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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A	For the	e 2009 calenda	ar year,	or tax year beginning	January 1	, 2009, a	and ending	Dece	mbe	r 31 , 2	2U 09
B Check if applicable			Please	C Name of organization				D Emplo	yer id	dentification nun	nber
닏		Change	use IRS label or	Kansas City, Kansas Sch					4	18-1092627	
H	Name ch Initial ref	•	print or type	Number and street (or P O bo	x, if mail is not delivered to stre	eet address)	Room/suite	E Teleph	one n	iumber	
H	Termina	ted	See	625 Minnesota Avenue					91	13-551-3200	
\Box	Amende		Specific Instruc-	City or town, state or country,	and ZIP + 4			F Group	Exe	mption	
	Applicat		tions	Kansas City, KS 66101				Num			
	• Sec	ction 501(c)(3)	organiz	zations and 4947(a)(1) none	xempt charitable trusts i	nust attach	G Acco	unting Me	thod	☑ Cash □	Accrual
			a coi	mpleted Schedule A (Form	990 or 990-EZ).		Other	(specify)	▶		
							H Chec	k ▶ 🗌 ıf	the o	organization is	not
1	Websi	ite: ► http://	/www.k	cksffe.org						chedule B (For	
J '	Tax-ex	cempt status (c	heck o	nly one) — 🗸 501(c) (3)		(1) or 52	7 990-6	Z, or 990	-PF)		
K	Check	■ If the	e organi	zation is not a section 509(a)	(3) supporting organization	and its gross	receipts are	normally n	ot m	ore than \$25,00	00 A
	Form 9			turn is not required, but if th							
<u>L</u> .	Add line	es 5b, 6b, and 7l	b, to line	e 9 to determine gross receipts	s, if \$500,000 or more, file Fo	orm 990 instea	ad of Form 990)-EZ ▶	\$	j	
E	art I	Revenue	e, Exp	enses, and Changes	in Net Asséts or Fur	nd Balanc	es (See the	Instruc	tion	s for Part I.)	
	1	Contributio	ns, gif	ts, grants, and similar am	ounts received			[1		92091
	2	Program se	ervice i	revenue including governi	ment fees and contracts			[2	-	
	3	Membershi	p dues	s and assessments				[3		
	4	Investment	incom	ne				Г	4		280
	5a	Gross amo	unt fro	m sale of assets other tha	an inventory	. 5a					
	b			er basis and sales expens	·						
	C	Gain or (los	s) fron	n sale of assets other that	n inventory (Subtract lin	e 5b from li	ne 5a)		5c		
Ē	6			tivities (complete applicable part					á		
Revenue	а	Gross revei	nue (n	ot including \$	of contributi	ons			1		
ě)		. 6a		200659			
_	b	-		, nses other than fundraisir		. 6b		53767			
	C			ss) from special events ar	- ·		ine 6a) .		6c		146892
	7a			entory, less returns and a	·				-		
	Ь					7b					
	С		•	ss) from sales of inventor					7c		
	8	Other rever			, (· ;	8		
	9		•	dd lines 1, 2, 3, 4, 5c, 6c,	7c. and 8				9		239263
	10			r amounts paid (attach so					10		6071
	11								11		
S	12								12		
Expenses	13	Professiona	d fees	mpensation and employe and other payments to in	dependent contractors			[13		
De	. 14			utilities, and maintenance				,	14		
ŭ	15			day kostade alle bubbli				· · · ⊢	15		
	16	Other expe	nses (describe Student Sch	olarships, Annual Report	ing fee, Misc	c. Expenses	, [16		111008
	17			Add-lines-10 through 16					17		117079
	18			for the year (Subtract line					18		122184
set	19	Net assets	or fur	d balances at beginning	of year (from line 27, of	column (A))	(must agree	e with			
Ą				reported on prior year's					19		69964
Net Assets	20	Other chan	ges in	net assets or fund balance	es (attach explanation)			Г	20		
	21	Net assets	or fund	d balances at end of year.	. Combine lines 18 throi	ugh 20 .	_ • • •		21		192148
F	art II	Balance	Shee	ets. If Total assets on line	25, column (B) are \$1,2	250,000 or r	nore, file Fo	rm 990 ir	nstea	ad of Form 99)0-EZ.
				(See the instructions for	r Part II.)		(A) Be	ginning of y	ear	(B) End of	year
2		-		vestments				69	964	22	192148
2	3 L	and and build	lıngs .							23	
2		Other assets (d					_)		$\overline{}$	24	
2								69	964		192148
2		otal liabilities					_)			26	
2	7 N	let assets or	fund b	palances (line 27 of colum	nn (B) must agree with I	ine 21) .	. 1	69	964	27	192148

