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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

nter	nal Reven	ue Service		The o	rganiza	ation m	nay na	ave to t	use a c	opy of th	is return	to satis	fy state	repo	rting req	uiremer	nts	Inspe	ection	n j
4	For the	e 2009 ca	lendar	year	, or tax	x year	beg	nning		July 1	, :	2009, aı	nd endır	ıg	Jui	ne 30	,	20 10		
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<u>!</u>		empt status		501(c)	(3)◀	l (insert	t no)	49	947(a)(1)	or 📙	527				If "N	lo, ' atta	ch a lis	t (see inst	ruction	s)
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Ρ	art I	Summ	<u>ary</u>																	
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	990 (2009) t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	None.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	services?
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 \$ 229,926 including grants of \$) (Revenue \$)
	(Code) (Expenses \$ 229,926 including grants of \$) (Revenue \$) Scholarships/financial aid awards for students attending Northwest Kansas Technical College, Goodland, KS.
	······································
4b	(Code
	for student engagement in the learning process.
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	(Locality (Expenses & moleculary grants or &) (neverses &)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$

4e Total program service expenses ▶

) (Revenue \$

238278

Fai	Checklist of Required Schedules			
	ı		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		·
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ü	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	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 statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated independent audited financial statements for the tay year? Yes No	12	~	
	If "Yes," completing Schedule D. Parts XI, XII, and XIII is optional	10		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		7
14a		140		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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	15		~
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	16		,
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	17		v
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	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		V
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	0.		l
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	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)?	4 a		~
	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.			_
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		·
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
	Prohibited Tax Shelter Transaction?	6a		1
	organization solicit any contributions that were not tax deductible?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<u> </u>
	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	30	 	
	Initiation fees and capital contributions included on Part VIII, line 12]	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	-	-

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.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	1 1		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			i .
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7-		,
	of the governing body?	7a 7b		~
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.	1	
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	- <u>*</u> -	~
9	Lach committee with authority to act on behalf of the governing body?	OD		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	·	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			<u> </u>
	enue Code.)	Jillai		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
	form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		~
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		ļ <u>.</u>
13	Does the organization have a written whistleblower policy?	13		~
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	~
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?			
а	The organization's CEO, Executive Director, or top management official	15a		ļ
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1
	with a taxable entity during the year?	104	1	<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure	,	1	
17	List the states with which a copy of this Form 990 is required to be filed ► KS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5016)	C)(3)e	onka	
	available for public inspection. Indicate how you make these available. Check all that apply	J,(J)3	J.113)	
	☐ 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 inf	erect	
	policy, and financial statements available to the public.	J. 1111	J. 551	
20	State the name, physical address, and telephone number of the person who possesses the books and recognization: Dr. Guy E. Mills, Treasurer, 1209 Harrison Street, PO Box 668, Goodland KS 67735 (785)	ords c	of the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Compensated employees, and former such person Check this box if the organization did not contain the containing of the containin		any c	urr	<u>ent</u>	offic	cer, d	irec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	checl	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Arlie Archer										
President, Trustee		~		~						
Bryce Cole						1				
Vice President, Trustee		~	L	~		<u> </u>	<u>L</u> _			· · ·
Robert Loftin										
Secretary, Trustee		~		~		<u> </u>	<u> </u>	ļ		
Dr. Guy E. Mills										
Tresurer, Not a Trustee	<u>_</u>			~	<u> </u>	ļ	ļ_	l		
Shelly Angelos							i			
Trustee		~			<u> </u>	ļ	<u> </u>			
Kirk Easterday										
Trustee		~	-	<u> </u>	<u> </u>	<u> </u>	 			
Doug Flemming		l .		l						
Trustee		~		├	↓		├ -			
Gerald Franklin		١.		ŀ				1		
Trustee		~			-		├ -			
Harold Frasier	i	١.	 					\		
Trustee		~	⊢	╀	-	 	├ -			-
John Geisinger		١,								
Trustee Roland Query		~	┢	├	┼	-	\vdash	-		
Trustee		ر ا								
Clarence Redman	 -	+	 	┼	+	\vdash	┼			
Trustee		<u>,</u>								
Alan Townsend		+	1-	\vdash	+-	-	+			
Trustee	1	v								
Carol Sanders	<u> </u>	† <u> </u>		t	+		f^-	<u> </u>	 	
Trustee		1							[
Mick Miller		†				1	T			
Trustee]	\ \r	1	1						
Anthony Bremenkamp			T	Π	\vdash		1	-		
Trustee		~	L	L.						

