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## EXTENSION GRANTED

OMB No 1545-0047

Form 990

## Return of Organization Exempt From Income Tax

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning

09/01, 2008, and ending

08/31, 2009

B Check if applicable		C Name of organization YOUTH ENTREPRENEURS OF KANSAS, INC.			D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type. See Specific Instructions.	Doing Business As			48-1187886	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telephone number	
<input type="checkbox"/> Initial return		4111 E. 37TH STREET N.		D101	(316) 978-7935	
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4			G Gross receipts \$ 1,148,233.	
<input type="checkbox"/> Amended return		WICHITA, KS 67220			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
<input type="checkbox"/> Application pending		F Name and address of principal officer KYLIE STUPKA 4111 E. 37TH ST N. STE #D101 WICHITA, KS 67220			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (insert no)		4947(a)(1) or		527	If "No," attach a list (see instructions)	
J Website: ► WWW.YEKS.ORG					H(c) Group exemption number ►	
K Type of organization <input checked="" type="checkbox"/> Corporation		Trust	Association	Other ►	L Year of formation 1996	M State of legal domicile KS

## Part I Summary

1 Briefly describe the organization's mission or most significant activities	TO PROVIDE STUDENTS WITH BUSINESS AND ENTREPRENEURIAL EDUCATION AND EXPERIENCES TO HELP THEM PROSPER AND BECOME CONTRIBUTING MEMBERS OF SOCIETY.		
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3	11	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
5 Total number of employees (Part V, line 2a)	5	36	
6 Total number of volunteers (estimate if necessary)	6	254	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		
b Net unrelated business taxable income from Form 990-T, line 34	7b		
8 Contribution and grants (Part VIII, line 1h)	1,650,325.	1,099,013.	
9 Program service revenue (Part VIII, line 2g)	4,677.	45,194.	
10 Investment income (Part VIII, column (A), lines 3, 4 and 7d)	18,504.	4,026.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,899.	NONE	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,670,607.	1,148,233.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,182.	67,900.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	529,496.	637,329.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE	
b Total fundraising expenses, Part IX, column (D), line 25 ► 188,453.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	387,602.	470,873.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	998,280.	1,176,102.	
19 Revenue less expenses Subtract line 18 from line 12	672,327.	-27,869.	
20 Total assets (Part X, line 16)	Beginning of Year 1,290,666.	End of Year 1,242,620.	
21 Total liabilities (Part X, line 26)	167,723.	150,129.	
22 Net assets or fund balances Subtract line 21 from line 20	1,122,943.	1,092,491.	

## Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge		
► <i>Vonda Holliman</i>	7-13-2010		
► Signature of officer			
► <i>Vonda Holliman, Treasurer</i>	Date		
Type or print name and title			

Paid	Preparer's signature ► <i>Amanda A. Coleman</i>	Date 7/8/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Preparer's Use Only	Firm's name (or yours if self-employed). address, and ZIP + 4 ► BKD, LLP 1551 N WATERFRONT PKWY, STE 300 WICHITA, KS 67206-6601	EIN ►		Phone no ► 316-265-2811

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA  
8E1010 2 000

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**Part III Statement of Program Service Accomplishments (see instructions)**

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code                   ) (Expenses \$       675,596.       including grants of \$                   ) (Revenue \$       29,586.      )

COURSE INSTRUCTION: TAUGHT A LICENSED PROGRAM IN ENTREPRENEURSHIP AT 23 HIGH SCHOOL SITES. 523 STUDENTS WERE SERVED IN THE PROGRAM DURING THE SCHOOL YEAR. THE CLASSES WERE TAUGHT BY A TOTAL OF 26 INSTRUCTORS, TEACHING 33 SEPARATE CLASSES IN 11 SEPARATE SCHOOL DISTRICTS IN THE STATE OF KANSAS.