Form	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
	t is the organization's primary exempt purpose?	Educational Support				ured for section
Des	cribe what was achieved in carrying out the org	janization's exempt purpo	ses. In a clear a	nd concise)(3) and 501(c)(4) sizations and section
man	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts, optional
each	program title.					hers.)
28	Awarded 12 scholarships to students graduating fro	m Kansas City, Kansas High	Schools		†	
		·				
	(Grants \$) If this amount	includes foreign grants ab		······	00-	42440
00	Awarded 7 scholarships to students graduating from	includes foreign grants, ch		<u>. P L </u>	28a	43449
29	Awarded 7 scholarships to students graduating from	i Kansas City, Kansas High	CUOOIS			,
		·····				
		includes foreign grants, ch		▶ 🛚	29a	7000
30	Awarded 4 scholarships to students graduating from	n Kansas City, Kansas High S	Schools			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	8750
31						
		includes foreign grants, ch	eck here	▶ □	31a	6071
32	Total program service expenses (add lines 28a t				32	65270
Par						
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
	oo Milaita	devoted to position	enter -0)	deferred comper	isation	other allowances
	es White	President	_			
	Minnesota Ave, KC, KS 66101		0			
	Gaunce	Vice President				
	Minnesota Ave, KC, KS 66101		0			
Vick	i Meyer	Secretary				
625	Minnesota Ave, KC, KS 66101	Secretary	0			
Con	nie Brand	_				
625	Minnesota Ave, KC, KS 66101	Treasurer	o			
Matt	Brandmeyer					
	Minnesota Ave, KC, KS 66101	Board Member	o			
	Chavez			<u> </u>		
	Minnesota Ave, KC, KS 66101	Board Member	0			
	ne Flowers		<u> </u>			
	Minnesota Ave, KC, KS 66101	Board Member				
			0			
	ald Harland, Sr.	Board Member				
	Minnesota Ave, KC, KS 66101		0			
	a Hollinshed	Board Member				
	Minnesota Ave, KC, KS 66101	Dourd Moniber	0			
Ran	dy Kancel	Board Member				
625	Minnesota Ave, KC, KS 66101	Board Welliber	0			
Kelly	/ Kultala	B				
625	Minnesota Ave, KC, KS 66101	Board Member	o			
	Randazzo					
625	Minnesota Ave, KC, KS 66101	Board Member	o			
	n Rios					
	Minnesota Ave, KC, KS 66101	Board Member	_			
023	Williesola Ave, NC, NS 00101		0			
		1, 71				
		1				

Form 99	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	***		\$ 1 P
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? 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?	37b 38a		*** >
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	* *	<u>`</u>
С	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			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	ı A		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	2%	% : 4
41	List the states with which a copy of this return is filed. ▶			
42a		913-55)
	Located at ► 625 Minnesota Avenue, Kansas City, Kansas ZIP + 4 ►	661	101	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			* 1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43		.)	- 🗆
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		- <u>- </u>
	For	m 990)-EZ	(2009

