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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008**Open to Public Inspection****A For 2008 calendar year, or tax year beginning** **OCTOBER 01**, 2008, and ending **SEPTEMBER 30**, 2009

| | | | | |
|--|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization Flint Hills Foundation for Older Kansans | | D Employer identification number 48-1099120 |
| | | No. & street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number (785) 776-9294 |
| | | 401 Houston St | | F Group Exemption Number ► |
| | | City or town, state or country, and ZIP + 4 Manhattan KS 66502 | | |

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ► foundationforolderkansans.org

J Organization type (check only one) -- ☒ 501(c)(3) (Insert no.) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 11,587

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

| | | | | |
|-----------------|----|--|----|---------|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 3,087 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 8,500 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here) <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ of contributions reported on line 1) | 6a | |
| | 6b | Less direct expenses other than fundraising expenses | 6b | |
| EXPENSES | 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | 7b | Less cost of goods sold | 7b | |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe ►) | 8 | |
| | 9 | Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 11,587 |
| | 10 | Grants and similar amounts paid (attach schedule) #1 | 10 | 9,600 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| ASSETS | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ► See attachment #2) | 16 | 5,573 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 15,173 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -3,586 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 188,341 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 184,755 |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 188,341 | 22 184,755 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ►) | | 24 |
| 25 Total assets | 188,341 | 25 184,755 |
| 26 Total liabilities (describe ►) | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 188,341 | 27 184,755 |

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

Form **990-EZ** (2008)

G7 17

| | |
|-----------------|--|
| Part III | Statement of Program Service Accomplishments (See the instructions for Part III) |
|-----------------|--|

What is the organization's primary exempt purpose? See attachment #3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)

28

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here . ▶

29a

30

(Grants \$) If this amount includes foreign grants, check here . . . ►

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 **Total program service expenses** (add lines 28a through 31a)

32

0

| | |
|----------------|--|
| Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV.) |
|----------------|--|

(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 & deferred compensation

(e) Expense
account and
other allowances

See attachment #4

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | X |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955 | | |
| b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d Enter amount of tax on line 40c reimbursed by the organization | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 List the states with which a copy of this return is filed | | |
| 42a The books are in care of See attachment #5 Telephone no | | |
| Located at ZIP + 4 | | |
| b 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)? | 42b | X |
| 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. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | X |
| If "Yes," enter the name of the foreign country | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | X |

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| | Yes | No |
|------------|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | X |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000 ▶ | | | | |

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over \$100,000 ▶ | | |

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.

Sign Here ▶ *Thomas Egertson* Signature of officer 12-11-2009 Date

▶ Thomas Egertson / Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NONPAID PREPARER Date

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HR Block EIN ▶

1705 COMMERCIAL CIRCLE STE 3 Phone no ▶ 785-456-2530

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☒ No

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") | 5,425 | 2,500 | 68,431 | 13,668 | 3,087 | 93,111 |
| 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 | 10,074 | 5,061 | 1,240 | | | 16,375 |
| 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 Total. Add lines 1-5 | 15,499 | 7,561 | 69,671 | 13,668 | 3,087 | 109,486 |
| 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 Public support (Subtract line 7c from line 6) | | | | | | 109,486 |

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 | 15,499 | 7,561 | 69,671 | 13,668 | 3,087 | 109,486 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,443 | 4,889 | 6,192 | 7,923 | 8,500 | 31,947 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 4,443 | 4,889 | 6,192 | 7,923 | 8,500 | 31,947 |
| 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 Total support (Add lines 9, 10c, 11, and 12) | | | | | | 141,433 |
| 14 First five years. 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 | 77.4100 % |
| 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 | 22.5900 % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33 1/3 % support tests -- 2008. 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 ☒

b 33 1/3 % support tests -- 2007. 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 ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

m2ofA

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

| | |
|---|---|
| Name of Organization Flint Hills Foundation for Older Kansans | Employer Identification Number 48-1099120 |
|---|---|

| Description of Other Expenses | Amount |
|-------------------------------|--------|
| Business registration fee | 40 |
| Outside Contract Services | 97 |
| Advertising and Promotion | 3,700 |
| Postage Mailing Service | 44 |
| Printing and Copying | 1,560 |
| Supplies | 12 |
| Telephone, telecommunications | 120 |
| Total | 5,573 |

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection

For Calendar year 2008, or tax year period beginning 10-01-2008

and ending 09-30-2009.

Name of Organization

Flint Hills Foundation for Older Kansans

Employer Identification Number

48-1099120

| Class of Activity | Recipient's Name and Address | | | Amount (FMV) | Purpose of Payment to Affiliate |
|-------------------|--|------------|------------------------------|--|--|
| | Agape Senior Center 101 N Wheat Goessel, KS 67053 Marion County Grants 309 S 3rd Street Marion, KS 66861 NC-FH AAA 401 Houston Manhattan, KS 66502 Saline County Grants 245 N 9th Street | | | 1,500 500 6,600 8,600 | For dishwasher for goessel senior center Marion County Senior Citizens to assist seniors with nutritional needs To help purchase building and purchase refrigeration equipment to make meals for seniors Saline County Commission on Aging |
| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
| | | 1,500 | | | |
| | | 500 | | | |
| | | 6,600 | | | |
| Total | | 8,600 | | | |

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

| | | | | | |
|--|------------------------------|---|--|------------------------|--------------|
| Open to Public Inspection | | For Calendar year 2008, or tax year period beginning 10-01-2008 | | and ending 09-30-2009. | |
| Name of Organization Flint Hills Foundation for Older Kansans | | Employer Identification Number 48-1099120 | | | |
| Class of Activity | Recipient's Name and Address | Amount (FMV) | Purpose of Payment to Affiliate | | |
| | Saline, KS 67401 | 1,000 | to assist seniors with nutritional needs | | |
| | | 1,000 | | | |
| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
| | | 1,000 | | | |
| Total | | | 1,000 | | |

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

| | |
|--|--|
| Open to Public Inspection | For calendar year 2007 or tax period beginning 10-01, and ending 09-30-2009. |
| Name of Organization Flint Hills Foundation for Older Kansans | Employer Identification Number 48-1099120 |

Primary Purpose

Support services to assist older Kansans

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

| | |
|---------------------------|---|
| Open to Public Inspection | For calendar year 2008 or tax period beginning 10-01-2008, and ending 09-30-2009. |
|---------------------------|---|

| | |
|--|--|
| Name of Organization Flint Hills Foundation for Older Kansans | Employer Identification Number 48-1099120 |
|--|--|

| (A) Name and Address | (B) Title and Average Hrs per Week | (C) Compensation (If not paid, enter 0) | (D) Cont to Employee Ben Plans & Def Comp | (E) Expense Account & Other Allowances |
|---|---------------------------------------|--|--|---|
| Tom Eyestone 1226 Windsong Lane Manhattan, KS 66503 | Treasurer | 0 | 0 | 0 |
| Paul Kuchera 228 E School Street Lincoln, KS 67455 | President | 0 | 0 | 0 |
| Judy Houdeshell 401 Houston Manhattan, KS 66502 | Secretary | 0 | 0 | 0 |

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

| | |
|---|--|
| For calendar year 2008 or tax period beginning 10-01, and ending 09-30-2009. | |
| Name of Organization Flint Hills Foundation for Older Kansans Part V - Line 42a | Employer Identification Number 48-1099120 |

Individual Name
or
Business Name
HR Block

Street Address 1705 Commercial Circle Suite 3

U S Address.

Zip code 66547 City Wamego State KS
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (785) 456-2530

Fax Number