4b (Code                   ) (Expenses \$       147,663.       including grants of \$       67,900.      ) (Revenue \$                   )

GRANTS & SCHOLARSHIPS: VENTURE CAPITAL GRANTS WERE AWARDED TO 33 STUDENTS WHO WERE ENROLLED IN THE YOUTH ENTREPRENEURS PROGRAM. SCHOLARSHIPS WERE AWARDED TO 63 STUDENTS WHO WERE GRADUATES OF THE YOUTH ENTREPRENEURS PROGRAM.

4c (Code                   ) (Expenses \$       120,672       including grants of \$                   ) (Revenue \$       15,609.      )

GRADUATE SERVICES: GRADUATES OF THE YOUTH ENTREPRENEURS PROGRAM TOOK PART IN 4 SUMMER PROGRAMS. A TOTAL OF 26 STUDENTS PARTICIPATED IN EDUCATION PROGRAMS WITH LOCAL COMPANIES. THESE COMPANIES INCLUDED AN AIRCRAFT COMPANY, A FINANCIAL SERVICES PROVIDER, A MARKETING COMPANY AND AN INTERNATIONAL TRADE CENTER.

4d Other program services. (Describe in Schedule O)

(Expenses \$                    including grants of \$                   ) (Revenue \$                   )4e Total program service expenses ► \$       943,931.       (Must equal Part IX, Line 25, column (B))

## Part IV Checklist of Required Schedules

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12	X	
13	X	
14a	X	
b		
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	
21	X	
22	X	
23	X	
24a	X	
b		
c		
d		
25a	X	
b		
26	X	
27	X	

## Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable . . . . .	1a	38
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1b	NONE
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	36
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	
6a Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7b	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7e	X
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7g	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7h	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	8	
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	9a	
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>	9b	
a Did the organization make any taxable distributions under section 4966? . . . . .	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	10b	
<b>10 Section 501(c)(7) organizations.</b> Enter		
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	11a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	11b	
<b>11 Section 501(c)(12) organizations.</b> Enter		
a Gross income from members or shareholders . . . . .	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	12b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.		Yes	No
1a	Enter the number of voting members of the governing body	1a	11
1b	Enter the number of voting members that are independent	1b	11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9a	X
9a	Does the organization have local chapters, branches, or affiliates?	9b	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10	X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	15a	X
a	The organization's CEO, Executive Director, or top management official?	15b	X
b	Other officers or key employees of the organization?	16a	X
	Describe the process in Schedule O (see instructions)	16b	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►THE_ORGANIZATION_4111_E_37TH_STREET_N._SUITE_D101_WICHITA_KS_67220_316-828-3910

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

**List persons in the following order** individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ELIZABETH B. KOCH DIRECTOR / CHAIRMAN	1.	X		X			NONE	NONE	NONE
BILL HANNA DIRECTOR / VICE CHAIRMAN	1.	X		X			NONE	NONE	NONE
JOHN DUNLOP DIRECTOR	1.	X					NONE	NONE	NONE
JERI HINKLE DIRECTOR	1.	X					NONE	NONE	NONE
SHAWN LANCELOT DIRECTOR	1.	X					NONE	NONE	NONE
DEAN NEWTON DIRECTOR	1.	X					NONE	NONE	NONE
MALCOLM ROBINSON DIRECTOR	1.	X					NONE	NONE	NONE
KEVIN ROONEY DIRECTOR	1.	X					NONE	NONE	NONE
LYNNE SANGIMINO DIRECTOR	1.	X					NONE	NONE	NONE
VICTOR SCOTT DIRECTOR	1.	X					NONE	NONE	NONE
KAREN VIOLA DIRECTOR	1.	X					NONE	NONE	NONE
VONDA HOLLIMAN SECRETARY / TREASURER	3.		X				NONE	NONE	NONE
KYLIE STUPKA EXECUTIVE DIRECTOR	40.		X				104,796.	NONE	9,326.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Total** ..... 104,796. NONE 9,326.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NONE		