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	47(a)(1) nonexempt cha	nexempt chari aritable trusts r	table trusts only. A nust answer question	II sec	tion 3–491	b
	Did the organization engage in direct or indirec					Yes	No
	candidates for public office? If "Yes," complete				46		1
	Did the organization engage in lobbying activitie		•		47		✓
	Is the organization a school as described in section				48		✓
	Did the organization make any transfers to an ex	-	•	?	49a		_√
	If "Yes," was the related organization a section 5				49b		<u>_</u>
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ighest compensated emp	oloyees (other the	an officers, directors,	trustee	es an	d key
	employees) who each received more than \$100,	(b) Title and average	(c) Compensat			Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week	(4, 55	employee benefit plans 8 deferred compensation	acc	count a	and
NONE	······································	devoted to position		deletted compensation	otner	allowa	inces
		-					
					-		
		-					
]	+				
f	Total number of other employees paid over \$100				<u> </u>		
	\$100,000 of compensation from the organizatio	·		NT(410		
NONE	(a) Name and address of each independent contractor	paid more than \$100,000	(0	Type of service	(c) Con	npensa	ation
NONE							
			· 				
			- · · · · · · · · · · ·				
•		•					
						•	
	·	*					
d	Total number of other independent contractors of	each receiving over \$100,	.000▶				
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accomp i of preparer (other than officer) is	anying schedules an s based on all inform	d statements, and to the bes ation of which preparer has	st of my any kno	knowledge	edge e
		1					
Sign	Mari Bra	. X		1 4/27/10			
Here	Signature of officer			Date			
	Connie Brand Treasurer						
	Type or print name and title						
Paid	Preparer's	Date	Check if self-	Preparer's identifying nur	nber (Sec	nstruc	tions)
-aiu Prepare	signature		seif- employed	· 🗆		_	
Jse On	Firm's name (or			EIN ►			
	address, and ZIP + 4			Phone no ▶			
May th	e IRS discuss this return with the preparer show	n above? See instructions	s	▶ [Yes		No_
				Fo	rm 99 0	J-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Kar	sas	City, Kansas	s School Found	ation for Excellence	, Inc.				48	1	092627	
Pai	t I	Reason	for Public Ch	arity Status (All organic	ganizatıc	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
The	oraa	inization is no	ot a private foun	dation because it is:	(For lines	1 throug	h 11. ch	eck only	one box)		
1			•	rches, or association		-		_				
2				on 170(b)(1)(A)(ii). (Att					- (· // //	Α,		
3				nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).			
4				tion operated in conj						170(b)(1	MAMiii) S	Enter the
•	_		ime, city, and sta				•				,,,,,,,,,	
5				the benefit of a colle						ernmenta	Lunit des	cribed in
_	_	section 170	(b)(1)(A)(iv). (Cor	mplete Part II.)							i unit des	scribed ii
6			_	ernment or governme				•				
7		_	•	receives a substantia 1)(A)(vi). (Complete P		its suppo	rt from a	governm	nental unit	t or from	the gene	ral public
8		A community	y trust described	i in section 170(b)(1)	(A)(vi). (C	omplete	Part II)					
9	✓	An organizat	on that normally	receives. (1) more tha	an 33½ %	of its su	pport fro	m contrib	utions, m	embershi	ip fees, a	nd gross
		receipts from	n activities relate	ed to its exempt funct	tions-su	bject to d	certain ex	ceptions	s, and (2)	no more	than 331/	√s 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 sec	tion 509(a)(2). (Co	omplete F	Part III.)			
10		An organizat	tion organized ar	nd operated exclusive	elv to test	for publ	ic safetv	See sec	tion 509(a)(4).		
11	\Box	-	•	nd operated exclusiv	•	•	-				r to carr	v out the
				olicly supported organ								
				it describes the type								
		a 🗌 Type	ь Б	Type II c	. □ Tvn	e III-Fun	ctionally	integrate	d	d 🗆	Type II	I–Other
۵				ify that the organizat			-	-			• .	
·	_			n managers and other								
		•	section 509(a)(2)	•			μ		5			
f			. , , ,	a written determinati	on from	the IDS t	that it is	a Type	I Type II	or Type	III supp	ortina
•			, check this box		OII IIOIII	ille ins i	liial il is	a Type	i, rype ii,	, or type	iii supp	Cruing -
_				the organization acce	· · ·	 after or o	 ontributio	 on from c	ny of the	•		• • -
g		following per		the organization acce	spied any	gilt of C	Onthibutio	א וווטוו ווע	iny or the			
				indirectly controls is	uthar ala	no or too	other wa	h noroor	a dooorib	and up (u)	[•	Yes No
				r indirectly controls, en indirectly controls, e				iii persoi	is describ	eu III (II)	11g(i)	
						yanızano	111	•			11g(ii)	
				rson described in (i) a		· · ·			•		11g(iii)	
L			-	of a person described							119(11)	
<u>h</u>				ation about the suppo					6.0.1	a tha	A =	nount of
(1)		e of supported anization	(II) EIN	(III) Type of organization (described on lines 1-9		organization sted in your		ou notify	organizati	s the ion in col		port
				above or IRC section	governing	document?		of your		zed in the		
				(see instructions))	V	No		port?	 	S ?		
					Yes	No	Yes	No	Yes	No		
								-				-
												·
						<u> </u>						
					<u></u>							