Part VII Section A. Officers, Directors, Tru	ustees, Key	Emp	loy	ees,	an	d Higi	hes	t Compensate	d Employees (co	ontinued	0
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average		on (d	checl	k all	that ap		Reportable	Reportable		mated
	hours per week	Individual to	Institutional	Officer	Key e	Highe: emplo	Former	compensation from the	compensation from related organizations	(ount of other ensation
		ctor	tions		employee	st cc	=	organization (W-2/1099-MISC)	(W-2/1099-MISC)		m the
		trustee r			уее) mpc		(11 2 1003 11.100)		and	related
		8	trustee	:		Highest compensated employee				orga	nizations
						<u> </u>					
	ļ		<u> </u>			<u> </u>	_				
	_										
				-		-	_		,	-	<u>-</u>
	-										
			H	\vdash							
	-						_		• •	ļ	
	-										
						-					
						-	-				
	-										
	-					ļ					
1b Total	L		<u>. </u>	<u>. </u>		L	 .				
Total number of individuals (including but reportable compensation from the organiz	not limited	to the	ose	list	ed a	above) w	no received m	ore than \$100,0	000 in	
reportable compensation from the organiz	ation -										Yes No
3 Did the organization list any former office	er, director	or tr	uste	e, l	кеу	empl	oye	e, or highest of	compensated		
employee on line 1a? If "Yes," complete S										3	- /
4 For any individual listed on line 1a, is the the organization and related organizations											
<i>individual</i>	or accrue		nen	eatu		from		unrelated or	anization for	4	
services rendered to the organization? If "	Yes," comp	olete	Sch	edu	ile J	for s	uch	person .		5	
Section B. Independent Contractors		لميد لم						41 -4	-l th	00.000	
Complete this table for your five highest compensation from the organization	ompensate	a ina	ере	enae	ento	contra	1010	rs that receive	a more than \$	00,000	OT .
(A) Name and business ad	dress							(B) Description of s	services	(C) Comper	
							<u> </u>				
							\vdash				
							\vdash				
Total number of independent contractors (more than \$100,000 in compensation from					l to	those	lıst	ed above) who	received	······································	

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
gra Tou	b	Membership dues 1b					
ts, an		Fundraising events 1c	64609				
igi		Related organizations 1d	109500				
ns,	e	Government grants (contributions). 1e					
er is	f	All other contributions, gifts, grants,					
휼튛		and similar amounts not included above 1f	199093				
Contributions, and other simi	9	Noncash contributions included in lines 1a-1f \$					
<u>o a</u>	h	Total. Add lines 1a-1f		373202	···-		
Je		<u> </u>	Business Code				
eve	2a				, -		-
e e	b						
Š.	С						
Se	d						
īā.	e	All other program common revenue					
Program Service Revenue		All other program service revenue . Land Total. Add lines 2a-2f			 _		<u> </u>
	3	Investment income (including dividends, other similar amounts)	interest, and	20595			
	4	Income from investment of tax-exempt bond	proceeds >				
	5	Royalties	<u></u> , ▶				
	Ì	(i) Real	(ii) Personal				
	6a	Gross Rents		•			
		Less rental expenses					
		Rental income or (loss) Net rental income or (loss)					
		` [(1) (2)				
	7a	Gross amount from sales of (i) Securities	(II) Other				
	١.	assets other than inventory					
	b	Less cost or other basis		`			1
	_	and sales expenses .		,			
		Gain or (loss)		•			İ
venue		Gross income from fundraising					
Ver		events (not including \$					
æ		of contributions reported on line 1c) See Part IV, line 18					
ē	_	~ <u>~</u> _					
Other	6	Less: direct expenses b L Net income or (loss) from fundraising ev	rents ►				
_			onto				
	ya	Gross income from gaming activities See Part IV, line 19 a					1
	Ь	Less direct expenses b					
	c	Net income or (loss) from gaming activit	ies >				
	1	Gross sales of inventory, less					
		returns and allowances a					
	Ь	Less. cost of goods sold b				ľ	
		Net income or (loss) from sales of invento	ry ▶				
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	C						
		All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions	>	393797			1

