



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Apr 1, 2009, and ending Mar 31, 2010

Form 990 header section containing fields for organization name, address, identification number, and tax status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include revenue, expenses, and net assets.

Part II Signature Block

Signature block containing officer signature, date, and name.

Preparer's information section including signature, firm name, address, and EIN.

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

Handwritten number 9-17 2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ENABLING LOW-INCOME FAMILIES AND LOW-INCOME INDIVIDUALS OF ALL AGES, IN RURAL AND URBAN AREAS, TO ATTAIN THE SKILLS, See Form 990, Page 2, Part III, Line 1 (continued)

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 [X]

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 [X]

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 \$ 4,813,567. including grants of \$ 0.) (Revenue \$ 5,314,817.)

CHILD CARE TO PROVIDE EDUCATIONAL, NUTRITIONAL, HEALTH SOCIAL & SPECIAL SERVICES TO CHILDREN OF LOW-INCOME FAMILIES AIMED AT IMPROVING THEIR ABILITY TO FUNCTION IN SOCIETY.

4b (Code ) (Expenses \$ 634,780. including grants of \$ 0.) (Revenue \$ 1,037,684.)

COMMUNITY SERVICES TO REDUCE CONDITIONS OF POVERTY AND EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS TO BECOME FULLY SELF-SUFFICIENT.

4c (Code ) (Expenses \$ 689,677. including grants of \$ 0.) (Revenue \$ 777,799.)

WEATHERIZATION- TOP PROVIDE ENERGY EFFICIENT IMPROVEMENTS TO LOW-INCOME OCCUPIED HOUSING AND REHABILITATE HOUSING.

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

(Expenses \$ 891,545. including grants of \$ 0.) (Revenue \$ 864,331.)

4e Total program service expenses 7,029,569.

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		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		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	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• 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		
	• 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		
	• 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		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• 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		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
	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		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		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		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		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		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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

**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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II</i>		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? <i>If 'Yes,' complete Schedule L, Part III</i>		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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

BAA

Form 990 (2009)

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

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

**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
1 a Enter the number of voting members of the governing body		
1 a	16	
b Enter the number of voting members that are independent		
1 b	16	
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?		X
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?		X
3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
5		X
6 Does the organization have members or stockholders?		X
6		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
8 a	X	
b Each committee with authority to act on behalf of the governing body?	X	
8 b	X	
9 Is there any officer, director or 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		X
9		X

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

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
10 a		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?		
10 b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11	X	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 b	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	X	
12 c	X	
13 Does the organization have a written whistleblower policy?	X	
13	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
15 a	X	
b Other officers of key employees of the organization	X	
15 b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 a		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?		
16 b		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ -----
- 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  
 Own website     Another's website     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:  
 ▶ KATRINA RICE    PO BOX 380    HIAWATHA    KS    66434    (785) 742-2222

**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**

1 a 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 employees'
- 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	Former			
BISHOP VICTOR BUTLER BOARD	1.00	X						0.	0.	0.
PRICILLA DAVIES BOARD	1.00	X						0.	0.	0.
ROGER FREDERICK BOARD	1.00	X						0.	0.	0.
ERIK MADSEN TREASURER	1.00	X		X				0.	0.	0.
J. C. TELLEFSON BOARD	1.00	X						0.	0.	0.
JAMES SCHERER BOARD PRESIDENT	1.00	X		X				0.	0.	0.
JENNIFER HERRING BOARD	1.00	X						0.	0.	0.
JOE ALTENHOFEN SECRETARY	1.00	X		X				0.	0.	0.
CHARLES FRIEDRICHS VICE PRESIDENT	1.00	X		X				0.	0.	0.
JERRY MADDEN BOARD	1.00	X						0.	0.	0.
NANCY GAFFORD BOARD	1.00	X						0.	0.	0.
BRAD LIPPERT BOARD	1.00	X						0.	0.	0.
LINDA PRIOR BOARD	1.00	X						0.	0.	0.
APRIL VOGEL BOARD	1.00	X						0.	0.	0.
MANDY CHAPMAN SEMPLE BOARD	1.00	X						0.	0.	0.
ROGER COVERDALE BOARD	1.00	X						0.	0.	0.
JACKIE HANGLEY EX-DIRECTOR	40.00			X				67,963.	0.	2,406.