Total

Pal	(Complete only if you ched					and 170(b)(1)(A)(VI)
	tion A. Public Support	T	T		1		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	** * * * * * * * * * * * * * * * * * * *	750 % 30 %	2 200 - 2 200 - 2	, , , , , , , , , , , , , , , , , , , ,		-
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	,	<u> </u>	<u> </u>	2 8300 7		
	tion B. Total Support				T	T	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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	Total support. Add lines 7 through 10 .	Mit will die o reco	[] [] [] [] [] [] [] [] [] []		18 m	, ; ,	
12	Gross receipts from related activities, etc.	. (see instruction	ons) .			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	tion C. Computation of Public Su		· · · · · · · · · · · · · · · · · · ·			T T	
14	Public support percentage for 2009 (line		•	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sc					15	%
16a	33% % support test-2009. If the organ				line 14 is 331/3 9	% or more, che	ck this box
	and stop here. The organization qualifies						.▶ ∟
b	331/3 % support test—2008. If the organi						
	box and stop here. The organization qua			=			
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here.	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" in the organization did not be a supplied to the organization of the organization did not be a supplied to the organization of the organization did not be a supplied to the organization of the or	facts-and-circum ances" test The	nstances" test, o organization qua	check this box alifies as a publi	and stop here. cly supported or	Explain in Part ganization	IV how the . ► □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	a the box on	line 9 of Par	τ ι.)			
	tion A. Public Support	(a) 2005	(h) 2006	(a) 2007	(4) 0000	(-) 0000	/O Takal
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	21762	6934	15337	89663	157522	291218
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						···
6	Total. Add lines 1 through 5	21762	6934	15337	89663	157522	291218
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				•		
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						291218
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	21762	6934	15337	89663	157522	291218
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	366	342	450	912	280	2350
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	22128	7276	15787	90575	157802	293568
14	First five years. If the Form 990 is for to organization, check this box and stop h	nere		d, third, fourth	ı, or fifth tax y	ear as a sectio	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	·					
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S			e 13, column (f))	15 16	100 % 99 %
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2009	(line 10c, col	umn (f) divided	by line 13, co	olumn (f)) .	17	1 %
18	Investment income percentage from 20			-		18	2 %
19a	331/3 % support tests – 2009. If the orga						
b	331/3 % support tests - 2008. If the organiline 18 is not more than 331/3 %, check this	zation did not o	check a box on	line 14 or line	19a, and line 1	6 is more than 3	33½%, and
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	, check this bo	x and see inst	ructions > 🗀

scriedule A (F	JIII 990 OF 990-EZ) 2009					rage 🕶
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12	part to provide. Provide any c	e the explanation other additional in	ns required by Information. See	Part II, line 10; instructions.
						