## Part VIII Statement of Revenue

48-1187886

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>1b</b> Membership dues . . . . .	<b>1b</b>				
	<b>1c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>1d</b> Related organizations . . . . .	<b>1d</b>				
	<b>1e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,099,013.			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		1,037.			
	<b>h</b> <b>Total. Add lines 1a-1f . . . . .</b>		<b>1,099,013</b>			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> ECAMP INCOME	611600	12,894.	12,894.		
	<b>b</b> BREAKFAST SEMINAR FEES	611600	2,715.	2,715.		
	<b>c</b> SCHOOL SITE SERVICE FEES	611600	20,154.	20,154.		
	<b>d</b> TEACHER RETREAT FEES	611600	2,276.	2,276.		
	<b>e</b> KAP SERVICE	611430	7,155.	7,155.		
	<b>f</b> All other program service revenue . . . . .					
	<b>g</b> <b>Total. Add lines 2a-2f . . . . .</b>		<b>45,194.</b>			
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT. 2 . . . . .	<b>4,026.</b>			4,026.	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		<b>NONE</b>				
<b>5</b> Royalties . . . . .	(i) Real      (ii) Personal		<b>NONE</b>			
<b>6a</b> Gross Rents . . . . .						
<b>b</b> Less rental expenses . . . . .						
<b>c</b> Rental income or (loss) . . . . .						
<b>d</b> Net rental income or (loss) . . . . .			<b>NONE</b>			
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities      (ii) Other					
<b>b</b> Less cost or other basis and sales expenses . . . . .						
<b>c</b> Gain or (loss) . . . . .						
<b>d</b> Net gain or (loss) . . . . .			<b>NONE</b>			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a					
<b>b</b> Less. direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from fundraising events . . . . .			<b>NONE</b>			
<b>9a</b> Gross income from gaming activities See Part IV, line 19. . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .			<b>NONE</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a					
<b>b</b> Less cost of goods sold . . . . .	b					
<b>c</b> Net income or (loss) from sales of inventory. . . . .			<b>NONE</b>			
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total. Add lines 11a-11d . . . . .</b>		<b>NONE</b>				
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		1,148,233.	45,194.		4,026.	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	67,900.	67,900.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	116,403.	52,381.	11,641.	52,381.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	484,465.	394,019.	2,262.	88,184.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	36,461.	25,528.	989.	9,944.
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	20,431.		20,431.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	35,583.	26,832.	3,924.	4,827.
12 Advertising and promotion . . . . .	41,282.	33,528.	949.	6,805.
13 Office expenses . . . . .	160,885.	144,069.	2,483.	14,333.
14 Information technology . . . . .	7,844.	5,757.		2,087.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	62.	51.	2.	9.
17 Travel . . . . .	134,474.	131,090.	222.	3,162.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	13,625.	11,625.		2,000.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	15,923.	14,733.	210.	980.
23 Insurance . . . . .	9,710.	8,060.	291.	1,359.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEMBERSHIPS & DUES . . . . .	5,530.	3,684.	239.	1,607.
b MISCELLANEOUS_COURSE_COSTS . . . . .	24,852.	24,077.		775.
c WRITE-OFF_ACCOUNTS_RECEIVABL . . . . .	597.	597.		
d MISCELLANEOUS . . . . .	75.		75.	
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	1,176,102.	943,931.	43,718.	188,453.
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	98,774.	1	76,815.
	2 Savings and temporary cash investments . . . . .	391,432.	2	645,458.
	3 Pledges and grants receivable, net . . . . .	717,929.	3	425,487.
	4 Accounts receivable, net . . . . .		4	23,231.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	64,856.	9	60,227.
	10a Land, buildings, and equipment cost basis . . . . .	10a 62,306.		
	b Less accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 52,312.	10c	9,994.
	11 Investments - publicly traded securities . . . . .		11	1,408.
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	1,290,666.	16	1,242,620.
Liabilities	17 Accounts payable and accrued expenses . . . . .	72,223.	17	48,320.
	18 Grants payable . . . . .	95,500.	18	101,809.
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable. . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .		25	
	26 Total liabilities. Add lines 17 through 25. . . . .	167,723.	26	150,129.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	513,076.	27	573,337.
	28 Temporarily restricted net assets . . . . .	609,867.	28	519,154.
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	1,122,943.	33	1,092,491.
	34 Total liabilities and net assets/fund balances . . . . .	1,290,666.	34	1,242,620.

## Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X	
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X	
b If "Yes," did the organization undergo the required audit or audits? . . . . .	3b		

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box .....   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....  
 (ii) A family member of a person described in (i) above? .....  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  
 h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	636,617.	842,915.	812,190.	1,650,326.	1,099,013.	5,041,061.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .	636,617.	842,915.	812,190.	1,650,326.	1,099,013.	5,041,061
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						2,554,024
<b>6 Public support.</b> Subtract line 5 from line 4						2,487,037.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .	636,617.	842,915.	812,190.	1,650,326.	1,099,013.	5,041,061
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
	7,062.	12,976.	18,494.	18,504.	4,026.	61,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						5,102,123.
12 Gross receipts from related activities, etc (See instructions) . . . . .					12	117,945.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	48.75 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	70.47 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1-5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . , . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
19a <b>33 1/3% support tests - 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements . . . . .  
b Total acreage restricted by conservation easements . . . . .  
c Number of conservation easements on a certified historic structure included in (a) . . . . .  
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		26,614.	20,696.	5,918.
e Other . . . . .		35,692.	31,616.	4,076.
<b>Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . .</b>				9,994.

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other . . . . .		
Total. (Column (b) should equal Form 202, Part X, col. (B) line 12.)		

**Total. (Column (b) should equal Form 990, Part X, col. (B) line 12 )**

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

**Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )**

**Part IX Other Assets. See Form 990, Part X, line 15.**

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities. See Form 990 Part X, line 25.**

(a) Description of liability	(b) Amount
Federal income taxes	

In Part XIV, provide the text of the footnotes to the

III Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	1,148,233.
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	1,176,102.
3	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	-27,869.
4	Net unrealized gains (losses) on investments . . . . .	4	-2,583.
5	Donated services and use of facilities . . . . .	5	
6	Investment expenses . . . . .	6	
7	Prior period adjustments . . . . .	7	
8	Other (Describe in Part XIV) . . . . .	8	
9	Total adjustments (net). Add lines 4-8 . . . . .	9	-2,583.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 . . . . .	10	-30,452.

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,464,432.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-2,583.
b	Donated services and use of facilities . . . . .	2b	318,782.
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	316,199.
3	Subtract line 2e from line 1 . . . . .	3	1,148,233.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) . . . . .	5	1,148,233.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,494,884.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	318,782.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	318,782.
3	Subtract line 2e from line 1	3	1,176,102.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,176,102.

**Part XIV      Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**Part XIV. Supplemental Information (continued)**



**Part III** **Grants and Other Assistance to Individuals in the United States** **Schedule I-1 (Form 990)** if additional space is needed.

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS	63	43,500.			
VENTURE CAPITAL GRANTS	33	24,400.			

**Part V** **Supplemental Information.** Complete this part to provide the information required in Part I line 2 and any other additional information

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

FORM 990 SCHEDULE F T BART T ITNE 2

EDD COLLEGE SCHOOL ADOPTIONS AWARDED TUE GRANT IS MADE

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**Part III Grants and Other Assistance to Individuals in the United States** Schedule I-1 (Form 990) if additional space is needed.

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part V Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

CAPITAL GRANTS, THE GRANT-RECIPIENT IS REQUIRED TO EITHER SUBMIT A RECEIPT AND EXPLANATION OF THE CHARGES TO SUBSTANTIATE THE PAYMENT THAT WILL QUALIFY FOR THE GRANT PAYMENT, OR IF THE GRANT-RECIPIENT WANTS THE GRANT TO BE PAID DIRECT TO THE VENDOR, THEY WILL PROVIDE AN EXPLANATION OF THE CHARGES TO BE PAID THAT WILL QUALIFY FOR THE GRANT PAYMENT DIRECT TO THE VENDOR.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

THE YOUTH ENTREPRENEURS OF KANSAS HAS A FOUNDERS COMMITTEE,

WHICH CONSISTS OF THREE MEMBERS.