**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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	8,000,051.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	96,861.				
	g Noncash contribns included in lns 1a-1f		\$ 38,513.				
	<b>h Total. Add lines 1a-1f</b>		<b>8,096,912.</b>				
<b>PROGRAM SERVICE REVENUE</b>	Business Code						
	2 a <b>RENTAL INCOME</b>	531110	27,297.	0.	0.	27,297.	
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>		<b>27,297.</b>					
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)						
	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>FUND RELATED REIMBURSEMENTS</b>	561000	93,692.	0.	0.	93,692.		
b -----							
c -----							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>		<b>93,692.</b>					
<b>12 Total revenue. See instructions</b>		<b>8,217,901.</b>	<b>0.</b>	<b>0.</b>	<b>120,989.</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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	138,011.	0.	138,011.	0.
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				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	131,511.	0.	131,511.	0.
23 Insurance				
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>CHILD CARE/EDUCATION</u>	5,289,168.	4,813,567.	475,601.	0.
b <u>COMMUNITY SERVICES</u>	913,498.	868,361.	45,137.	0.
c <u>HOUSING ASSISTANCE</u>	904,027.	891,545.	12,482.	0.
d <u>LOW INCOME WEATHERIZATION ASSISTANCE</u>	741,898.	689,677.	52,221.	0.
e <u>GENERAL FUND</u>	-244,381.	-245,272.	891.	0.
f All other expenses	11,691.	11,691.	0.	0.
25 Total functional expenses. Add lines 1 through 24f	7,885,423.	7,029,569.	855,854.	0.
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)		(B)
		Beginning of year		End of year
ASSETS	1 Cash – non-interest-bearing	115,509.	1	464,423.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	414,377.	3	334,731.
	4 Accounts receivable, net	0.	4	663.
	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	26,072.	8	83,648.
	9 Prepaid expenses and deferred charges	17,276.	9	40,369.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,620,503.		
	b Less accumulated depreciation.	10b 1,573,809.	932,000.	10c 1,046,694.
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,266,413.	15	1,308,631.
16 <b>Total assets</b> Add lines 1 through 15 (must equal line 34)	2,771,647.	16	3,279,159.	
LIABILITIES	17 Accounts payable and accrued expenses	381,154.	17	514,664.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	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	405,651.	24	415,323.
	25 Other liabilities Complete Part X of Schedule D	10,244.	25	13,617.
	26 <b>Total liabilities.</b> Add lines 17 through 25	797,049.	26	943,604.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,874,391.	27	2,041,632.
	28 Temporarily restricted net assets	21,812.	28	227,604.
	29 Permanently restricted net assets	78,395.	29	66,319.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	1,974,598.	33	2,335,555.
34 <b>Total liabilities and net assets/fund balances</b>	2,771,647.	34	3,279,159.	

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  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?

b Were the organization's financial statements audited by an independent accountant?

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?

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

Separate basis  Consolidated basis  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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (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

Employer identification number

**NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)** **48-0721487**

**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 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 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 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?

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

h Provide the following information about the supported organizations

(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>									

**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
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	6,800,325.	5,869,095.	6,848,048.	7,107,764.	8,096,912.	34,722,144.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-through 3	6,800,325.	5,869,095.	6,848,048.	7,107,764.	8,096,912.	34,722,144.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						34,722,144.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	6,800,325.	5,869,095.	6,848,048.	7,107,764.	8,096,912.	34,722,144.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,633.	648,504.	52,880.	25,006.	27,297.	783,320.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	761,025.	53,250.	248,051.	600,056.	93,692.	1,756,074.
<b>11 Total support.</b> Add lines 7 through 10						37,261,538.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.18 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	91.90 %
<b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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 yr 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 'unusual grants').						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 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 yr 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 lns 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 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



**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, lines 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

Employer identification number

**NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC) 48-0721487**

**Part II 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 may 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 III 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 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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 easement 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 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 IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a 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  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 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.

