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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

DAA

For the 2009 calendar year, or tax year beginning

2009

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 \$500,000 and total assets less than \$1,250,000 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

and ending

OMB No 1545-1150

Open to Public Inspection

| В                    | Check if              | f applicable  | ) Em              | ployer Identification number  |                             |                    |   |  |  |  |  |
|----------------------|-----------------------|---|-------------------|---|-----------------------------|--------------------|---|--|--|--|--|
| Щ                    | Address               | use IRS label or KC CALISE TAICORDORATED            |                   |   |                             |                    |   |  |  |  |  |
| Ш                    | Name c                | ne change print or KC CAUSE INCORPORATED 26-2760416 |                   |   |                             |                    |   |  |  |  |  |
| $\mathbb{H}$         | Initial re<br>Termina |   | /suite I          | E Telephone number  |                             |                    |   |  |  |  |  |
| П                    |                       | ed return   | Specific Instruc- | 111 OAK STREET  City or town, state or country, and ZIP + 4   | <del></del>                 | Gro                | oup Exemption                                       |  |  |  |  |
| H                    |                       | tion pending  | tions.            | BONNER SPRINGS KS 66012   | 1 '                         |                    | mber •  |  |  |  |  |
|                      |                       |   |                   |   | ccounting r                 |                    | X Cash Accrual                                      |  |  |  |  |
|                      | -                     | ` ` `   |                   |   | (specify)                   |                    |   |  |  |  |  |
| $\overline{}$        | Websit                | te: ▶ N/  | A                 |   |                             |                    | e organization is not                               |  |  |  |  |
| J                    | Tax-exe               | empt status (ch                                     | eck only on       | ) — <b>X</b> 501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527  | equired to a<br>90-EZ, or 9 | ttach Sc<br>90-PF) | e organization is <b>not</b><br>hedule B (Form 990, |  |  |  |  |
| ĸ                    | Check                 | <b>•</b>  | ıf the or         | panization is not a section 509(a)(3) supporting organization and its gross receipts  |                             |                    |   |  |  |  |  |
|                      | Form 9                |   |                   | turn is not required, but if the organization chooses to file a return, be sure to file a   |                             |                    |   |  |  |  |  |
| L                    |                       |   |                   | to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ   |                             | ▶ 9                |   |  |  |  |  |
| P                    | art I                 |   |                   | penses, and Changes in Net Assets or Fund Balances (See the   | e instru                    | ctions             |   |  |  |  |  |
|                      | 1                     |   |                   | ts, and similar amounts received  |                             | 1                  | 2,870   |  |  |  |  |
|                      | 2                     |   |                   | nue including government fees and contracts   |                             | 2                  |   |  |  |  |  |
|                      | 3                     | -   |                   | d assessments   |                             | 3                  |   |  |  |  |  |
|                      | 4                     | Investment i  | ncome             |   |                             | 4                  |   |  |  |  |  |
|                      | 5a                    | Gross amou  | nt from           | ale of assets other than inventory  |                             | <u> </u>           |   |  |  |  |  |
|                      | b                     |   |                   | asis and sales expenses 5b  |                             | 1                  |   |  |  |  |  |
|                      | c                     |   |                   | of assets other than inventory (Subtract line 5b from line 5a)  |                             | <br>5c             |   |  |  |  |  |
| <u>o</u>             | 6                     |   |                   | ties (complete applicable parts of Schedule G). If any amount is from gaming, check here  |                             | 1                  |   |  |  |  |  |
|                      | a                     |   |                   | of contributions  |                             |                    |   |  |  |  |  |
| ∠U IU.<br>Revenue    |                       | reported on   |                   |   |                             |                    |   |  |  |  |  |
| ₹                    | ь                     | *   | •                 |   | 9,388<br>9,406              |                    |   |  |  |  |  |
