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## Short Form

## Return of Organization Exempt From Income Tax

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public  
Inspection

► 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.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

Camps For Kids

Number and street (or P.O. box, if mail is not delivered to street address)

1080 WASHINGTON

Room/suite

City or town, state or country, and ZIP + 4

KANSAS CITY, MO 64105

D Employer identification number

43-1244326

E Telephone number

816-559-4622

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).

G Accounting method:  Cash  Accrual  
Other (specify) ►

I Website: ► WWW.CAMPSPORKIDS.ORG

J Tax-exempt status (check only one) —  501(c)(3) ► (insert no.)  4947(a)(1) or  527K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 260831.

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

1	Contributions, gifts, grants, and similar amounts received	1	230295.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	3085.
5a	Gross amount from sale of assets other than inventory	STMT 4	5a 20000.
b	Less: cost or other basis and sales expenses	5b	24640.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-4640.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	7451.
a	Gross revenue (not including \$ 17387. of contributions reported on line 1)	6b	14886.
b	Less: direct expenses other than fundraising expenses	6c	-7435.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► )	9	221305.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	STMT 6	10 174448.
11	Benefits paid to or for members		11
12	Salaries, other compensation, and employee benefits		12 50983.
13	Professional fees and other payments to independent contractors		13 5820.
14	Occupancy, rent, utilities, and maintenance		14 20280.
15	Printing, publications, postage, and shipping		15 5156.
16	Other expenses (describe ► )		16 28792.
17	Total expenses. Add lines 10 through 16		17 285479.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 -64174.
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 219571.
20	Other changes in net assets or fund balances (attach explanation)		20 18482.
21	Net assets or fund balances at end of year. Combine lines 18 through 20		21 173879.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	230171.22	172731.
23	Land and buildings	23	
24	Other assets (describe ► )	7816.24	5850.
25	Total assets	237987.25	178581.
26	Total liabilities (describe ► )	18416.26	4702.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	219571.27	173879.

092171  
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

17541108 767062 91

2009.04000 CAMPS FOR KIDS

**Part III. Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 9

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, and other relevant information for each program title.

**28 TO PROVIDE SCHOLARSHIPS TO ACCREDITED SUMMER CAMPS FOR  
UNDERPRIVILEGED AND SPECIAL NEEDS YOUTH.**

(Grants \$ **189334**.) 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

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions 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
<b>SEE STATEMENT 8</b>		<b>46000.</b>	<b>4983.</b>	

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

	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? 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 why the organization did not report the income on Form 990-T.		
a 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	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <input style="width: 20px;" type="text"/> 37a <input style="width: 20px;" type="text"/> 0.		
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 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	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <input style="width: 20px;" type="text"/> 0. ; section 4912 ► <input style="width: 20px;" type="text"/> 0. ; section 4955 ► <input style="width: 20px;" type="text"/> 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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		
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. ► <input style="width: 100px;" type="text"/> NONE		
42a The organization's books are in care of ► <input style="width: 100px;" type="text"/> RAY DELIA	Telephone no. ► 816-559-4622	
Located at ► <input style="width: 100px;" type="text"/> 1080 WASHINGTON, KANSAS CITY, MO	ZIP + 4 ► 64105	
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: ► <input style="width: 100px;" type="text"/>		
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: ► <input style="width: 100px;" type="text"/>		
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	► <input style="width: 15px; height: 15px;" type="checkbox"/> 43 <input style="width: 20px;" type="text"/> N/A	► <input style="width: 15px; height: 15px;" type="checkbox"/>
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

Form 990-EZ (2009)

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	<b>Yes</b>	<b>No</b>
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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's 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."		