		·				
		·			••	
			·			
						

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

vame of the organization Kansas City, Kansas School Found	dation for Exce	llence Inc			48	1092627
Fundraising Activitie				answered "Yes" to		
Form 990-EZ filers ar					7 Omi 550, i di	
a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations		through an e f g	Solicitati Solicitati	ollowing activities Cloon of non-government gonernment grundraising events	ent grants	/
2a Did the organization have a written or key employees listed in Form	en or oral agree	ment with a	any individ	ual (including officers	s, directors, truste	es
b If "Yes," list the ten highest pai to be compensated at least \$5,	d individuals or	entities (f				
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					*	
3 List all states in which the organ registration or licensing.	nızatıon is regis	tered or li	. • censed to	solicit funds or has	s been notified it	is exempt from
						· · · · · · · · · · · · · · · · · · ·
••••••						

Pa	irt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza form 990-EZ, line 6a. L	tion answered "Yes" to list events with gross r	o Form 990, Part IV, III eceipts greater than \$	ne 18, or reported 5,000.
	Γ		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		,	Bricks 'N Sticks	Golf Tournament	5 others	(add col (a) through col (c))
Ð	}		(event type)	(event type)	(total number)	00. (0)/
Revenue	1	Gross receipts	103088	32140	65431	200659
Re	2	Less Charitable				
	_	contributions .				
	3	Gross income (line 1				
		minus line 2)	103088	32140	65431	200659
	4	Cash prizes				
	7	Casii piizes	<u>-</u>			
	5	Noncash prizes				
ses	6	Rent/facility costs .				
Direct Expenses	7	Food and beverages .				
Ϋ́		, oos and derolages ,				
rect	8	Entertainment				
۵		0.1	16940	8535	28292	53767
	9	Other direct expenses .	10940		20292	33767
	10	Direct expense summary. Ad	d lines 4 through 9 in co	olumn (d) ,		(53767)
	11	Net income summary. Comb	ine line 3, column (d), a	nd line 10	<u>•</u>	146892
Fe	rt II	Gaming. Complete if than \$15,000 on Form	ne organization ansv 990-F7 line 6a	vered "Yes" to Form	990, Part IV, line 19,	or reported more
<u> </u>		17317 \$ 70,000 011 0111	(a) Bingo	(b) Puli tabs/instant	(c) Other gaming	(d) Total gaming (add
aune			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue						
<u> </u>	1	Gross revenue				
Ś		Cash prizes				
use	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
t E						
Öľe	4	Rent/facility costs				
_	5	Other direct expenses .				1
		· · · · · · · · · · · · · · · · · · ·	☐ Yes %	☐ Yes %	☐ Yes%	
	6	Volunteer labor	□ <u>No</u>	□ No	□ No	* * *
	_	D at				1
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)	▶	
	8	Net gaming income summary	/. Combine line 1, colun	nn d, and line 7	. ▶	
						Yes No
9		ter the state(s) in which the o				1 - 1 1
a		the organization licensed to o	perate gaming activitie	s in each of these state	es?	9a
D	т"	'No," explain:				
		ere any of the organization's o	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar? 10a
b	If "	'Yes," explain:			-	
11	Do	es the organization operate g	aming activities with no	onmembers?		11
12	ls '	the organization a grantor, be	eneficiary or trustee of			
	for	med to administer charitable	gaming''		<u> </u>	. 12

Schedule	G	(Form	ggn	۸r	990-F7	onna r
Scriedule	u	(FOITH	990	Oi.	39U-EZ	1 2009

Page	3

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in. The organization's facility	·		
14	and records	\$\text{\text{\$\ext{\$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}\$\text{\$\text{\$\text{		
	Name ▶	s. 🎉		
	Address ►	 € 23°		***
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:	\$	å	
	Name ▶	**		<i>*</i>
	Address ▶	,		
16	Gaming manager information	*		
	Name ▶	. N		2 %
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			t,
	☐ Director/officer ☐ Employee ☐ Independent contractor			ĺ
17	Mandatory distributions			N.
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	**	×ý	* <

