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Form 990

Department of the Treasury  
Internal Revenue Service

## 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)

OMB No 1545-0047

2009

Open to Public  
Inspection

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

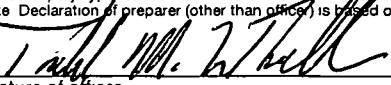
## A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization <b>MISSOURI - KANSAS CHAPTER, INC.</b>		D Employer identification number <b>48-1036123</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions		E Telephone number <b>913-381-2251</b>
Number and street (or P.O. box if mail is not delivered to street address) <b>10707 BARKLEY, SUITE A</b>		Room/suite	G Gross receipts \$ <b>1,204,819.</b>
City or town, state or country, and ZIP + 4 <b>OVERLAND PARK, KS 66211</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer <b>TODD LATROELLA</b> <b>SAME AS C ABOVE</b>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►	
J Website: ► <a href="http://WWW.MOKSACPA.COM">WWW.MOKSACPA.COM</a>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>1987</b> M State of legal domicile: <b>KS</b>	

## Part I Summary

SCANNED NOV 17 2010 Activities & Governance Revenue Expenses Net Assets or Fund Balances	1 Briefly describe the organization's mission or most significant activities. <b>PROVIDING ENGINEERING &amp; TECHNICAL ASSISTANCE ON CONCRETE PAVEMENT.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>19</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>19</b>	
	5 Total number of employees (Part V, line 2a)	5 <b>0</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>0</b>	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <b>0.</b>	
	b Net unrelated business taxable income from Form 990 line 34	7b <b>0.</b>	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>849,278.</b>	Current Year <b>1,068,338.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>171,356.</b>	<b>131,900.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>9,770.</b>	<b>4,581.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6, 7a, 10c, 10d, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,030,404.</b>	<b>1,204,819.</b>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ►			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>827,939.</b>	<b>717,464.</b>	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>827,939.</b>	<b>717,464.</b>	
19 Revenue less expenses Subtract line 18 from line 12	<b>202,465.</b>	<b>487,355.</b>	
20 Total assets (Part X, line 16)	Beginning of Current Year <b>695,179.</b>	End of Year <b>1,099,905.</b>	
21 Total liabilities (Part X, line 26)	<b>150,844.</b>	<b>30,706.</b>	
22 Net assets or fund balances. Subtract line 21 from line 20	<b>544,335.</b>	<b>1,069,199.</b>	

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		11-3-10	Date
► Signature of officer			
► <b>TODD LATROELLA, EXECUTIVE DIRECTOR</b>			
► Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date <b>10-22-10</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>BARRETT, HERMAN, RAGLAND &amp; SCHARTZ, P.A.</b> ► <b>10990 QUIVIRA, STE 160</b> ► <b>OVERLAND PARK, KS 66210</b>	EIN ►	Preparer's identifying number (see instructions)
			Phone no. ► <b>913-491-5080</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

**PROVIDING ENGINEERING & TECHNICAL ASSISTANCE ON CONCRETE PAVEMENT TO  
DEPARTMENT OF TRANSPORTATION OFFICIALS, CITY & COUNTY ENGINEERS,  
PRIVATE ENGINEERS & MANAGERS, AND REPRESENTATIVES OF RELATED  
INDUSTRIES.**

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

If "Yes," describe these new services on Schedule O.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 105,104. including grants of \$ ) (Revenue \$ 131,900. )  
**ORGANIZED AND HOSTED THEIR ANNUAL CEMENT CONCRETE PAVEMENT CONFERENCE  
IN KANSAS CITY, MISSOURI FOR APPROXIMATELY 550 ATTENDEES.**

4b (Code ) (Expenses \$ 69,471. including grants of \$ ) (Revenue \$ )  
**PROMOTING ENGINEERING & TECHNICAL ASSISTANCE ON CONCRETE PAVEMENT WHICH  
INCLUDED BOOTH EXHIBITS, GIVEAWAYS, SPONSORSHIPS FOR GOLF TOURNAMENTS,  
ETC. CONCRETE CUSTARDS SERVED IN CONJUNCTION WITH THE EXHIBITS,  
ENTERTAINING MODOT AND KDOT BUS TRIPS, REGISTRATION TO MEETINGS  
ATTENDED BY STAFF, LOCAL ROADS SEMINAR AND BASICALLY ANYTHING DONE TO  
PROMOTE CONCRETE PAVEMENT AS WELL AS EDUCATION AND TRAINING.**