| ್ರಾ                  |                       |   |                   | from special events and activities (Subtract line 6b from line 6a)  | 3,400                       | 7                  | 49,982  |  |  |  |  |
| <b>€</b>             | C 70                  |   | 6c                | 49,304  |                             |                    |   |  |  |  |  |
|                      | 7a                    |   |                   | ory, less returns and allowances  |                             | -                  |   |  |  |  |  |
|                      | b                     | Less: cost of                                       | •                 | <u></u>   |                             | <b>-</b>           |   |  |  |  |  |
|                      | C                     |   |                   | from sales of inventory (Subtract line 7b from line 7a)   |                             | 7c                 |   |  |  |  |  |
|                      | 8                     | Other revenu  | •                 |   |                             | 8                  | 50.050  |  |  |  |  |
| ExpenseSCANNED       | 9                     |   |                   | nes 1, 2, 3, 4, 5c, 6c, 7c, and 8   |                             | 9                  | 52,852  |  |  |  |  |
| 4                    | 10                    |   |                   | nounts paid (attach schedule) RECEIVED STMT 1   |                             | 10                 | 35,425  |  |  |  |  |
| $\ddot{\mathcal{Q}}$ | 11                    | Benefits paid                                       |                   | members O   |                             | 11                 |   |  |  |  |  |
| ဏ္                   | 12                    |   |                   | ensation, and employee benefits   |                             | 12                 |   |  |  |  |  |
| ens                  | 13                    |   |                   | other payments to independent contractors 2010  |                             | 13                 | 800   |  |  |  |  |
| Š                    | 14                    |   |                   | la de la companya de |                             | 14                 |   |  |  |  |  |
| -                    | 15                    | Printing, pub                                       | lications         | postage, and shipping OCDEN UT  |                             | 15                 |   |  |  |  |  |
|                      | 16                    | Other expen   | ses (des          | postage, and shipping |                             | 16                 | 2,054   |  |  |  |  |
|                      | 17                    | rotai expen   | ses. Add          | lines 10 through 16   | <u> </u>                    | 17                 | 38,279  |  |  |  |  |
| S                    | 18                    |   |                   | the year (Subtract line 17 from line 9)   |                             | 18                 | 14,573  |  |  |  |  |
| Net Assets           | 19                    |   |                   | lances at beginning of year (from line 27, column (A)) (must agree with   |                             |                    |   |  |  |  |  |
| Ž                    |                       | =   |                   | orted on prior year's return)   |                             | 19                 | 16,040  |  |  |  |  |
| Š                    | 20                    |   |                   | assets or fund balances (attach explanation)  | _                           | 20                 |   |  |  |  |  |
|                      | 21                    |   |                   | lances at end of year. Combine lines 18 through 20  |                             | 21                 | 30,613  |  |  |  |  |
|                      | art II                | Balanc  | ce She            | ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in   |                             | Form 9             |   |  |  |  |  |
|                      |                       |   |                   | (See the instructions for Part II )  (A) Beginning  |                             | ,                  | (B) End of year                                     |  |  |  |  |
|                      |                       | savings, and i                                      | nvestme           | nts1  | 6,040                       |                    | 30,613  |  |  |  |  |
|                      |                       | nd buildings  |                   |   |                             | 23                 |   |  |  |  |  |
|                      |                       | assets (descril                                     | be 🕨 _            | )   |                             | 24                 |   |  |  |  |  |
|                      | Total a               |   | _                 | 1   | 6,040                       |                    | 30,613  |  |  |  |  |
|                      |                       | abilities (des                                      |                   | )   | 0                           |                    | 0   |  |  |  |  |
|                      |                       |   |                   | ·   | 6,040                       | 27_                | 30,613  |  |  |  |  |
| For                  | Privacy               | v Act and Par                                       | nerwork           | Reduction Act Notice, see the senarate instructions   |                             |                    | 5 990-E7 (2000)                                     |  |  |  |  |