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

MEMBERS OR STOCKHOLDERS WHO CAN ELECT MEMBERS OF THE GOVERNING BODYFORM 990, PART VI, LINE 7ATHE YOUTH ENTREPRENEURS OF KANSAS HAS A FOUNDERS COMMITTEE,WHICH CONSISTS OF THREE MEMBERS, THAT HAVE THE AUTHORITYTO ELECT THE BOARD OF DIRECTORS.

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 7B

APPROVAL OF THE FOUNDERS COMMITTEE IS REQUIRED TO:

(A) ELECT AND REMOVE DIRECTORS, THE CHAIR, OR MEMBERS,

(B) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS,

(C) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION OR ENTITY,

(D) AUTHORIZE THE SALE, LEASE, OR EXCHANGE OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE CORPORATION,

(E) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION,

(F) ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION,

(G) AMEND THE MISSION STATEMENT OR MISSION, INCLUDING PERMITTING ANY NEW CHARITABLE ACTIVITIES MATERIALLY DIFFERENT THAN ITS CURRENT CHARITABLE ACTIVITIES,

(H) INCUR ANY INDEBTEDNESS OR MAKE ANY LOAN IN PRINCIPAL AMOUNT GREATER THAN 25% OF THE TOTAL EXPENDITURES IN THE PREVIOUS YEAR,

(I) SETTLE OR INITIATE ANY LEGAL PROCEEDING WITH RESPECT TO ANY CLAIM FOR DAMAGES GREATER THAN 10% OF THE TOTAL EXPENDITURES IN THE PREVIOUS YEAR,

(J) ENTER INTO ANY COMMITMENT FOR CAPITAL EXPENDITURES IN EXCESS OF 25% OF THE TOTAL EXPENDITURES IN THE PREVIOUS YEAR,

(K) ENTER INTO AN AGREEMENT FOR THE ESTABLISHMENT OF A

FRANCHISEE/FRANCHISOR RELATIONSHIP UNDER APPLICABLE LAW, OR ANY CONTRACT

WITH TOTAL ANNUAL PAYMENTS IN EXCESS OF 25% OF THE TOTAL EXPENDITURES IN THE PREVIOUS YEAR.

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

PROCESS TO REVIEW THE FORM 990FORM 990, PART VI, LINE 10AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990, WHICH IS THENREVIEWED IN DETAIL BY THE TREASURER AND EXECUTIVE DIRECTOR. ANY COMMENTSOR CONCERNS ARE ADDRESSED AND ANY CHANGES ARE MADE TO THE DRAFT COPY, IFNECESSARY. A COPY OF THE CORRECTED DRAFT FORM 990 AND ALL RELATEDSCHEDULES IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEWPRIOR TO SIGNING AND FILING WITH THE IRS.