- 1 a 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2 a 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 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
1 a 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 ▶ \_\_\_\_\_ %

- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

- 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
1 a Land				
b Buildings		1,235,364.	502,247.	733,117.
c Leasehold improvements		29,250.	19,656.	9,594.
d Equipment		1,355,889.	1,051,906.	303,983.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				<b>1,046,694.</b>



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		8,217,901.
2	Total expenses (Form 990, Part IX, column (A), line 25)		7,885,423.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		332,478.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		332,478.

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

1	Total revenue, gains, and other support per audited financial statements	1	9,205,956.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	988,055.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	988,055.
3	Subtract line 2e from line 1	3	8,217,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,217,901.

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

1	Total expenses and losses per audited financial statements	1	8,873,478.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	988,055.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	988,055.
3	Subtract line 2e from line 1	3	7,885,423.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	7,885,423.

**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.

Pt X -----

-----

-----

-----

-----

-----

-----

-----

-----

-----



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered 'Yes'**  
on Form 990, Part IV, lines 29 or 30.  
▶ **Attach to Form 990.**

Name of the organization

Employer identification number

**NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)** **48-0721487**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		5,621.	MARKET VALUE
5 Clothing and household goods	X		32,892.	THRIFTSHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (-----)				
26 Other ▶ (-----)				
27 Other ▶ (-----)				
28 Other ▶ (-----)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0.**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If 'Yes,' describe the arrangement in Part II		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If 'Yes,' describe in Part II		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		



**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

Employer identification number

NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC) 48-0721487

Pt VI-A, Line 8a MINUTES KEPT OF EACH MEETING

Pt VI-A, Line 8b MINUTES KEPT OF EACH MEETING

Pt VI-B, Line 11a BOARD MEMBERS REVIEW

Pt VI-B, Line 12c SIGNED DISCLOSURE UPDATED ANNUALLY

Pt VI-B, Line 15 REVIEW AND APPROVAL BY BOARD FOR DIRECTOR, KEY STAFF BY DIRECTOR

Pt VI-C, Line 19 AVAILABLE UPON REQUEST





**Part IV Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Depreciation and Amortization  
(Including Information on Listed Property)**

**2009**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

**NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)**

Identifying number

**48-0721487**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

**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 (see instructions)	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 (see instrs)	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) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	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	114,081.
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		

**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		217,725.	5YR	HY	STLINE	17,430.
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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			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	
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 instructions	22	131,511.
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					
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 (see instructions)							25						
26 Property used more than 50% in a qualified business use:													
27 Property used 50% or less in a qualified business use:													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1											28		
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 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**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 (see instructions)

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? (See instructions)		
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 (see instructions)					
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

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

KNOWLEDGE, ATTITUDES AND MOTIVATIONS TO SECURE OPPORTUNITIES  
NEEDED FOR THEM TO BECOME SELF-SUFFICIENT.

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____	Description: <u>HUD-TO PROVIDE DECENT, SAFE &amp; SANITARY HOUSING TO LOW AND</u>
Expenses <u>891,545.</u>	<u>VERY LOW-INCOME OCCUPIED HOUSING.</u>
Grants Of <u>0.</u>	
Revenue <u>864,331.</u>	

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

**Schedule A (Form 990 or 990EZ) - Other Income (continued)**

Description	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
ADMINISTRATION OF GRANTS	761,025.	53,250.	248,051.	600,056.	93,692.	1,756,074.
Total	<u>761,025.</u>	<u>53,250.</u>	<u>248,051.</u>	<u>600,056.</u>	<u>93,692.</u>	<u>1,756,074.</u>

Additional Information For Tax Return

NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)

48-0721487

Form 990 p 1: Pt I, Ln 22, Current yr

BEGINNING NET ASSETS	1,974,598
NET INCOME FOR YEAR	332,478
RESTATEMENT FROM PRIOR YEAR	28,479
ENDING NET ASSETS	2,335,555