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|                                       | CAUSE INCORPORATED                                 |                                       | 6-2760416  |                              |               | Page 2                          |
|---------------------------------------|--|---------------------------------------|--|------------------------------|---------------|---------------------------------|
|                                       | of Program Service Accomplishme                    | nts (See the instruc                  | ctions for Part II                               | 1.)                          | Ex            | penses                          |
| What is the organization's prim       | nary exempt purpose?                               |                                       |  | (R                           | equired       | for section                     |
| SEE STATEMENT 3                       |  |                                       |  | 50                           | 1(c)(3) a     | ınd 501(c)(4)                   |
|                                       | carrying out the organization's exempt purpos      |                                       |  |                              | _             | ons and section                 |
|                                       | provided, the number of persons benefited, or      | other relevant informatio             | n for  |                              |               | trusts; optional                |
| each program title.                   |  |                                       |  | fo                           | r others      | <u> </u>                        |
| •                                     | LOCAL CHARITIES AND TO PROVIDE                     |                                       |  |                              | ĺ             |                                 |
| AWARENESS ABOUT CH                    | •  |                                       |  |                              | ĺ             |                                 |
| IN OUR LOCAL COMMU                    |  |                                       |  |                              | ĺ             | 25 425                          |
|                                       | <b>5,425</b> ) If this amount includes foreign gra | ints, check here                      | <b>&gt;</b> _                                    | 28a                          |               | <u>35,425</u>                   |
| 29                                    |  |                                       |  |                              | ĺ             |                                 |
|                                       |  |                                       |  |                              |               |                                 |
| (Cronto \$                            | ) If this amount includes foreign are              | into chook hara                       | <b>~</b> 1                                       | <sub>20-</sub>               |               |                                 |
| (Grants \$                            | ) If this amount includes foreign gra              | ints, check here                      |  | 29a                          | <b></b>       |                                 |
| 30                                    |  |                                       |  |                              |               |                                 |
|                                       |  |                                       |  |                              |               |                                 |
| (Grants \$                            | ) If this amount includes foreign gra              | inte chack hara                       | <b>▶</b> [                                       | 30a                          |               |                                 |
| 31 Other program services (at         |  |                                       |  | 308                          | <del></del>   |                                 |
| (Grants \$                            | ) If this amount includes foreign gra              |                                       | ▶ [  | 31a                          |               |                                 |
|                                       | penses (add lines 28a through 31a)                 | ina, onook noro                       |  | ▶ 32                         |               | 35,425                          |
|                                       | s, Directors, Trustees, and Key Employees.         | List each one even if not             | compensated, (See                                |                              | ctions fo     |                                 |
|                                       |  | (b) Title and average                 | (c) Compensation                                 | (d) Contrib                  | utions to     | (e) Expense                     |
|                                       | (a) Name and address                               | hours per week<br>devoted to position | (If not paid,<br>enter -0)                       | employee ben<br>deferred com |               | account and<br>other allowances |
| ABE GLASSER                           | BONNER SPRINGS                                     | TREASURER                             |  |                              |               |                                 |
| 111 OAK STREET                        | KS 66012   |                                       | 0  |                              | o             | 0                               |
| BRYAN ALBERS                          | BONNER SPRINGS                                     | PRESIDENT                             |  |                              |               |                                 |
| 111 OAK STREET                        | KS 66012   |                                       | 0  |                              | o             | 0                               |
|                                       |  |                                       |  |                              |               |                                 |
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|                                       |  |                                       | 1  |                              |               |                                 |