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICYFORM 990, PART VI, LINE 12CA COPY OF YEK'S POLICY ON CONFLICT OF INTEREST IS GIVEN TO ALL DIRECTORS,COMMITTEE MEMBERS, OFFICERS AND EMPLOYEES AT THE BEGINNING OF THEIR TERMOF SERVICE OR EMPLOYMENT. EACH PERSON IS REQUIRED TO SIGN A STATEMENTACKNOWLEDGING THEIR UNDERSTANDING OF AND ADHERENCE TO THE POLICY, WHICHALLOWS THEM TO PROVIDE INFORMATION REGARDING THEIR BUSINESS AND FAMILYINTERESTS, IF ANY. THE SIGNED COPIES OF THE POLICY ARE REVIEWED ANDMAINTAINED BY THE EXECUTIVE DIRECTOR. A COPY OF THE POLICY IS THENDISTRIBUTED ANNUALLY TO EACH DIRECTOR, COMMITTEE MEMBER, OFFICER ANDEMPLOYEE TO DISCLOSE AND ACKNOWLEDGE ANY NEW BUSINESS AND FAMILYINTERESTS. RESTRICTIONS IMPOSED ON A PERSON WITH A CONFLICT INCLUDEREQUIRING THE PERSON TO REFRAIN FROM PARTICIPATING IN ANY DISCUSSION ORDECISIONS ON SUCH MATTER. IF A SUBSTANTIAL INTEREST MATTER COMES BEFORETHE BOARD, THE EFFECTED INDIVIDUAL SHALL WITHDRAW FROM THE MEETING ROOMDURING BOTH THE DISCUSSION AND VOTE ON THE MATTER.

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATIONFORM 990, PART VI, LINE 15AA COMPENSATION REVIEW WAS PERFORMED BY THE COMPENSATION COMMITTEE IN 2009FOR THE EXECUTIVE DIRECTOR POSITION. THEY OBTAINED RESEARCH DATA ONCOMPARABLE POSITIONS WITHIN THE NON-PROFIT SECTOR IN KANSAS AND THE LOCALAREAS OF WICHITA, TOPEKA AND KANSAS CITY, USING 990 PUBLISHED DATA. ANINDEPENDENT CONSULTANT IS ALSO USED TO PROVIDE A MARKET STUDY REPORT TOGAUGE WHERE THE MEDIAN SALARY IS FOR THE MARKET IN KANSAS AND THE LOCALAREAS OF WICHITA, TOPEKA AND KANSAS CITY. THE COMPENSATION COMMITTEEUSES THE DATA TO DETERMINE THE PROPER COMPENSATION AMOUNT FOR THEUPCOMING YEAR.

Name of the organization

YOUTH ENTREPRENEURS OF KANSAS, INC.

Employer identification number

48-1187886

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLICFORM 990, PART VI, LINE 19GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT THEYEK OFFICES FOR INSPECTION BY INTERESTED STAKEHOLDERS. AUDITED FINANCIALSTATEMENTS ARE PROVIDED UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

TO PROVIDE STUDENTS WITH BUSINESS AND ENTREPRENEURIAL EDUCATION AND EXPERIENCES TO HELP THEM PROSPER AND BECOME CONTRIBUTING MEMBERS OF SOCIETY. YEK TEACHES FREE ENTERPRISE FUNDAMENTALS THROUGH HANDS-ON EXPERIENCES AND ENCOURAGES STUDENTS TO START THEIR OWN BUSINESS, ENHANCE THEIR BUSINESS SKILLS FOR FUTURE CAREER OPPORTUNITIES AND CONTINUE INTO HIGHER EDUCATION.

YOUTH ENTREPRENEURS OF KANSAS, INC.

48-1187886

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	( A) TOTAL REVENUE	( B) RELATED OR EXEMPT REVENUE	( C) UNRELATED BUSINESS REV.	( D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	4,026.			4,026.
TOTALS	4,026.			4,026.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).</b>		
<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  YOUTH ENTREPRENEURS OF KANSAS, INC.	Employer identification number  48-1187886
	Number, street, and room or suite no. If a P.O. box, see instructions.  4111 EAST 37TH STREET NORTH STE D101	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WICHITA KS 67220	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► VONDA HOLLIMAN  
Telephone No. ► 316 828-5552 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box   If it is for part of the group, check this box   and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until JULY 15, 2010
- 5 For calendar year  , or other tax year beginning 09/01/2008 and ending 08/31/2009
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension THE TAXPAYER REQUESTS ADDITIONAL TIME IN ORDER TO GATHER THE NECESSARY INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

#### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Amanda A. Coleman

Title ► C.P.A.

Date ► 4/12/2010

Form 8868 (Rev. 4-2008)