Part IX Statement of Functional Expenses

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

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21											
2	Grants and other assistance to individuals in the U S See Part IV, line 22	_										
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees											
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20000		20000								
7	Other salaries and wages											
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				<u>,</u>							
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees):			İ								
а	Management	400		400								
b	Legal	408		408								
С	Accounting	119		119								
d	Lobbying											
е	Professional fundraising services See Part IV, line 17											
f	Investment management fees											
	Other											
12	Advertising and promotion											
13	Office expenses	255		255								
		8352	8352									
14	Information technology			-								
15	Royalties											
16	Occupancy	400		400								
17	Travel	400		400								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings .	3600		3600								
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization.											
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.)											
_	Fundraising	24186			24186							
a	Financial Aid/Scholarships	229926	229926		24100							
b	Scholarship Banquet	1375	223320	1375								
С	Farm Expenses	979		979								
d												
е	Pete Henry Transfer to Cover Grant Exp	25000		25000								
f	All other expenses	1000		1000								
25_	Total functional expenses. Add lines 1 through 24f	315600	238278	53136	24186							
26	Joint costs. Check here ▶ ☐ 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											

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	185264	1	171303
	2	Savings and temporary cash investments	1033167	2	1093337
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
S	,		· · · · · · · · · · · · · · · · · · ·	7	
Assets	7 8	Notes and loans receivable, net		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			
	ь	Less. accumulated depreciation	11656	10c	43644
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1230087	16	1308284
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ę	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
sec		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets	872474		983615
ã	28	Temporarily restricted net assets	161484		127968
밑	29	Permanently restricted net assets	196129	29	196701
Net Assets or Fund Baland		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
şts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1230087		1308284
	34	Total liabilities and net assets/fund balances	1230087	34	1308284

Pai	t XI Financial Statements and Reporting			
			Yes	No
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.	_	.,	
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	/	
b	Were the organization's financial statements audited by an independent accountant?	2b	~	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
đ	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			
За	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?	За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE 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

Employer identification number Northwest Kansas Tech College Endow Assoc. Inc. 7046877 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3 % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I **b** Type II c Type III-Functionally integrated d Type III-Other e D 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(ui) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? 1157 Yes Yes Yes **Northwest Kansas** Public 2-Year **Technical College** Technical College 48-0690968 238278

Total

238278

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 Gifts, grants, contributions, and membership fees received. (Do not 247962 332697 1453497 236838 262798 373202 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1453497 247962 236838 262798 332697 373202 Total. Add lines 1 through 3 . . . 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 334159 shown on line 11, column (f) 1119338 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total 247962 236838 262798 332697 373202 1453497 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 26437 46205 41435 23715 20595 158387 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 1611884 Total support. Add lines 7 through 10 . 11 1453497 Gross receipts from related activities, etc. (see instructions) . . . 12 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 69 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🕨 🔲 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

	Support Schedule for Orga (Complete only if you checke)(2)			rage 3
Sec	tion A. Public Support						•	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			•				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-					<u></u>
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							
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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)	4,4						
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	<u> </u>		l			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
9 10a	Amounts from line 6							
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)							
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth				
Sec	tion C. Computation of Public Su	pport Perce	ntage					
15	Public support percentage for 2009 (lin	ne 8, column (f	divided by lin	ne 13, column	(f))	15		%
16	Public support percentage from 2008 \$	Schedule A, P	art III, line 15	<u> </u>		16		_%
Sec	tion D. Computation of Investmen		<u>~</u>			- 		
17	Investment income percentage for 200			•		17		<u>%</u>
18	Investment income percentage from 20					18		<u>%_</u>
198	33% % support tests – 2009. If the org 17 is not more than 33% %, check this b	ox and stop h	ere. The organ	zation qualifies	s as a publicly	supporte	ed orga	nization 🕨 🗌
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	nization did not stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line is as a publicly	16 is mor supporte	e than 3 ed orgar	33½%, and nization ► 🗌

	orm 990 or 990-EZ) 2009		<u>- , , , , , , , , , , , , , , , , , , ,</u>			Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	. Complete this Part III, line 12	part to provide the Provide any other	he explanations req er additional informa	uired by Part II, line ation. See instruction	10; ns.
		••••••				••••••
					•	
••••		••••				
						
