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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)

2008

Department of the Treasury
Internal Revenue Service

► 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

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	C Name of organization Flint Hills Foundation for Older Kansan Please use IRS label or print or type No & street (or P.O. box, if mail is not delivered to street address) 401 Houston St Room/ suite City or town, state or country, and ZIP + 4 Manhattan KS 66502	D Employer identification number 48-1099120 E Telephone number (785) 776-9294
		F Group Exemption Number ►

● **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 EXPENSES ASSETS	<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less cost or other basis and sales expenses</p> <p>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)</p> <p>6 Special events and activities (complete applicable parts of schedule) If any amount is from gambling, check here ► <input type="checkbox"/></p> <p>6a Gross revenue (not including \$ _____ of contributions)</p> <p>6b Less, direct expenses other than fundraising expenses</p> <p>6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>7b Less cost of goods sold</p> <p>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe ►)</p> <p>9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 11,587</p> <p>10 Grants and similar amounts paid (attach schedule) #1</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe ► See attachment #2)</p> <p>17 Total expenses. Add lines 10 through 16 ► 15,173</p> <p>18 Excess or (deficit) for the year (Subtract line 17 from line 9) -3,586</p> <p>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)</p> <p>20 Other changes in net assets or fund balances (attach explanation) 188,341</p> <p>21 Net assets or fund balances at end of year Combine lines 18 through 20 184,755</p>	1 3,087 2 3 4 8,500 5c 6c 7c 8 9 11,587 10 9,600 11 12 13 14 15 16 5,573 17 15,173 18 -3,586 19 188,341 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)		
ASSETS	<p>22 Cash, savings, and investments</p> <p>23 Land and buildings</p> <p>24 Other assets (describe ►)</p> <p>25 Total assets</p> <p>26 Total liabilities (describe ►)</p> <p>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ...</p>	(A) Beginning of year 188,341 22 23 24 188,341 25 184,755 0 26 0 188,341 27 184,755

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

Form 990-EZ (2008)

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	33	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	34	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? ...	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N ...	36	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	39a	
a Initiation fees and capital contributions included on line 9	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		
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.? If "Yes," enter the name of the foreign country ► _____	42c	X
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 Yes No
46 **X**

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
47 **X**

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48 **X**

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a **X**

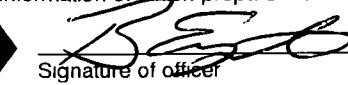
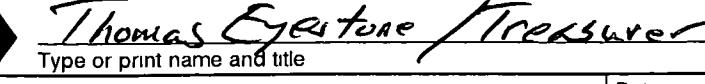
b If "Yes," was the related organization(s) a section 527 organization? Yes No
49b **X**

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

(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" Yes No

(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 ►		

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		
	 Signature of officer 12-11-2009  Thomas Egertone / Treasurer Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ►	NONPAID PREPARER	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP+4 ►	HR Block 1705 COMMERCIAL CIRCLE STE 3		EIN ►	Phone no ► 785-456-2530

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Flint Hills Foundation for Older Kansans

Employer Identification number

48-1099120

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		
Total							

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

Schedule A (Form 990 or 990-EZ) 2008

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 ► <input checked="" type="checkbox"/>			
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 ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

M20A

SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection	For calendar year 2008 or tax period beginning	10-01-2008, and ending	09-30-2009.
Name of Organization		Employer Identification Number	
Flint Hills Foundation for Older Kansans		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

SCHEDEULE 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
InspectionFor Calendar year 2008, or tax year period beginning 10-01-2008
and ending 09-30-2009.

Name of Organization	For	Employer Identification Number	
Flint Hills Foundation for Older Kansans	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	1,500 500	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 Grants 245 N 9th Street	6,600	6,600 Saline County Commission on Aging
		8,600	
Relationship	Description of Property	Book Value	How FMV is Determined
		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.

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 Paul Kuchera 228 E School Street Lincoln, KS 67455 Judy Houdeshell 401 Houston Manhattan, KS 66502	Treasurer President Secretary	0 0 0	0 0 0	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	Employer Identification Number			
Flint Hills Foundation for Older Kansans	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