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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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. C Name of organization: UNIFIED SCHOOL DISTRICT 489 FOUNDATION FOR EDUCATIONAL EXCELLENCE. D Employer identification number: 48-1061312. E Telephone number: (785)-623-2400. F Group Exemption Number.

G Accounting method: [X] Cash [ ] Accrual. H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A. J Tax-exempt status (check only one): [X] 501(c)(3) (insert no) [ ] 4947(a)(1) or [ ] 527.

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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. \$ 194,444.

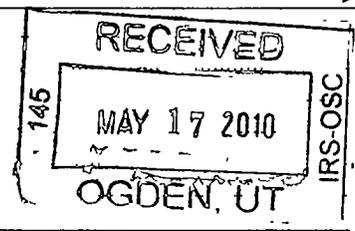
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 194,444. Expenses total: 111,969. Net assets at end of year: 186,251.

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.

Table with 27 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 186,251. Total liabilities: 0. Net assets: 186,251.

SCANNED JUN 24 2010



UNIFIED SCHOOL DISTRICT 489 FOUNDATION

Form 990-EZ (2009)

FOR EDUCATIONAL EXCELLENCE

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| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III) |                                                                                                                                         | <b>Expenses</b>                                                                                                 |         |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------|
| What is the organization's primary exempt purpose? <u>SEE STATEMENT 3</u>                        |                                                                                                                                         | (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) |         |
| 28                                                                                               | <u>SEE STATEMENT 2</u>                                                                                                                  |                                                                                                                 |         |
|                                                                                                  | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                                           | 28a                                                                                                             | 37,539. |
| 29                                                                                               | <u>TO PROVIDE YOUNG CHILDREN WITH EARLY CHILDHOOD DEVELOPMENT SERVICES AT EACH BUILDING CENTER.</u>                                     |                                                                                                                 |         |
|                                                                                                  | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                                           | 29a                                                                                                             | 41,881. |
| 30                                                                                               | <u>HEAD START PROGRAM EXPENSE DISTRIBUTIONS WERE USED TO IMPROVE THE EDUCATIONAL LEARNING FACILITIES FOR YOUNG INDIVIDUAL LEARNING.</u> |                                                                                                                 |         |
|                                                                                                  | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                                           | 30a                                                                                                             | 18,089. |
| 31                                                                                               | Other program services (attach schedule) <u>SEE STATEMENT 4</u>                                                                         |                                                                                                                 |         |
|                                                                                                  | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                                           | 31a                                                                                                             | 653.    |
| 32                                                                                               | <b>Total program service expenses</b> (add lines 28a through 31a)                                                                       | 32                                                                                                              | 98,162. |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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 |
| RICHARD KRAEMER<br>1007 W. 36TH, HAYS, KS 67601                                                                                                   | PRESIDENT<br>0.00                                        | 0.                                         | 0.                                                                  | 0.                                       |
| SHARON BEFORT<br>1177 COMMERCE PARKWAY, HAYS, KS 67601                                                                                            | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
| KARIE YOUNGER<br>P.O. BOX 1097, HAYS, KS 67601                                                                                                    | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
| SANDRA BAINTER<br>323 W. 12TH, HAYS, KS 67601                                                                                                     | SECRETARY<br>0.00                                        | 0.                                         | 0.                                                                  | 0.                                       |
| MIKE MICHAELIS<br>3511 LINCOLN DRIVE, HAYS, KS 67601                                                                                              | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
| MIKE KARL<br>309 W. 37TH, HAYS, KS 67601                                                                                                          | TREASURER<br>0.00                                        | 0.                                         | 0.                                                                  | 0.                                       |
| TODD LYND<br>1125 PINERIDGE DR., HAYS, KS 67601                                                                                                   | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
| LORI VITZTUM<br>113 E. 13TH, HAYS, KS 67601                                                                                                       | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
| GREG SCHWARTZ<br>P.O. BOX 727, HAYS, KS 67601                                                                                                     | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
| DARREN SCHUMACHER, 2520 GENERAL HANCOCK ROAD, HAYS, KS 67601                                                                                      | VICE PRESIDENT<br>0.00                                   | 0.                                         | 0.                                                                  | 0.                                       |
| ALAN MOORE<br>3003 TAM O'SHANTER, HAYS, KS 67601                                                                                                  | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
| DR. JUDY NIXON, 3307 THUNDERBIRD DRIVE, HAYS, KS 67601                                                                                            | BOARD MEMBER<br>0.00                                     | 0.                                         | 0.                                                                  | 0.                                       |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                   |                                                          |                                            |                                                                     |                                          |

**UNIFIED SCHOOL DISTRICT 489 FOUNDATION  
FOR EDUCATIONAL EXCELLENCE**

Form 990-EZ (2009)