**NEKCAP**  
**Depreciation Schedule by Category**  
**For the 12 Months Ended 03/31/10**

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 04/01/09	Current Depreciation	Accum Depr 03/31/10
<b>ALJ CENTER</b>									
1	ALJ CENTER	04/01/00	ST LINE	45/00	N	707,738 05	141,547 59	15,727 51	157,275 10
Total for (ALJ CENTER)						707,738 05	141,547 59	15,727 51	157,275 10
<b>CENTRAL OFFICE BUILDING</b>									
10	BUILDING	08/01/86	ST LINE	30/00	N	154,000 00	116,355 48	5,133 33	121,488 81
11	ROOF REPAIRS	01/01/06	ST LINE	30/00	N	39,387 92	4,267.02	1,312 93	5,579 95
22	COPIERS	04/01/03	ST LINE	03/00	N	15,647 00	15,647 00	0 00	15,647 00
39	JOHN DEERE GARDEN TRACTOR	01/01/92	200% DB	05/00	N	8,000 00	8,000 00	0 00	8,000 00
70	PHONE SYSTEM	04/01/02	200% DB	04/00	N	36,120 19	36,120 19	0 00	36,120 19
72	MIP ACCT SOFTWARE	01/23/07	ST LINE	03/00	N	22,517 25	16,887 94	5,629 31	22,517 25
73	2001 MERCURY SABLE	06/13/07	ST LINE	05/00	N	6,675 00	2,403 73	1,335 00	3,738 73
84	2006 FORD TAURUS	08/21/08	ST LINE	05/00	N	8,750 00	1,069 18	1,750 00	2,819 18
85	2004 CHRYSLER PACIFICA	08/21/08	ST LINE	05/00	N	14,485 00	1,769 95	2,897 00	4,666 95
Total for (CENTRAL OFFICE BUILDING)						305,582 36	202,520 49	18,057.57	220,578 06
<b>CHDO PROPERTIES</b>									
12	306 & 306 1/2 S 6TH, HIAWATHA	01/01/93	ST LINE	24/00	N	39,164 00	26,109 31	1,631 83	27,741 14
13	223 N TOPEKA, HOLTON	01/01/94	ST LINE	24/00	N	28,412 00	17,781 61	1,183 83	18,965 44
14	302 STATE, ROBINSON	01/01/94	ST LINE	24/00	N	24,863 00	15,560 56	1,035 96	16,596 52
15	305 VINE, ELWOOD	01/01/94	ST LINE	24/00	N	41,268 00	25,827 61	1,719 50	27,547 11
16	313 S MAIN, FAIRVIEW	01/01/94	ST LINE	24/00	N	28,971 00	18,131 53	1,207 13	19,338 66
17	407 KENTUCKY, ELWOOD	01/01/94	ST LINE	24/00	N	35,459 00	22,192 08	1,477 46	23,669 54
18	610 KANSAS AVE , HIAWATHA	01/01/94	ST LINE	24/00	N	28,488 00	17,829 27	1,187 00	19,016 27
19	714 & 714 1/2 WISCONSIN, HOLT	01/01/94	ST LINE	24/00	N	55,912 00	34,992 53	2,329 67	37,322 20
20	814 PENNSYLVANIA	01/01/94	ST LINE	24/00	N	26,001 25	16,272 96	1,083 39	17,356 35
106	2215 HWY 36, WATHENA	08/01/00	ST LINE	24/00	N	25,700 00	9,279 55	1,070 83	10,350 38
Total for (CHDO PROPERTIES)						334,238 25	203,977 01	13,926 60	217,903 61
<b>LEASEHOLD IMPROVEMENTS</b>									
71	LEASEHOLD IMPROVEMENTS	10/20/05	200% DB	07/00	N	29,250 00	15,818 88	3,837 46	19,656 34
Total for (LEASEHOLD IMPROVEMENTS)						29,250 00	15,818 88	3,837 46	19,656 34
<b>FIXED ASSETS CHILD CARE</b>									
2	2005 BUS #16	10/26/05	ST LINE	05/00	N	39,393 00	27,575 10	7,878 60	35,453 70
3	2005 BUS #15	10/26/05	ST LINE	05/00	N	39,393 00	27,575 10	7,878 60	35,453 70
4	PLAYGROUND - ATCHISON	01/01/06	ST LINE	05/00	N	12,076 48	7,849 72	2,415 30	10,265 02
5	PLAYGROUND - MARSHALL	01/01/06	ST LINE	05/00	N	12,996 29	8,447 59	2,599 26	11,046 85
6	BERGFELD RECREATION PLAYC	03/21/07	ST LINE	07/00	N	12,133 00	3,611 02	1,733 29	5,344 31
7	BERGFELD RECREATION PLAYC	03/21/07	ST LINE	07/00	N	12,133 00	3,611 02	1,733 29	5,344 31
8	BERGFELD RECREATION PLAYC	03/21/07	ST LINE	07/00	N	12,133 00	3,611 02	1,733 29	5,344 31
Total for (FIXED ASSETS CHILD CARE)						140,257 77	82,280 57	25,971 63	108,252 20
<b>FIXED ASSETS WEATHERIZATION</b>									
9	2006 GMC #1GTH23466F242172	01/01/06	ST LINE	05/00	N	21,793 28	14,165 64	4,358 66	18,524 30
86	2 INFRARED CAMERAS	05/15/09	ST LINE	05/00	N	10,700.00	0 00	1,882 03	1,882 03
107	2005 CHEVY PICKUP	02/01/07	ST LINE	05/00	N	12,000 00	5,187 95	2,400 00	7,587 95
108	2002 FORD PICKUP	03/01/07	ST LINE	05/00	N	9,000 00	3,752 88	1,800 00	5,552 88
109	2000 TITAN TRAILER	10/26/99	ST LINE	05/00	N	4,052 00	4,052 00	0 00	4,052 00
Total for (FIXED ASSETS WEATHERIZATION)						57,545 28	27,158 47	10,440 69	37,599 16