Form 990-EZ (2009)

|     | Other information (Note the statement requirements in the instructions for P  | ait v.)      |          |                      |
|-----|---|--------------|----------|----------------------|
| 33  | Did the Arganization engage in any activity not provincely reported to the IBSS If Was 7 attach a data 2  | Γ            | Yes      | No                   |
| 33  | Did the òrganization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed   | 20           |          |                      |
| 24  | description of each activity  | 33           | +        | X                    |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of  |              |          |                      |
| 35  | the changes   | 34           | +        | X                    |
| 33  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> on Form 200 T, attach a statement explaines why the preparation did not count the preparation and provided in the preparation of th | eported      |          | ı                    |
| _   | on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  |              | ŀ        |                      |
| а   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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         | +        | ├—                   |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  | 1            |          | ٠,,                  |
|     | during the year? If "Yes," complete applicable parts of Schedule N  | <u>36</u>    | +        | X                    |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instr.  |              | -        |                      |
| b   | Did the organization file Form 1120-POL for this year?  | 37b          | 1        | 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 outstanding at the end of the period covered by this return?  | 38a          | +        | X                    |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved  |              |          |                      |
| 39  | Section 501(c)(7) organizations. Enter:   | İ            |          |                      |
| а   | Initiation fees and capital contributions included on line 9  |              |          | '                    |
| þ   | Gross receipts, included on line 9, for public use of club facilities   |              |          |                      |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under  |              |          |                      |
|     | section 4911 ▶  |              |          |                      |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit   | it _         | -        |                      |
|     | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified   |              |          |                      |
|     | person in a prior year, and that the transaction has not been reported on any of the organization's prior   |              |          |                      |
|     | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b          |          | X                    |
| C   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on   |              |          |                      |
|     | organization managers or disqualified persons during the year under sections 4912,  |              |          |                      |
|     | 4955, and 4958  |              |          |                      |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c  |              |          |                      |
|     | reimbursed by the organization  |              |          |                      |
| е   | 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          | Т        | X                    |
| 41  | List the states with which a copy of this return is filed.▶ NONE  |              |          |                      |
| 42a | The organization's books are in care of ▶ Tele  | ephone 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   |              | Yes      | No                   |
|     | account)?   | 42b          | <b>T</b> | X                    |
|     | If "Yes," enter the name of the foreign country: ▶  | <del> </del> | 1        |                      |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |              |          |                      |
|     | and Financial Accounts.   |              |          |                      |
| С   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?  | 42c          |          | <b>x</b> '           |
|     | 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   |              |          | ightharpoonup        |
|     | and enter the amount of tax-exempt interest received or accrued during the tax year   | ▶   43       |          | ا ،                  |
|     | and office and amount of the opening time out received of decided during the tax year   | 701          |          |                      |
|     |   |              | Yes      | No                   |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of  | <u> </u>     | 103      |                      |
|     | Form 990-EZ   | 44           | -[       | $\mathbf{x}^{\perp}$ |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If  | 44           | +        |                      |
| 70  | "Yes," Form 990 must be completed instead of Form 990-EZ  | 45           | -        | X                    |
|     | 100, 1 0 000 most do completed meteda of 1 0mi 330-LZ   | Form 9       |          |                      |
|     |   | Form 9       | コロービム    | . (2009)             |

66217

913-631-9800

Yes No Form 990-EZ (2009)