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

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No       |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>33</b>  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                                                                                                                                                                                  |     | <b>X</b> |
| <b>34</b>  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes                                                                                                                                                                                                                                                                                                                          |     | <b>X</b> |
| <b>35</b>  | 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                                                                                                                                                                                         |     |          |
| <b>35a</b> | 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?                                                                                                                                                                                                                                                                        |     | <b>X</b> |
| <b>35b</b> | b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                                                        | N/A |          |
| <b>36</b>  | 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                                                                                                                                                                                                                                                              |     | <b>X</b> |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right;">▶ <u>37a</u> <u>0.</u></span>                                                                                                                                                                                                                                                                                     |     |          |
| <b>37b</b> | b Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                  |     | <b>X</b> |
| <b>38a</b> | 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?                                                                                                                                                                                                                |     | <b>X</b> |
| <b>38b</b> | b If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                                                              | N/A |          |
| <b>39</b>  | Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                                                     |     |          |
| <b>39a</b> | a Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                                            | N/A |          |
| <b>39b</b> | b Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                   | N/A |          |
| <b>40a</b> | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>                                                                                                                                                                                                                                                      |     |          |
| <b>40b</b> | 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                                       |     | <b>X</b> |
| <b>40c</b> | 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 <span style="float:right;">▶ <u>0.</u></span>                                                                                                                                                                                                            |     |          |
| <b>40d</b> | d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right;">▶ <u>0.</u></span>                                                                                                                                                                                                                                                                              |     |          |
| <b>40e</b> | 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                                                                                                                                                                                                                                                                                 |     | <b>X</b> |
| <b>41</b>  | List the states with which a copy of this return is filed ▶ <u>KS</u>                                                                                                                                                                                                                                                                                                                                                                     |     |          |
| <b>42a</b> | The organization's books are in care of ▶ <u>SANDRA BAINTER</u> Telephone no ▶ <u>785-623-2400</u><br>Located at ▶ <u>323 WEST 12TH, HAYS, KS</u> ZIP + 4 ▶ <u>67601</u>                                                                                                                                                                                                                                                                  |     |          |
| <b>42b</b> | 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)?<br>If "Yes," enter the name of the foreign country ▶ _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts |     | <b>X</b> |
| <b>42c</b> | c At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                                                                                           |     | <b>X</b> |
| <b>43</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right;">▶ <u>43</u> <u>N/A</u></span>                                                                                                                                                              |     |          |
| <b>44</b>  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                        |     | <b>X</b> |
| <b>45</b>  | 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                                                                                                                                                                                                                                                                 |     | <b>X</b> |

Form 990-EZ (2009)

UNIFIED SCHOOL DISTRICT 489 FOUNDATION

Form 990-EZ (2009)

FOR EDUCATIONAL EXCELLENCE

48-1061312

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**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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 46 |     | X  |
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 47 |     | X  |
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 48 |     | X  |
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 49a |     | X  |
- b If "Yes," was the related organization a section 527 organization? 

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 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) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

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"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Sandra Bainter Date: 5/10/2010  
 Type or print name and title: Sandra Bainter, Secretary

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: 5/10/10 Check if self-employed:   
 Preparer's identifying number (See instr.): P00180366  
 Firm's name (or yours if self-employed), address, and ZIP + 4: ADAMS, BROWN, BERAN & BALL, CHTD. P.O. BOX 1186 HAYS, KS 67601  
 EIN: 48-1040139 Phone no: (785) 628-3046

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 **UNIFIED SCHOOL DISTRICT 489 FOUNDATION FOR EDUCATIONAL EXCELLENCE** Employer identification number **48-1061312**

**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

UNIFIED SCHOOL DISTRICT 489 FOUNDATION

**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.")                                                                                                  | 63,816.  | 32,637.  | 47,458.  | 87,367.  | 193,778. | 425,056.  |
| 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                                                                                                                                                                 | 63,816.  | 32,637.  | 47,458.  | 87,367.  | 193,778. | 425,056.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          | 425,056.  |

**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                                                                                                            | 63,816.  | 32,637.  | 47,458.  | 87,367.  | 193,778. | 425,056.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 664.     | 1,215.   | 1,975.   | 1,178.   | 666.     | 5,698.    |
| 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.)                               |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                  |          |          |          |          |          | 430,754.  |
| 12 Gross receipts from related activities, etc (see instructions)                                                                |          |          |          |          | 12       |           |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|                                                                                           |    |       |   |
|-------------------------------------------------------------------------------------------|----|-------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.68 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14                       | 15 | 97.87 | % |

16a **33 1/3% support test - 2009.** 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

b **33 1/3% support test - 2008.** 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

17a **10% -facts-and-circumstances test - 2009.** 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

b **10% -facts-and-circumstances test - 2008.** 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

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

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> 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)                                                                                    |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

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

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 1

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

HAYS HIGH SCHOOL PROGRAM EXPENSE DISTRIBUTIONS WERE USED TO PROVIDE EDUCATIONAL SCHOLARSHIPS FOR YOUNG INDIVIDUAL LEARNING. AND TO PROVIDE FACILITIES AT THE HIGH SCHOOL LABEL.

TO OPERATE FOR THE SOLE PURPOSE OF PROVIDING CHARITABLE AND EDUCATIONAL BENEFITS TO THE HAYS PUBLIC SCHOOL DISTRICT OF ELLIS COUNTY KANSAS.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 4

| DESCRIPTION                                                                                                                                             | GRANTS    | EXPENSES    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| SPECIAL MILK ELEM SCHOOLS PROGRAM EXPENSE<br>DISTRIBUTIONS WERE USED TO IMPROVE THE EDUCATIONAL<br>LEARNING CAPABILITIES FOR YOUNG INDIVIDUAL LEARNING. | 0.        | 653.        |
| SPECIAL EDUCATION                                                                                                                                       |           |             |
| SUMMER SCHOOL                                                                                                                                           |           |             |
| ANY PROJECT                                                                                                                                             |           |             |
| ABC PROMOTION                                                                                                                                           |           |             |
| LOVE IN A BIG WORLD                                                                                                                                     |           |             |
| MEMORIALS                                                                                                                                               |           |             |
| ENDOWMENT                                                                                                                                               |           |             |
| PATHS                                                                                                                                                   |           |             |
| SMART START                                                                                                                                             |           |             |
| TOTAL TO FORM 990-EZ, LINE 31                                                                                                                           | <u>0.</u> | <u>653.</u> |