**NEKCAP**  
**Depreciation Schedule by Category**  
**For the 12 Months Ended 03/31/10**

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 04/01/09	Current Depreciation	Accum Depr 03/31/10
<b>FEDERAL FIXED ASSETS</b>									
28	CHILDPLUS HEADSTART MANAC	10/23/90	ST LINE	05/00	N	5,151 00	5,151 00	0 00	5,151 00
30	1991 FORD ECONOLINE 15 PASSE	05/21/91	ST LINE	05/00	Y	16,955 00	16,955 00	0 00	16,955 00
31	1991 FORD ECONOLINE 15 PASSE	05/21/91	200% DB	05/00	N	16,955 00	16,955 00	0 00	16,955 00
33	1991 FROD ECONOLINE 15 PASSE	07/08/91	200% DB	05/00	N	16,796 00	16,796 00	0.00	16,796 00
34	1991 FORD ECONOLINE 15 PAS:	07/08/91	200% DB	05/00	N	16,796 00	16,796 00	0 00	16,796 00
35	1991 15 PASSENGER FORD VAN	07/29/91	200% DB	05/00	Y	16,795 00	16,795 00	0 00	16,795 00
36	1991 15 PASSENGER FORD VAN	07/29/91	200% DB	05/00	N	16,795 00	16,795 00	0 00	16,795 00
37	1991 15 PASSENGER FORD VAN	07/31/91	200% DB	05/00	Y	16,795 00	16,795 00	0 00	16,795 00
38	1992 15 PASSENGER DODGE #31	10/07/91	200% DB	05/00	Y	18,415 00	18,415 00	0 00	18,415 00
40	1992 CHEVY CREW CAB PICKUP	05/07/92	200% DB	05/00	N	15,830 00	15,830 00	0 00	15,830 00
41	1992 CHEVYCREW CAB PICKUP	08/07/92	200% DB	05/00	N	15,830 00	15,830 00	0 00	15,830 00
42	1994 LIGHT BLUE FORD VAN #38	12/04/93	200% DB	05/00	N	18,800 00	18,800 00	0 00	18,800 00
43	1995 DODGE VAN #39	01/09/95	200% DB	05/00	N	20,377 00	20,377 00	0 00	20,377 00
44	1995 DODGE VAN #40	01/09/95	200% DB	05/00	N	20,377 00	20,377 00	0 00	20,377 00
45	1995 DODGE VAN #41	01/09/95	200% DB	05/00	N	20,377 00	20,377 00	0 00	20,377 00
46	1998 SCHOOL BUS #1	02/13/98	200% DB	05/00	N	35,445 00	35,445 00	0 00	35,445 00
47	1998 SCHOOL BUS #2	02/13/98	200% DB	05/00	N	35,445 00	35,445 00	0 00	35,445 00
48	METAL PLYASTRUCTURE	03/31/99	200% DB	05/00	N	7,131 00	7,131 00	0 00	7,131 00
49	TOTAL EXHAUST SYSTEM KITCH	03/31/99	200% DB	05/00	N	7,253 00	7,253 00	0 00	7,253 00
50	BLUE BIRD MICRO BIRD SCHOOL	08/17/99	200% DB	05/00	N	37,580 00	37,580 00	0 00	37,580 00