(a) Name and address of each employee paid more than \$100,000 <b>NONE</b>	(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

f Total number of other employees paid over \$100,000	►	
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		
<b>NONE</b>		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 <i>Raymond A. Delia</i>	Date <i>Nov 11, 2010</i>	
► Type or print name and title <i>Raymond A. Delia EXECUTIVE DIRECTOR</i>			
Paid Preparer's Use Only	Preparer's signature ►	Date <i>11-9-10</i>	Check if self-employed ► <input type="checkbox"/>
	Preparer's identifying number (See instr.)		
Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>FRANCIS S. FRANKE &amp; CO., P.C.</b> ► <b>9200 WARD PKWY, STE 240</b> <b>KANSAS CITY, MO 64114</b>		EIN ►	
		Phone ►	
		no. <i>(816) 753-1040</i>	

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

►  Yes  No

Form 990-EZ (2009)

**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

Name of the organization

**CAMPS FOR KIDS**

Employer identification number

**43-1244326**

**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: (For lines 1 through 11, check only one box)

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).  
 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).  
 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 supported organization(s)

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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.")	171227.	306594.	312603.	294356.	234661.	1319441.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	171227.	306594.	312603.	294356.	234661.	1319441.
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)						
<b>6 Public support.</b> Subtract line 5 from line 4						1319441.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	171227.	306594.	312603.	294356.	234661.	1319441.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2193.	4286.	5911.	5216.	3085.	20691.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						1340132.
<b>12 Gross receipts from related activities, etc (see instructions)</b>					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.46	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.58	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

**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) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**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	%
<b>19a 33 1/3% support tests - 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 33 1/3% support tests - 2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>



**Part II. Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 <b>GALA EVENT</b> (event type)	(b) Event #2	(c) Other events <b>NONE</b>	(d) Total events (add col. (a) through col. (c))
	(event type)	(total number)		
1 Gross receipts	24838.			24838.
2 Less Charitable contributions	17387.			17387.
3 Gross income (line 1 minus line 2)	7451.			7451.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	7945.			7945.
8 Entertainment	2200.			2200.
9 Other direct expenses	4741.			4741.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 14886 )
11 Net income summary. Combine line 3, column (d), and line 10				► -7435.

**Part III. Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► ( )
8 Net gaming income summary Combine line 1, column (d), and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

Yes	No
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

\_\_\_\_\_

10a

11 Does the organization operate gaming activities with nonmembers?

11

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
13a	%	
13b	%	
15a		
17a		

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
BANK FEES	1283.
DEPRECIATION	2457.
DUES & SUBSCRIPTIONS	597.
INSURANCE	1745.
MEETINGS	276.
MISCELLANEOUS	4389.
OFFICE SUPPLIES	926.
TRAINING & CONFERENCES	40.
EMPLOYEE BENEFITS	12663.
PAYROLL TAXES	3482.
INVESTMENT EXPENSE	934.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>28792.</b>

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES	2088.	2579.	
OTHER DEPRECIABLE ASSETS	5728.	3271.	
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>7816.</b>	<b>5850.</b>	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	13993.	279.	
ACCRUED WAGES	4423.	4423.	
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>18416.</b>	<b>4702.</b>	

Camps For Kids

43-1244326

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	4
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF SECURITIES	20000.	24640.	0.	-4640.
TO FORM 990-EZ, LINE 5	20000.	24640.	0.	-4640.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	18482.
TOTAL TO FORM 990-EZ, LINE 20	18482.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ACCESSIBLE ARTS DISCOVERY TRAIL PROGRAM 1100 STATE AVENUE KANSAS CITY, KS 66102	NONE	10033.
AILEY CAMP 405 W 55TH ST NEW YORK, NY 10019	NONE	6245.
BOYS AND GIRLS CLUBS OF GREATER KC 6301 ROCKHILL RD #303 KANSAS CITY, MO 64131	NONE	9769.
CAMP ENCOURAGE PO BOX 10433 KANSAS CITY, MO 64171	NONE	7828.
CAMP MITIOG 7615 N PLATTE PURCHASE DR KANSAS CITY, MO 64118	NONE	28636.
CAMP QUALITY 1444 MOCKINGBIRD TRAIL STOW, OH 44224	NONE	19158.
CAMP WIN 1080 WASHINGTON KANSAS CITY, MO 64105	NONE	7575.
JOSHUA CENTER CAMP 7611 STATE LINE RD, STE 142 KANSAS CITY, MO 64114	NONE	8222.
ROYAL FAMILY KIDS CAMP 3000 W MACARTHUR BLVD, STE 412 SANTA ANA, CA 92704	NONE	11163.

CAMPS FOR KIDS

43-1244326

WHATSOEVER COMMUNITY CENTER  
1201 EWING  
KANSAS CITY, MO 64126

NONE

5310.