SHAWNEE

May the IRS discuss this return with the preparer shown above? See instructions

address, and ZIP +

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

| ame o   | f the organization                              | on<br>KC CAUSE INC  | CORPORATED                               |              |              |           |                     |            | -                        | entification nu | mber     |      |
|---------|---|---|--|--------------|--------------|-----------|---------------------|------------|--------------------------|-----------------|----------|------|
| Part    | I Reas  |   | Status (All organizations                | s must       | comple       | te this   | part.)              |            |                          |                 |          |      |
| he org  |   |   | se it is: (For lines 1 through 11,       |              |              |           |                     |            |                          |                 |          |      |
| 1       | _   |   | sociation of churches described          |              | •            | •         |                     |            |                          |                 |          |      |
| 2       | 7   | scribed in section 170(b)(1)(                               |  |              |              | ,, ,,,    |                     |            |                          |                 |          |      |
| 3       | ₹   |   | ce organization described in se          | ction 170    | )(b)(1)(A)(  | (iii).    |                     |            |                          |                 |          |      |
| 4       | <del>-</del> 1                                  |   | d in conjunction with a hospital         |              |              |           | )(1)(A)(            | iii). Ente | er the ho                | ospital's nam   | e.       |      |
|         | city, and stat                                  |   | •  |              |              | •         |                     | •          |                          | •               | •        |      |
| 5       |   | tion operated for the benefit (b)(1)(A)(Iv). (Complete Part | of a college or university owned II.)    | or opera     | ted by a g   | jovernm   | ental un            | ıt descr   | ibed in                  |                 |          |      |
| 6       | A federal, sta                                  | ate, or local government or g                               | povernmental unit described in s         | section 1    | 70(b)(1)(A   | N)(v).    |                     |            |                          |                 |          |      |
| 7       | An organizat                                    | tion that normally receives a                               | substantial part of its support fr       | om a gov     | ernmenta     | l unit or | from the            | genera     | al public                | ;               |          |      |
|         | described in                                    | section 170(b)(1)(A)(vi). (C                                | omplete Part II)                         |              |              |           |                     | -          | •                        |                 |          |      |
| 8       | A community                                     | y trust described in section                                | 170(b)(1)(A)(vi). (Complete Part         | t II.)       |              |           |                     |            |                          |                 |          |      |
| 9 🛚     | 7   |   | 1) more than 33 1/3 % of its sup         |              | contribut    | tions, m  | emberst             | ip fees    | and gre                  | oss             |          |      |
| -       | _   |   | npt functions—subject to certain         |              |              |           |                     | •          | -                        |                 |          |      |
|         |   |   | nd unrelated business taxable in         |              |              |           |                     |            |                          |                 |          |      |
|         |   |   | 0, 1975. See section 509(a)(2)           | -            |              |           | •                   |            |                          |                 |          |      |
| ю Г     | An organizat                                    | on organized and operated                                   | exclusively to test for public safe      | ety. See s   | section 5    | 09(a)(4). |                     |            |                          |                 |          |      |
| 11 🗀    | =   |   | exclusively for the benefit of, to       | •            |              |           |                     | y out the  | е                        |                 |          |      |
|         |   |   | ed organizations described in s          |              |              |           |                     |            |                          |                 |          |      |
|         | 509(a)(3). Ch                                   | neck the box that describes t                               | he type of supporting organizati         | ion and c    | omplete li   | nes 11e   | through             | 11h        |                          |                 |          |      |
|         | a Type  | el <b>b</b> Type II   | c Type III-Function                      | ally integi  | rated        | d         | Typ                 | e III–Oi   | her                      |                 |          |      |
| e [     | By checking                                     | this box, I certify that the org                            | ganization is not controlled direc       | tly or indi  | rectly by    | one or m  | ore disc            | ualified   |                          |                 |          |      |
|         | persons othe                                    | er than foundation managers                                 | and other than one or more pul           | blicly sup   | ported org   | ganizatıc | ns desc             | nbed in    | section                  | 1               |          |      |
|         | 509(a)(1) or :                                  | section 509(a)(2).  |  |              |              |           |                     |            |                          |                 |          |      |
| f       | If the organiz                                  | ation received a written dete                               | ermination from the IRS that it is       | a Type I     | , Type II,   | or Type   | III supp            | orting     |                          |                 |          |      |
|         | organization,                                   | check this box  |  |              |              |           |                     |            |                          |                 |          |      |
| g       | Since Augus                                     | t 17, 2006, has the organiza                                | tion accepted any gift or contrib        | ution fron   | n any of th  | ne        |                     |            |                          | •               |          | ليسا |
|         | following per                                   | rsons?  |  |              |              |           |                     |            |                          |                 |          |      |
|         | (i) A person                                    | n who directly or indirectly co                             | ontrols, either alone or together        | with pers    | ons descr    | ibed in ( | (ii)                |            |                          |                 | Yes      | No   |
|         |   |   | f the supported organization?            | •            |              |           |                     |            |                          | 11g(i)          |          |      |
|         | (ii) A famıly                                   | member of a person descri                                   | ped in (i) above?                        |              |              |           |                     |            |                          | 11g(ii)         | - Y      |      |
|         | (III) A 35% c                                   | controlled entity of a person of                            | described in (i) or (ii) above?          |              |              |           |                     |            |                          | 11g(ii          | <u> </u> |      |
| h       | Provide the                                     | following information about t                               | he supported organization(s).            |              |              |           |                     |            |                          | <del></del>     |          | 3    |
| (i) Nar | ne of supported                                 | (ii) EIN  | (iii) Type of organization               | (iv) Is the  | organization | (v) Did   | ou notify           | (vi)       | s the                    | (vii) Am        | ount of  |      |
| 01      | rganization                                     |   | (described on lines 1–9                  |              | sted in your |           | nization in of your |            | ion in col<br>zed in the | sup             | port     |      |
|         |   |   | above or IRC section (see instructions)) | governing    | document?    |           | port?               |            | S ?                      |                 |          |      |
|         |   | _   | ,  | Yes          | No           | Yes       | No                  | Yes        | No                       |                 |          |      |
|         |   |   |  |              |              | }         |                     |            |                          |                 |          |      |
|         |   |   |  |              |              |           |                     |            |                          |                 |          |      |
|         |   |   |  |              |              |           |                     |            |                          | <u> </u>        |          |      |
|         |   |   |  | <u> </u>     |              |           |                     |            |                          |                 |          |      |
|         |   |   |  |              |              |           |                     |            |                          |                 |          |      |
|         |   |   |  | <del> </del> |              |           | ļ<br>               |            |                          |                 |          |      |
|         | <u>-,                                      </u> |   |  |              |              |           |                     |            |                          |                 |          |      |
|         |   |   |  |              |              |           |                     |            |                          |                 |          |      |
|         |   |   |  |              |              |           |                     |            |                          |                 |          |      |
| -4-1    |   | l .   | i  |              |              |           |                     |            |                          |                 |          |      |