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	·····					
•••••			•••••			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	of the organization hwest Ks Tech College Endow Assoc. Inc	•	,	Employ 23 ;	er identification number 7046877
Pai	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	r Fun	ds or /	Accounts. Complete if
		(a) Donor advised funds		(b) Fu	ands and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate contributions to (during year) Aggregate grants from (during year)				
4	Aggregate value at end of year				
		den en ed en en en en en en en en en en en en en	l 1 - 1 .		
5	Did the organization inform all donors and funds are the organization's property, subj	ect to the organization's exclusive legal of	contro	۱۶	Yes No
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private by	for the benefit of the donor or donor advenefit?	risor, d	or for ar	ny other
Pai	t II Conservation Easements. Com	olete if the organization answered "Yes	" to F	om 99	0, Part IV, line 7.
2	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organize easement on the last day of the tax year	., recreation or pleasure)	ion of tion o	f a certi	orically important land area fied historic structure orm of a conservation
	, , , , , , , , , , , , , , , , , , , ,				Held at the End of the Tax Year
_	Total number of concentation apparents			2a	Tiold at the Elia of the Tax Tear
a	Total number of conservation easements .			2b	<u> </u>
b	Total acreage restricted by conservation e			2c	+
c	Number of conservation easements on a c	• •	•	2d	
d	Number of conservation easements includ		•		
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, extinguished, o	r term	nnated	by the organization during
4	Number of states where property subject	to conservation easement is located 🕨			-
5	Does the organization have a written polic violations, and enforcement of the conserv			, handlı	ng of ... ☐ Yes ☐ No
6	Staff and volunteer hours devoted to mon			easeme	ents during the year
7	Amount of expenses incurred in monitorin ▶\$	g, inspecting, and enforcing conservation	ease	ments o	during the year
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirement	ents o	f sectio	n 🗌 Yes 🔲 No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	reports conservation easements in its re he text of the footnote to the organizatio			
Pa	Organizations Maintaining Coll Complete if the organization ans	ections of Art, Historical Treasures, wered "Yes" to Form 990, Part IV, line 8	or Ot 8.	her Sin	nilar Assets.
1 a	If the organization elected, as permitted unart, historical treasures, or other similar ass provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, o	r resea	arch in f	urtherance of public service
b	historical treasures, or other similar assets provide the following amounts relating to	held for public exhibition, education, or these items:	resea	rch in fu	urtherance of public service
	(i) Revenues included in Form 990, Part V				
_	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items	•		- ,
a	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X				► \$
U	rosous monuco in i unii 330, rait A , ,				Ψ

Page	. 2

Par	t III Organizations Maintain	ing Collections	of Art, Hist	orical	Treasures,	or O	ther Similar As	sets (co	ontinued)
3	Using the organization's acquisition collection items (check all that app	, accession, and o	other records	s, chec	k any of the	follow	ring that are a sig	jnificant	use of its
а	Public exhibition		a 🗀] La	oan or excha	nge pr	rograms		
b	Scholarly research		e [] o	ther				
С	Preservation for future genera	tions							
4	Provide a description of the organic Part XIV	zation's collection	s and explair	n how	they further	the or	ganization's exe	npt pur	oose in
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive der than to be maint	onations of a	rt, histo	orical treasure organization'	es, or o	other similar		s 🗌 No
Par	t IV Escrow and Custodial A IV, line 9, or reported an					nswer	ed "Yes" to For	m 990,	Part
	Is the organization an agent, truste included on Form 990, Part X?					ns or	other assets not		es 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the fo	llowin	g table.		· · · ·		
						<u> </u>	An	nount	
С	Beginning balance					1c	ļ		
ď	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>			
f	Ending balance					1f			
b	Did the organization include an am if "Yes," explain the arrangement in	Part XIV							es L No
Par	t V Endowment Funds. Co	omplete if the or	ganization a	answe	ered "Yes" t	o For	m 990, Part IV	, line 10).
		(a) Current year	(b) Prior ye	ear	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							<u> </u>	
b	Contributions		<u> </u>						
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage	of the year end ba	alance held a	as.					
а	Board designated or quasi-endowr								
b	Permanent endowment ▶								
С	Term endowment ▶	%							
За	Are there endowment funds not in too organization by:	ne possession of t	he organizati	on tha	t are held and	d adm	inistered for the		Yes No
	(i) unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" to 3a(ii), are the related org	janizations listed a	as required o	n Sch	edule R? .			3b	
4	Describe in Part XIV the intended i								
Par	t VI Investments—Land, B	uildings, and Ed	quipment. S	See Fo	orm 990, Pa	ırt X, I	ine 10.		
	Description of investment	(a) Cost or of (investr			st or other s (other)		occumulated preciation	(d) Boo	k value
1a	Land					• •			43644
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other]							
Tota	I. Add lines 1a through 1e. (Column (d,	must equal Form 9	990, Part X, co	olumn	(B), line 10(c).,	<u></u>	▶		43644