51	BLUE BIRD MICRO BIRD SCHOOL	10/01/99	200% DB	05/00	N	37,580 00	37,580 00	0 00	37,580 00
52	DOOR TYPE DISHWASHER	03/31/00	200% DB	05/00	N	9,562 00	9,562 00	0 00	9,562 00
53	EXHAUST HOOD	03/31/00	200% DB	05/00	N	6,285 00	6,285 00	0 00	6,285 00
54	200 CHEVY BLUE BIRD BUS #5	05/01/00	200% DB	05/00	N	37,580.00	37,580 00	0 00	37,580 00
58	GMC 22 PASSENGER SHCOOL B	03/01/01	200% DB	05/00	N	36,934 00	36,934 00	0 00	36,934 00
59	GMC WHEEL CHAIR SCHOOL BU	05/01/01	200% DB	05/00	N	41,134 00	41,134 00	0.00	41,134 00
60	2002 CHEVY 24 PASSENGER #8	03/01/02	200% DB	05/00	N	36,483 00	36,483 00	0 00	36,483 00
61	2002 CHEVY 30 PASSENGER #9	03/01/02	200% DB	05/00	N	39,360.00	39,360 00	0 00	39,360 00
62	2002 CHEVY 30 PASSENGER #10	03/01/02	200% DB	05/00	N	39,360 00	39,360 00	0 00	39,360 00
64	2004 TRAVELONG TRAILER	04/01/04	ST LINE	05/00	N	5,150 00	5,150 00	0 00	5,150 00
66	2004 CHEVY MIDBUS #11	08/17/04	ST LINE	05/00	N	41,200 25	38,084 83	3,115 42	41,200 25
67	2004 CHEVY MIDBUS #12	08/17/04	ST LINE	05/00	N	41,200 25	38,084 83	3,115 42	41,200 25
68	2004 CHEVY MIDBUS #13	08/17/04	ST LINE	05/00	N	41,200 25	38,084 83	3,115 42	41,200 25
69	2004 CHEVY MIDBUS #14	08/17/04	ST LINE	05/00	N	41,200 25	38,084 83	3,115 42	41,200 25
74	2001 FORD TAURUS	06/28/07	ST LINE	05/00	N	6,385 00	2,246 96	1,277 00	3,523 96
75	2003 CHEVY MALIBU	06/28/07	ST LINE	05/00	N	7,000 00	2,463 39	1,400 00	3,863 39
78	2000 MERCURY MYSTIQUE	07/27/05	ST LINE	05/00	N	4,800 00	3,532 27	960 00	4,492.27
79	2000 TAURUS	07/27/05	ST LINE	05/00	N	6,250 00	4,599 32	1,250 00	5,849 32
80	2001 TAURUS	07/27/05	ST LINE	05/00	N	6,500 00	4,783 29	1,300 00	6,083 29
83	2009 CHEVY 28 PASSENGER BU	12/18/08	ST LINE	05/00	N	46,764 00	2,664 91	9,352.80	12,017.71
87	2003 CHRYSLER TOWN & COUN	06/19/09	ST LINE	05/00	N	6,695 00	0 00	1,049 19	1,049 19
88	1998 BUICK LESABRE	06/19/09	ST LINE	05/00	N	2,695 00	0 00	422.34	422 34
89	1996 PONTIAC	06/19/09	ST LINE	05/00	N	3,850 00	0 00	603.34	603 34
90	2001 OLDSMOBILE INTRIGUE	07/24/09	ST LINE	05/00	N	4,825 00	0 00	663 60	663 60