| <u>ch</u> e | dule A (Form 990 or 990-EZ) 2009 KC   | CAUSE INC      | CORPORATE              | D                     | 20                  | 5-2760416         | Page       |  |
|-------------|---|----------------|------------------------|-----------------------|---------------------|-------------------|------------|--|
| Pa          | rt II Support Schedule for O  | rganizations [ | Described in S         | ections 170(b         | )(1)(A)(iv) and     | 1 170(b)(1)(A)(vi |            |  |
|             | (Complete only if you ch  | ecked the box  | <u>on line 5, 7, o</u> | r 8 of Part I.)       |                     |                   |            |  |
|             | tion A. Public Support  | T              |                        |                       | T                   | <del></del>       |            |  |
| Ca          | endar year (or fiscal year beginning in)  | (a) 2005       | (b) 2006               | (c) 2007              | (d) 2008            | (e) 2009          | (f) Total  |  |
| 1           | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                |                        |                       |                     |                   |            |  |
| 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           | Total. Add lines 1 through 3  |                |                        |                       |                     |                   |            |  |
| 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) |                |                        |                       |                     |                   |            |  |
| 6           | Public support. Subtract line 5 from line 4   |                |                        |                       |                     |                   |            |  |
| ec          | tion B. Total Support   |                |                        |                       |                     |                   | -          |  |
| Cal         | endar year (or fiscal year beginning in) ▶  | (a) 2005       | (b) 2006               | (c) 2007              | (d) 2008            | (e) 2009          | (f) Total  |  |
| 7           | Amounts from line 4   |                |                        |                       |                     |                   |            |  |
| 3           | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                |                        |                       |                     |                   |            |  |
| )           | Net income from unrelated business activities, whether or not the business is regularly carried on  |                |                        |                       |                     |                   |            |  |
| )           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |                |                        |                       |                     |                   |            |  |
| ı           | Total support. Add lines 7 through 10   |                |                        |                       |                     | <u> </u>          |            |  |
| 2           | Gross receipts from related activities, etc.  | •              |                        |                       |                     | 12                |            |  |
| 3           | First five years. If the Form 990 is for the  | •              | t, second, third, fo   | urth, or fifth tax ye | ar as a section 50  | 1(c)(3)           |            |  |
|             | organization, check this box and stop her   |                | 4                      |                       |                     |                   | <u> </u>   |  |
|             | tion C. Computation of Public St  |                |                        |                       |                     | 14                | 9/         |  |
|             | Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))  |                |                        |                       |                     |                   |            |  |
| <b>,</b>    | Public support percentage from 2008 Sch   |                |                        | 40 and the 44 in      | 00.4/0.0/           | <u> 15  </u>      | 9/         |  |
| à           | 33 1/3 % support test—2009. If the organ  |                |                        |                       | 33 1/3 % or more    | , check this box  | <b>►</b> [ |  |
| ь           | and stop here. The organization qualifies 33 1/3 % support test—2008. If the organ  |                | -                      | •                     | 15 is 22 1/2 % or   | more check this   | - 1        |  |
| u           | box and <b>stop here</b> . The organization quali   |                |                        |                       | 13 15 33 1/3 /6 01  | more, Great this  | ▶ [        |  |
| 7a          | 10%-facts-and-circumstances test—200  |                |                        |                       | Sa. or 16b. and lin | e 14 is 10% or    |            |  |
| -           | more, and if the organization meets the "fa   |                |                        |                       |                     |                   |            |  |
|             | organization meets the "facts-and-circums   |                | •                      | •                     | • •                 |                   | <b>•</b>   |  |
| ь           | 10%-facts-and-circumstances test—200  |                |                        | · · · · · · · · ·     |                     |                   | - 1        |  |