Scricadic B (Form 550) 2005			1 age U
Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Financial derivatives			
Closely-held equity interests			
Other			
	<u> </u>		
•••••	-		
	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	 -		
Part VIII Investments—Program Relate	d See Form 990 Part X	line 13	
(a) Description of investment type			
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
			, · · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990 Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
			·
T-1-1 (O-1 (h) 1 1 000 B-1 V1	(D) (45)		
Total. (Column (b) must equal Form 990, Part X, col.		<u> </u>	
Part X Other Liabilities. See Form 990 1. (a) Description of liability	T		
(a) Description of liability Federal income taxes	(b) Amount	-	
receial income taxes		4	
		\dashv	
		-	
	 	-	
		-	
	<u> </u>	7	
	 	7	
	 	7	
		7	
		7	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2 FIN 48 Feetrate In Part VIV provide the taxt of	f Alex for A - A - A - A - A - A - A - A - A - A		

	Reconciliation of Change in Net Assets from Form 990 to Audited Finar	cial Statem	
1 To	otal revenue (Form 990, Part VIII, column (A), line 12)	. 1	393797
	otal expenses (Form 990, Part IX, column (A), line 25)		315600
	xcess or (deficit) for the year. Subtract line 2 from line 1		78197
	et unrealized gains (losses) on investments	. 4	
	onated services and use of facilities	. 5	
	vestment expenses	6	
	rior period adjustments	. 7	
	ther (Describe in Part XIV)	9	
	otal adjustments (net). Add lines 4 through 8	10	78197
Part			
		1	393797
	otal revenue, gains, and other support per audited financial statements		
	et unrealized gains on investments		
	onated services and use of facilities		
	ecoveries of prior year grants		
	other (Describe in Part XIV)		
	dd lines 2a through 2d	2e	
3 S	ubtract line 2e from line 1	3	393797
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1.	1	
a In	ivestment expenses not included on Form 990, Part VIII, line 7b . 4a		:
	other (Describe in Part XIV.)		
	dd lines 4a and 4b ,	<mark>4c</mark>	+
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	39379
Part 2	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		er Keturn 31560
	otal expenses and losses per audited financial statements	<u> 1</u>	313000
	mounts included on line 1 but not on Form 990, Part IX, line 25°		
	Strategy of the decoration of the strategy of		
	1101 your dayson cities		
	Other losses		
	dd lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	31560
	mounts included on Form 990, Part IX, line 25, but not on line 1:		
	nvestment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV.)		
	dd lines 4a and 4b	40	
	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31560
5 ⊺ Part	XIV Supplemental Information	<u>, , , , , , , , , , , , , , , , , , , </u>	

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
• • • • • • • • • • • • • • • • • • • •	······································	
	•••••••••••••••••••••••••••••••••••••••	

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.

OMB No 1545-0047

Open To Public

Name of the organization Employer identification number Northwest KS Tech College Endowment Assoc. Inc. 7046877 23 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants f c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity contributions? fundraiser listed in organization col (i) Yes No Total \blacktriangleright 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Be	2 3 4 5 6	Gross receipts Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs	(a) Event #1 Dinner/Auction (event type) 25879 25879	(b) Event #2 Chevelle (event type) 25000	(c) Other events Scion (total number) 13730	(d) Total events (add col (a) through col (c)) 64609		
	2 3 4 5 6	Less: Charitable contributions	25879					
	4 5 6 7	Cash prizes Noncash prizes Rent/facility costs		25000	13730	64609		
	5 6 7	Noncash prizes	350		·			
	6 7	Rent/facility costs	350		10600	10600		
beus		Food and howerson				350		
ω̈́	_	rood and beverages	3778			3778		
	8	Entertainment	575 4089	4739	55	575 8883		
1	0	Other direct expenses	d lines 4 through 9 in co	olumn (d)		(24186		
Par		Net income summary Comb Gaming. Complete if than \$15,000 on Form	he organization answ			or reported more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
8	1	Gross revenue						
enses	2	Cash prizes						
т Ш		Noncash prizes						
۵	4 5	Rent/facility costs Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary Ad	ld lines 2 through 5 in c	olumn (d)		()		
	8	Net gaming income summary	y. Combine line 1, colur	nn d, and line 7				
	9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a							
	If "	es the organization operate g	jaming activities with ne	onmembers?		11		

