIEN RD LEES SUMMIT, MO 64063	SECRETARY 2.00		0.	0.
KEN LAWRENCE 3500 W 75TH #110 PRAIRIE VILLAGE, KS 66208	TREASURER 2.00		0.	0.
PAUL BECKER 400 E. 9TH KANSAS CITY, MO 64106	BOARD MEMBER 1.00		0.	0.
DAVID ROSS 6416 LARSON CT. KANSAS CITY, MO 64133	BOARD MEMBER 1.00		0.	0.
BOB FRAZIER 13205 SUMMIT KANSAS CITY, MO 64145	BOARD MEMBER 1.00		0.	0.
LUCINDA NOCHES TALBERT 650 MINNESOTA AVE. KANSAS CITY, KS 66101	BOARD MEMBER 1.00		0.	0.
SPENCE HEDDENS 7221 MISSION RD PRAIRIE VILLAGE, KS 66208	VICE PRESIDENT 2.00		0.	0.
MARTHA SMITH 15211 FONTANA LEAWOOD, KS 66224	BOARD MEMBER 1.00		0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII			0.	0.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION
53.4942(A)-3(D)(2) TO TREAT
EXCESS QUALIFYING DISTRIBUTIONS
AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 14

THE UNDERSIGNED, SUSANN RIFFE, AS PRESIDENT OF THE GEORGE H. NETTLETON HOME FBO AGED WOMEN, (A FOUNDATION MANAGER WITHIN THE MEANING OF SEC. 4946(B)(1)), HEREBY ELECTS UNDER REG. 53-4942(A)-3(D)(2) TO TREAT \$69,389 OF QUALIFYING DISTRIBUTIONS MADE IN 2018 AS HAVING BEEN MADE OUT OF CORPUS.



SUSANN RIFFE, PRESIDENT

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 15

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SUSANN RIFFE
13820 W. 77 TER.
LENEXA, KS 66216

FORM AND CONTENT OF APPLICATIONS

LETTER FROM ORGANIZATION STATING INFORMATION AND HISTORY OF ORGANIZATION,
PURPOSE OF GRANT AND LOCATION OF WHERE MONEY WILL BE SPENT. SEE ADDITIONAL
REQUIREMENTS AT GNETTLETON.ORG.

ANY SUBMISSION DEADLINES

PRIOR TO OCTOBER 1 OF ANY CALENDAR YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

LOCATION LIMITED TO GREATER KANSAS CITY METROPOLITAN AREA AND SERVICES
PROVIDED FOR ELDERLY AND/OR FRAIL.