4c (Code ) (Expenses \$ 11,779. including grants of \$ ) (Revenue \$ )  
**MISSOURI DEPARTMENT OF TRANSPORTATION (MODOT) BUS TRIP CONSISTING OF  
DRIVING AND REVIEWING CURRENT ROAD CONDITIONS AND THE KANSAS DEPARTMENT  
OF TRANSPORTATION (KDOT) TECHNOLOGY TRANSFER EVENT WERE HELD TO DISCUSS  
PAVEMENT ISSUES AND TO EDUCATE AS WELL. THE MEETING INCLUDED LUNCH AND  
DINNER PLUS SNACKS AND DRINKS. A SHIRT WAS GIVEN TO ALL ATTENDEES AT  
EACH EVENT.**

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 186,354.

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>● Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>● Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X</li> </ul>	11	X
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14a	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	14b	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	15	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	16	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	X
	20	X

Form 990 (2009)

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization 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	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28b	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	29	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	30	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	31	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	32	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	33	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	34	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	35	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	36	
		37	X
		38	X

Form 990 (2009)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	1
1b		1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ►	4a	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	19	
1b	Enter the number of voting members that are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	<u>NONE</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►	<u>CINDY ALLEN - (913) 381-2251</u>
		<u>10707 BARKLEY, SUITE A, OVERLAND PARK, KS 66211</u>

Form 990 (2009)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
SCOTT ERICKSON <u>DIRECTOR</u>	0.50	X					0.	0.	0.
ALAN FARRINGTON <u>DIRECTOR</u>	0.50	X					0.	0.	0.
FRANK KEELING <u>DIRECTOR</u>	0.50	X					0.	0.	0.
JOE HUG <u>DIRECTOR</u>	0.50	X					0.	0.	0.
JERRY WILSON <u>DIRECTOR</u>	0.50	X					0.	0.	0.
JOHN CALDWELL <u>DIRECTOR</u>	0.50	X					0.	0.	0.
ART PAYLOR <u>DIRECTOR</u>	0.50	X					0.	0.	0.
PAUL IDEKER <u>DIRECTOR</u>	0.50	X					0.	0.	0.
DOUG DREILING <u>DIRECTOR</u>	0.50	X					0.	0.	0.
STEVE TRITSCH <u>DIRECTOR</u>	0.50	X					0.	0.	0.
NEAL SASKOWSKI <u>DIRECTOR</u>	0.50	X					0.	0.	0.
JEFF BROSS <u>VICE CHAIRMAN/DIRECTOR</u>	0.50	X	X				0.	0.	0.
PETE GRATHWOHL <u>DIRECTOR</u>	0.50	X					0.	0.	0.
KEVIN CONNELL <u>EX-OFFICIO/DIRECTOR</u>	5.00	X	X				0.	0.	0.
PAUL CORR <u>CHAIRMAN/DIRECTOR</u>	1.00	X	X				0.	0.	0.
TIM CADDEN <u>SECRETARY/DIRECTOR</u>	1.00	X	X				0.	0.	0.
KIM WILSON <u>TREASURER/DIRECTOR</u>	1.00	X	X				0.	0.	0.

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

**2 Total**

2 Total number of individuals (including but not limited to those listed above), who received more than \$100,000 in reportable compensation from the organization ►