Schedule	G	(Form	990	or	990.	-F7\	2009

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Page	. 1

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in. The organization's facility			=
	Name ▶			
	Address ▶			
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			
	Name ▶			
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	and the state of t	17a		
b		114		

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships See separate instructions.

Open to Public

OMB No 1545-0047

Inspection Employer identification number

▶ Attach to Form 990.

7046877 23 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Northwest KS Technical College Endowment Assoc. Inc.

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	, (d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations ((izations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ons during the tax year.)	zation answered "	Yes" to Form 990), Part IV, line 34 I	because it
(a) Name address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Northwest Kansas Technical College 1209 Harrison Street, Goodland, KS 67735	Higher Education	KS	Code Sec 115		N/A

Schedule R (Form 990) 2009

Cat No 50135Y

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2009

Yes No managing partner? Percentage ownership General or Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V – UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 (h)
Disproportionate
allocations? ŝ Yes Share of total income (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year, Share of total income Direct controlling entity Ð Predominant income (related, unrelated, excluded from tax under Legal domicile (state or foreign country) sections 512-514) (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name address, and EiN of related organization æ Part IV Part III

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

		_
Gift, grant, or capital contribution to other organization(s)		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Sale of assets to other organization(s)		# p = =
Lease of facilities, equipment, or other assets from other organization(s)		= = = = = = = = = = = = = = = = = = = =
Reimbursement paid to other organization for expenses		10 dt
Other transfer of cash or property to other organization(s)	covered relationships and trans.	transaction thresholds.
	(b) Transaction type (a-r)	(c) Amount involved
(*-	G	109500
Northwest Kansas Technical College, Transfer to college to cover grant expenditures paid by college.	6	25000
Northwest Kansas Technical College, Transfer of revenue to college for deferred maintenance projects from tax credit gifts. contributions.		27430
Northwest Kansas Technical College, Transfer to college to offset salary expenses for Director of Development.		20000
Northwest Kansas Technical College, Transfer to college to offset expenses for iPad technology initiative.	0	8352
Northwest Kanas Technical College, Transfer to college for reimbursement meals or expenses incurred for fundraising, confference and other.	0	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Name of the organization Employer identification number Northwest KS Tech College Endow Assoc. Inc. 7046877 23 Part VI Line 9 - Form 990 is prepared by NWKTC staff utilizing the association's financial records and the annual audit report. The final report is reviewed by the association's treasurer, Dr. Guy E. Mills, prior to being filed. Part VI Line 9 - Mailing Addresses for Trustees Arlie Archer, President, PO Box 22, McDonald, KS 67745 2. Bryce Cole, Vice President, 121 Eustis, Goodland, KS 67735 3. Robert Loftin, Secretary, 207 Leigh Circle, Weskan KS 67762 4. Shelly Angelos, 2198 RD 64, Goodland, KS 67735 5. Kirk Easterday, 105 Logan St, Atwood, KS 67730 6. Doug Flemming, 730 Rd 5 #33, Bird City, KS 67731 7. Gerald Franklin, 5940 Rd 24, Goodland, KS 67735 8. Harold Frasier, PO Box 418, Sharon Springs, KS 67758 9. John Geisinger, PO Box 53, Selden, KS 67757 10. Roland Query, 6906 Saddle Back Ave, Firestone, CO 80504 11. Clarence Redman, PO Box 566, Syracuse, KS 67878 12. Alan Townsend, 5475 RD 14, Goodland, KS 67735 13. Carol Sanders, 6715 RD 22, Goodland, KS 67735 14. Mick Miller, 13078 Pdra Lane, Norton, KS 67654-5649 15. Anthony Bremenkamp, 2464 Co Rd 5, Brewster, KS 67732