Schedule G (Form 990 or 990-EZ) 2009

Kansas City, Kansas Foundation For Excellence

Nansas City, Nansas Foundauon For Excellence Summary of 2009 Bricks & Sticks Golf Tournament Proceeds As of December 31, 2009	2009	\$ 22,500.00 \$ 9,000.00 \$ 40,000.00 \$ 25,000.00 \$ 6,500.00	8 87.85 8 8 8 8	Total \$ 103,087.85		\$ \$ 4,719.25	\$ 8,766 14	4,	36.38		Total \$ 16,940.32	\$ 86,147.53
Nansas City, Na Summary of 2009 Bi As	Revenues:	Birdie Sponsor Eagle Sponsor Ace Sponsor Classic Underwrter Donations	Fee reimbursement	Expenditures:	LApendidies.	Door Prizes Catering	National Golf Club	Deuce Quik Charge	Misc expenses Tranhies	Credit Card Fees		Gross Profit

Connie Brand, Treasurer

Kansas City, Kansas Foundation For Excellence Summary of 2009 Golf Tournament Proceeds

As of December 31, 2009

Revenues:			I	2009
	Platinum Sponsor Gold Sponsor Corporate Sponsor Foundation Sponsor Cart Sponsor Donations Teams/Players Holes Sponsor Advertising Raffle & Auction		& & 	5,500.00 11,500.00 3,000.00 500.00 450.00 1,200.00 1,790.00
Expenditures:		l otal	∥ ∌	32,140.00
	Door Prizes Catering Course Fees: Sunflower Hills Golf Course Other: Smileys Golf Complex Raffle		~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	600.00 1,300.00 5,184.00 1,115.00 200.00
	Banquet misc. expenses Gross Profit	Total	м м м 	136.44 8,535.44

Connie Brand, Treasurer

Foundation Formed To Foster Excellence In Education

The Kansas City, Kansas School Foundation for Excellence, organized in September 1990, is a not-for-profit, tax-exempt organization meeting all provisions of the Internal Revenue Code. This corporation is intended to engage in any lawful conduct or activity for which not-for-profit organizations may be organized. It will serve as the vehicle to receive contributions, gifts, grants, orbequests and may make contributions, grants, gifts, and transfers of property for the benefit of the Kansas City, Kansas public school district or for the benefit of other organizations identified and associated with the school system.

CRITERION SCALES FOR EVALUATING FOUNDATION OF EXCELLENCE SCHOLARSHIP APPLICANTS

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10 Possible Income		5 Possible G.P.A.			10 Possible Attendance		sible ties	5 Possible A.C.T.		
0-10	10	3.6-4.0	5	1-3	10	10+	1,0	. 1-15	1	
11-20	9	3.1-3.5	4	4-6	9	9	9	16-19	2	
21-30	8	2.5-3.0	3	7-9	8	8	8	20-23	3	
31-40	7	2.1-2.5	2	10-12	7	7	7	24-27	4	
41-50	6	1.6-2.0	1	13-15	6	8	8	28-36	5	
51-60	5			16-18	5					
61-70	4			19-21	4					
71-80	3			22-24	3					
81-90	2			25-27	2					
91-+	1			28-30	1					

10 Possible

Counselor Recommendation

Subjective

CRITERIA

- 1. Student must have taken the ACT, completed financial aide forms, and been accepted by a college or university.
- 2. Grades nine through twelve shall be the focus for evaluating the student's academic and attendance record, community and church work, club and athletic involvement.
- 3. The foundation shall endeavor to make distribution to those most needy.
- 4. All graduating seniors are welcome to apply.
- 5. The Scholarship committee shall endeavor to identify and discern meaningful involvement in extra-curricular activities, strong personal characteristics, and average ability with above average effort through recommendations by one basic academic teach or student's counselor and an employer or organization sponsor.