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

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

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

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. ► 0

U

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	856,043.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	212,295.			
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>		<b>► 1,068,338.</b>			
Program Service Revenue	2 a <b>WORKSHOP FEES</b>	Business Code 541900	131,900.	131,900.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>► 131,900.</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,581.		4,581.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less. cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less. cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>		<b>► 1,204,819.</b>	<b>131,900.</b>	<b>0.</b>	<b>4,581.</b>	
<b>12 Total revenue</b> See instructions.		<b>► 1,204,819.</b>	<b>131,900.</b>	<b>0.</b>	<b>4,581.</b>	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	393,411.			
b Legal	20,964.			
c Accounting	1,245.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,642.			
g Other				
12 Advertising and promotion	69,471.			
13 Office expenses	25,972.			
14 Information technology	6,936.			
15 Royalties				
16 Occupancy	22,478.			
17 Travel	41,061.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105,104.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,965.			
23 Insurance	1,668.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DUES AND MEMBERSHIPS</u>	4,992.			
b <u>IOWA CONCRETE PAVING AS</u>	1,500.			
c <u>KANSAS ANNUAL REPORT FE</u>	55.			
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	717,464.			
26 Joint costs Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	404,546.	2	446,389.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	87,046.	4	404,165.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,728.	9	13,962.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	125,355.		
	b Less accumulated depreciation	37,134.	10c	88,221.
	11 Investments - publicly traded securities	107,587.	11	
	12 Investments - other securities See Part IV, line 11		12	147,168.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	8,482.	15	0.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	695,179.	16	1,099,905.
Liabilities	17 Accounts payable and accrued expenses	17,379.	17	10,036.
	18 Grants payable		18	
	19 Deferred revenue	56,600.	19	20,670.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	76,865.	25	0.
	26 Total liabilities. Add lines 17 through 25	150,844.	26	30,706.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	544,335.	27	1,069,199.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	544,335.	33	1,069,199.
	34 Total liabilities and net assets/fund balances	695,179.	34	1,099,905.

Form 990 (2009)

## Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2009)

**Schedule D**  
(Form 990) .Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**MISSOURI - KANSAS CHAPTER, INC.**

Employer identification number

**48-1036123****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

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

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

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

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

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

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

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

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	125,057.	36,836.	88,221.	
e Other	298.	298.	0.	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 88,221.

Schedule D (Form 990) 2009

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

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation: Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other		
<b>CG CAPITAL MARKETS LARGE CAP</b>		
<b>VALUE</b>	<b>35,543.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>CG CAPITAL MARKETS SMALL CAP</b>		
<b>VALUE</b>	<b>17,865.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>CG CAPITAL MARKETS EMERGING</b>		
<b>MARKETS</b>	<b>13,616.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>CG CAPITAL MARKETS</b>		
<b>INTERNATIONAL EQUITY</b>	<b>25,991.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>	<b>147,168.</b>	

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

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

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

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote

2. FIN 48 requires an entity to provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. **SEE PART XIV FOR CONTINUATIONS**

832053  
02-01-10

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

1	1,204,819.
2	717,464.
3	487,355.
4	37,509.
5	
6	
7	-584,978.
8	359.
9	-547,110.
10	-59,755.

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

1	659,032.
2	
2a	37,509.
2b	
2c	
2d	
2e	37,509.
3	621,523.
4	
4a	
4b	583,296.
4c	583,296.
5	1,204,819.

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

1	718,787.
2	
2a	
2b	1,682.
2c	
2d	
2e	1,682.
3	717,105.
4	
4a	
4b	359.
4c	359.
5	717,464.

**Part XIV Supplemental Information**

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**TAX DEPRECIATION GREATER THAN GAAP FINANCIALS: 359.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**PRIOR YEAR AUDIT ADJUSTMENTS ADJUSTED IN CURRENT YEAR: 583296.**

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

TAX GREATER THAN BOOK DEPRECIATION: 359.

**Part XIV Supplemental Information (continued)**

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

**SCHEDULE O**

(Form 990).

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

MISSOURI - KANSAS CHAPTER, INC.Employer identification number  
48-1036123

FORM 990, PART VI, SECTION A, LINE 6: MISSOURI-KANSAS CHAPTER, INC. HAS  
100 MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 15: MISSOURI-KANSAS CHAPTER INC LEASES  
ITS' EMPLOYEES FROM THE NATIONAL AMERICAN CONCREATE PAVEMENT ASSOCIATION  
(ACPA). THE BOARD OF DIRECTORS DETERMINES AND APPROVES ALL COMPENSATION  
RAISES PAID TO THE LEASED EMPLOYEES BASED ON DATA OF COMPARABLE  
COMPENSATION FOR SIMILARLY PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  
SIMILARLY SITUATED ORGANIZATIONS. PERSONS ON BOARD OF DIRECTORS WHO HAVE A  
CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE  
WERE NOT INVOLVED. THE DECISIONS ARE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION THE ORGANIZATION  
REPORTS ON OR WITH ITS FORM 990, INCLUDING SCHEDULES AND ATTACHMENTS ARE  
MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST WITHIN A TIMELY MANNER.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:  
SCOTT ERICKSON - 645 E CRAWFIRD #E1, SALINA, KS 67401