**NEKCAP**  
**Depreciation Schedule by Category**  
**For the 12 Months Ended 03/31/10**

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 04/01/09	Current Depreciation	Accum Depr 03/31/10
<b>FEDERAL FIXED ASSETS</b>									
91	2007 CHRYSLER TOWN & COUN	07/24/09	ST LINE	05/00	N	9,675 00	0 00	1,330 64	1,330 64
92	2006 CHEVY MALIBU	06/19/09	ST LINE	05/00	N	8,501 87	0 00	1,332 35	1,332 35
93	1999 BUICK REGAL	06/19/09	ST LINE	05/00	N	7,475 47	0 00	1,171 50	1,171 50
94	2010 GMC 28 PASSENGER SCHC	01/14/10	ST LINE	05/00	N	44,882 27	0 00	1,893 66	1,893 66
95	2004 DODGE GRAND CARAVAN	02/11/10	ST LINE	05/00	N	7,175 00	0 00	192 64	192 64
96	2003 DODGE CARAVAN	02/25/10	ST LINE	05/00	N	6,970 00	0 00	133 67	133 67
97	2005 DODGE CARAVAN	01/08/10	ST LINE	05/00	N	7,500 00	0 00	341 10	341.10
98	2000 HONDA ODYSSEY VAN	01/21/10	ST LINE	05/00	N	6,000 00	0 00	230 14	230 14
99	2007 CHRYSLER TOWN & COUN	01/21/10	ST LINE	05/00	N	8,004 15	0 00	307 01	307 01
100	2005 DODGE CARAVAN	01/21/10	ST LINE	05/00	N	7,690 00	0 00	294 96	294 96
101	2001 DODGE CARAVAN	03/25/10	ST LINE	05/00	N	6,995 00	0 00	26 83	26 83
102	2002 DODGE CARAVAN	03/25/10	ST LINE	05/00	N	7,892 00	0 00	30 27	30 27
103	2010 THOMAS 28 PASSENGER B	11/23/09	ST LINE	05/00	N	44,509 18	0 00	3,146 13	3,146 13
104	2006 DODGE CARAVAN	10/16/09	ST LINE	05/00	N	7,000 00	0 00	640 55	640.55
105	VISION SCREENING EQUIPMENT	04/01/09	ST LINE	05/00	N	8,690 00	0 00	1,738 00	1,738 00
Total for (FEDERAL FIXED ASSETS)						1,114,850 94	837,955 46	43,549.40	881,504 86
Client Subtotal Before Sales						2,689,462 65	1,511,258 47	131,510 86	1,642,769 33
Less Assets Sold						68,960 00			68,960 00
Total						2,620,502 65	1,511,258 47	131,510 86	1,573,809 33

- 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).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)</b>	[REDACTED]	Employer identification number <b>48-0721487</b>
	Number, street, and room or suite number If a P O box, see instructions <b>PO BOX 380</b>		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>HIAWATHA KS 66434-0380</b>		

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

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

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

- The books are in care of **KATRINA RICE**  
Telephone No. **(785) 742-2222** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **Feb 15**, 20 **11**

5 For calendar year \_\_\_\_\_, or other tax year beginning **Apr 1**, 20 **09**, and ending **Mar 31**, 20 **10**

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 **MORE TIME IS NEEDED TO FILE AN ACCURATE RETURN**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b> \$ <b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$ <b>0.</b>
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	<b>8c</b> \$ <b>0.</b>

**Signature and Verification**

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

Signature **Rita Smayes** Title **CPT** Date **1/8/10**

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)</b>	Employer identification number <b>48-0721487</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>PO BOX 380</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>HIAWATHA KS 66434-0380</b>	

**Check type of return to be filed** (file a separate application for each return):

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

• The books are in the care of ▶ KATRINA RICE

Telephone No. ▶ (785) 742-2222 FAX No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Nov 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning Apr 1, 20 09, and ending Mar 31, 20 10.

**2** If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.