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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| 2 | 6 | _ | 2 | 7 | 6 | n | 4 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |

Page 3 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 19,512 2,870 22,382 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 23,174 79,388 102,562 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 42,686 82,258 124,944 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.) 124,944 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 42,686 82,258 124,944 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 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) 82,258 124,944 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. 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 33 1/3 % support tests—2008. 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

7061 04/29/2010 11 31 AM Schedule A (Form 990 or 990-EZ) 2009 KC CAUSE INCORPORATED 26-2760416 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

|                      |                              | Special Event     | s Schedi | ule      |        |            |                      |
|----------------------|------------------------------|-------------------|----------|----------|--------|------------|----------------------|
| Form · 990 ·         |                              | •                 |          |          |        |            | 2009                 |
|                      | For calendar year 2009, or t | ax year beginning |          | , and e  | nding  |            | 1                    |
| ame `                |                              |                   |          |          |        | Employer I | dentification Number |
| KC CAUSE INC         | ORPORATED                    |                   |          |          |        | 26-27      | 60416                |
|                      | (A)                          | (B)               | (C)      |          | Others |            | Total                |
| Gross receipts       | 60,455                       | 18,933            |          | <u> </u> |        | 0          | 79,388               |
| Less contributions   | 0                            | 0                 |          | 0        |        |            | 0                    |
| Gross revenue        | 60,455                       | 18,933            |          |          |        | <u> </u>   | 79,388               |
| Less direct expenses | 24,323                       | 5,083             |          |          |        |            | 29,406               |
| Net income (loss)    | 36,132                       | 13,850            |          | 0        |        | <u> </u>   | 49,982               |
| (B)<br>(C)<br>Others | PINUP BOWL FO                | JNDRAISER         |          |          |        |            |                      |

|                               |   |                                 |                         |        | <del></del> | <del></del> | <br>- |  |
|-------------------------------|---|---------------------------------|-------------------------|--------|-------------|-------------|-------|--|
| 4/29/2010 11:31 AM            |   | VVV                             | Explanation             |        |             |             |       |  |
| 7/67/4                        | 의   | Book Value                      | Explanation             |        |             |             |       |  |
|                               | ar Amounts Paic   |                                 | Value                   |        |             |             |       |  |
| ements                        | Grants and Simil  | dae Sacon                       | Contribution            |        |             |             |       |  |
| Federal Statements            | . Part I, Line 10 - (   | ر<br>دور                        | Contribution<br>25, 100 | 25,100 |             |             |       |  |
|                               | Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals | Class of Activity               | Property                |        |             |             |       |  |
|                               | Stat  | Date of                         | Giff                    |        |             |             |       |  |
| 26-2760416<br>FYE: 12/31/2009 |   | Relationship<br>to Organization |                         | TOTAL  |             |             |       |  |

4/29/2010 11:31 AM

26-2760416

### **Federal Statements**

FYE: 12/31/2009

#### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description            | Amount   |
|------------------------|----------|
| EXPENSES               | \$       |
| BANK FEES              | 10       |
| CREDIT CARD FEES       | 1,043    |
| ANNUAL REPORT          | 40       |
| OFFICE SUPPLIES        | 166      |
| LICENSES AND PERMITS   | 45       |
| 501(C)(3) REGISTRATION | 750      |
| TOTAL                  | \$ 2,054 |

#### Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO RAISE MONEY FOR LOCAL CHARITIES AND TO PROVIDE AWARENESS ABOUT CHARITIES IN OUR LOCAL COMMUNITY.

# Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

#### Description

TO RAISE MONEY FOR LOCAL CHARITIES AND TO PROVIDE AWARENESS ABOUT CHARITIES
IN OUR LOCAL COMMUNITY.