ALAN FARRINGTON - 3219 W MAY ST, WICHITA, KS 67277

FRANK KEELING - 14204 BENSON ST, OVERLAND PARK, KS 66221

JOE HUG - PO BOX 1000, HUMBOLDT, KS 66012

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932211  
02-03-10

Schedule O (Form 990) 2009

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**MISSOURI - KANSAS CHAPTER, INC.**

Employer identification number  
**48-1036123**

JERRY WILSON - 11020 NW AMBASSADOR DR #130, KANSAS CITY, MO 64153

JOHN CALDWELL - 600 SW JEFFERSON ST STE 204, LEE'S SUMMIT, MO 64063

ART PAYLOR - 11011 CODY, OVERLAND PARK, KS 66210

PAUL IDEKER - PO BOX 7140, ST JOSEPH, MO 64507

DOUG DREILING - PO BOX 297, BONNER SPRINGS, KS 66012

STEVE TRITSCH - 9625 APPLEGATE, LENEXA, KS 66227

NEAL SASKOWSKI - PO BOX 1967, SALINA, KS 67402

JEFF BROSS - PO BOX 430, HANNIBAL, MO 63401

PEETE GRATHWOHL - 2602 N STADIUM RD, COLUMBIA, MO 65202

KEVIN CONNELL - 408 HIGH GROVE RD, GRANDVIEW, MO 64030

PAUL CORR - PO BOX 2501, MARYLAND HEIGHTS, MO 63043

TIM CADDEN - PO BOX 412676, KANSAS CITY, MO 64141

TIM GERHARDT - 5830 SW DRURY LN, TOPEKA, KS 66604

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032211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990) .

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**MISSOURI - KANSAS CHAPTER, INC.**

Employer identification number  
**48-1036123**

STEWART PARKER - 14755 N OUTER 40 DR #514, CHESTERFIELD, MO 63017

FORM 990, PART XI, LINE 2C

THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR THE OVERSIGHT OF AUDIT AND  
SELECTION OF INDEPENDENT AUDITOR.

Depreciation and Amortization 990  
(Including Information on Listed Property)

2009

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MISSOURI - KANSAS CHAPTER, INC.

FORM 990 PAGE 10

48-1036123

## Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property.) (See instructions)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	15,059.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

## Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		41,314.	5 YRS.	HY	SL	4,131.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		27 5 yrs	MM	S/L	
	/		39 yrs	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year	/		40 yrs	MM	S/L

## Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21	1,775.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	20,965.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use:

2005 CHEVY	%							
TRAIL BLAZER	033106	100.00 %	21,303.	21,303.500	200DB-HY	1,775.		

**27** Property used 50% or less in a qualified business use

%			S/L -		
%			S/L -		
%			S/L -		

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

1,775.

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
31												
32												
33												
34												
35												
36												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39	Do you treat all use of vehicles by employees as personal use?												
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41	Do you meet the requirements concerning qualified automobile demonstration use?												

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI	Amortization											
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year						

**42** Amortization of costs that begins during your 2009 tax year

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**43** Amortization of costs that began before your 2009 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report

44

- 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)			
Type or print	Name of Exempt Organization		Employer identification number
	MISSOURI - KANSAS CHAPTER, INC.		48-1036123
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions		For IRS use only
	10707 BARKLEY, SUITE A		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	OVERLAND PARK, KS 66211		

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

Form 990    Form 990-EZ    Form 990-T (sec. 401(a) or 408(a) trust)    Form 1041 A    Form 5227    Form 8870  
 Form 990-BL    Form 990-PF    Form 990-T (trust other than above)    Form 4720    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.**

CINDY ALLEN

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 \_\_\_\_\_

ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

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

### Signature and Verification

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

Signature ► Sanjeewa Dissanayake Title ► CPA

Date ► 8-10-10

Form 8868 (Rev. 4-2009)