WILDWOOD SUMMER LEARNING PROGRAM  
7095 W 399TH ST  
LACYGNE, KS 66040

NONE

33300.

VARIOUS OTHERS < \$5000

NONE

5105.

WONDERLAND CAMP  
18591 MILLER CIRCLE  
ROCKY MOUNT, MO 65072

NONE

22104.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

174448.

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT** 7

Form 990-EZ

Part IV - List of Officers, Directors,  
Trustees and Key Employees

Statement 8

Name and Address	Title and Avg Hrs/Wk	Compens- sation	Employee Ben Plan Expense Contrib Account	
			BEN PLAN	EXPENSE
STEVE MCCUE, 1080 WASHINGTON, KANSAS CITY, MO 64105	EXECUTIVE DIRECTOR 40.00	46000.	4983.	0.
STACEY DEERE, 2555 GRAND BLVD, KANSAS CITY, MO 64108	PRESIDENT 2.00	0.	0.	0.
KENT T SESTON, 11440 TOMAHAWK CREEK PKWY, LEAWOOD, KS 66211	TREASURER 2.00	0.	0.	0.
JACLYN B REILLY 2233 OAK CREST DR, LIBERTY, MO 64068	SECRETARY 2.00	0.	0.	0.
MAGGIE GOLDSBOROUGH, 4917 W 78TH PL, PRAIRIE VILLAGE, KS 66208	DIRECTOR 2.00	0.	0.	0.
PAUL RACCUGLIA, 8900 ROSEWOOD DR, PRAIRIE VILLAGE, KS 66207	DIRECTOR 2.00	0.	0.	0.
ANNA HENNES, 8306 W 92ND TERR, OVERLAND PARK, KS 66212	DIRECTOR 2.00	0.	0.	0.
BURTON TAYLOR, 6100 CHARLOTTE ST, KANSAS CITY, MO 64110	DIRECTOR 2.00	0.	0.	0.
MICHAEL LEBLANC, 14253 METCALF AVE, OVERLAND PARK, KS 66223	DIRECTOR 2.00	0.	0.	0.
MOLLY WHITE 205 E 65TH ST, KANSAS CITY, MO 64113	DIRECTOR 2.00	0.	0.	0.
ANNA BRAUKMANN RACCUGLIA, 8900 ROSEWOOD DR, PRAIRIE VILLAGE, KS	DIRECTOR 2.00	0.	0.	0.
BRANDON HENRY, 2721 WEST 67TH TERRACE, MISSION HILLS, KS 66208	DIRECTOR 2.00	0.	0.	0.
BRAD INMAN 19645 W 110TH ST, OLATHE, KS 66061	DIRECTOR 2.00	0.	0.	0.
KATINA LARSEN PO BOX 265, POMONA, KS 66076	DIRECTOR 2.00	0.	0.	0.

## Camps For Kids

43-1244326

Craig Novorr 4353 W 132ND TERR, LEAWOOD, KS 66209	DIRECTOR 2.00	0.	0.	0.
Emily Pastrovich Johnson 2718 W 49TH ST, WESTWOOD, KS 66205	DIRECTOR 2.00	0.	0.	0.
Tim Steffens 408 E 122ND ST, KANSAS CITY, MO 64145	DIRECTOR 2.00	0.	0.	0.
Ray Delia 2408 W 104TH TERR, LEAWOOD, KS 66206	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		46000.	4983.	0.

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE SCHOLARSHIPS TO ACCREDITED SUMMER CAMPS FOR UNDERPRIVILEGED AND SPECIAL NEEDS YOUTH.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box



Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b> <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization  <b>CAMPS FOR KIDS</b>	Employer identification number  <b>43-1244326</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1080 WASHINGTON</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions.  <b>KANSAS CITY, MO 64105</b>	

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

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

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

**RAY DELIA**

- The books are in the care of ► **1080 WASHINGTON - KANSAS CITY, MO 64105**

Telephone No ► **816-559-4622** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**
- 5 For calendar year **2009**, or other tax year beginning  , and ending
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**AWAITING INFORMATION FROM 3RD PARTIES TO PROPERLY COMPLETE THE RETURN**

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

**Signature and Verification**

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

Signature ►

Title ►

Date ►

Form 8868 (Rev. 4-2009)