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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service 07/01, 2009, and ending 06/30, 20 10 A For the 2009 calendar year, or tax year beginning C Name of organization KANSAS ACTION FOR CHILDREN, INC. D Employer identification number B Check if applicable Please use IRS 48-0879502 tabel or Number and street (or P O box if mail is not delivered to street address) E Telephone number print o Room/suite type (785) 232-0550 720 SW JACKSON Initial return See Specific City or town, state or country, and ZIP + 4 Amended tions TOPEKA, KS 66603 G Gross receipts \$ 903,101. return Name and address of principal officer: SHANNON COTSORADIS H(a) Is this a group return for Yes X No SW JACKSON, STE 201 TOPEKA, KS 66603 H(b) Are all affiliates included? If "No," attach a list (see instructions) X | 501(c) (3) ◀ (insert no) 4947(a)(1) or Website - WWW.KAC.ORG H(c) Group exemption number KS X | L Year of formation 1978 M State of legal domicile Type of organization Corporation Other > Part I Summary Briefly describe the organization's mission or most significant activities KANSAS ACTION FOR CHILDREN, INC. IS A NONPARTISAN, NONPROFIT ORGANIZATION DEDICATED TO SHAPING HEALTH, EDUCATION AND ECONOMIC POLICY THAT IMPROVES THE LIVES OF KANSAS CHILDREN AND THEIR FAMILIES. If the organization discontinued its operations or disposed of more than 25% of its assets. 20 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 20 6 0. 7 a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 . . **Prior Year Current Year** 688,849 872,214. Contribution and grants (Part VIII, line 1h) COPY FOR Program service revenue (Part VIII, line 2g) **PUBLIC INSPECTION** Investment income (Part VIII, column (A), Injes 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,865 1,235. -3,284Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 690,714 870,165 67,500 Grants and similar amounts feat (Panti X column (A), lines 1-3) 59,787. 13 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation amprovee benefits (Part IX, column (A), lines 5-10) 157,360 416,842. 0. 16a Professional fundraising umn (A), line 11e) **b** Total fundraising expenses, Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 329,742 348,132 17 554,602 824,761. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 136,112 45,404. Revenue less expenses Subtract line 18 from line 12. Beginning of Year End of Year 220,574 265,178. 20 Total assets (Part X, line 16) 2,567 51,765. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20. 218,007 213,413 22 Part II Signature Block Under penalties of perjury, I declare that I have-examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer tother than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer otsoradis, President & CEO Shannon Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid 2.31.10 signature employed Preparer's Firm's name (or yours CBIZ MHM, LLC ΕIN 990 SW FAIRLAWN ROAD TOPEKA, KS 66606-2384 785-272-3176 Phone no May the IRS discuss this return with the preparer shown above? (See instructions), Х Yes

Form **990** (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

P	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: KANSAS ACTION FOR CHILDREN, INC. IS A NONPARTISAN, NONPROFIT	
	ORGANIZATION DEDICATED TO SHAPING HEALTH, EDUCATION AND ECONOMIC	
	POLICY THAT IMPROVES THE LIVES OF KANSAS CHILDREN AND THEIR FAMILIES.	
	TOBICI THAT INTROVES THE BIVES OF KANSAS CHIEDREN AND THEIR TANIBLES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4:	a (Code) (Expenses \$164,444 Including grants of \$) (Revenue \$)	<u> </u>
	KELLOGG BIRTH TO FIVE - THIS GRANT SUPPORTS THE ACTIVITIES OF THE	,
	KANSAS COALITION FOR SCHOOL READINESS. DURING THIS FISCAL YEAR,	
	ACHIEVEMENTS INCLUDED MAINTAINING MOMENTUM FOR EARLY LEARNING	
	INVESTMENTS IN KANSAS AND CONTINUING WORK TOWARD A COMPREHENSIVE	
	EARLY LEARNING SYSTEM; STRENGTHENING STATEWIDE ADVOCACY NETWORK	
	ACROSS LEADERSHIP ORGANIZATIONS; ENHANCING THE ABILITY OF	
	LEADERSHIP ORGANIZATIONS AND STAFF TO STRATEGICALLY MOBILIZE AND	
	COMMUNICATE WITH KEY CONSTITUENCIES; AND TRANSISTIONING THE	
	COALITION INFRASTRUCTURE TO A NEW HOST ORGANIZATION WITH A	
	DEDICATED STAFF PERSON AT KANSAS ACTION FOR CHILDREN (KAC).	
41	b (Code) (Expenses \$141,754 including grants of \$) (Revenue \$))
	AECF SFAI - THIS GRANT SUPPORTS THE RESEARCH, ANALYSIS AND THE	
	DISSEMINATION OF INFORMATION REGARDING STATE-LEVEL BUDGET	
	PRIORITIES, POLICIES AND TAX AND REVENUE ISSUES AFFECTING HUMAN SERVICES AND THE WELL-BEING OF LOW-INCOME CHILDREN AND FAMILIES.	
	DURING THIS FISCAL YEAR, ACHIEVEMENTS INCLUDED REACHING OUT TO	
	OTHER ORGANIZATIONS AND INDIVIDUALS WHO CAN CONTRIBUTE TO AND USE	
	FISCAL INFORMATION AND ANALYSIS; DISSEMINATING REPORTS, ANALYSES,	
	EASILY UNDERSTOOD FACT SHEETS AND ISSUE BRIEFS TO APPROPRIATE	
	AUDIENCES, CONDUCTING WORKSHOPS AND BRIEFINGS ON SIGNIFICANT	
	BUDGET AND TAX ISSUES FOR PARTNER ORGANIZATIONS AND OTHER	
	AUDIENCES IN THE STATE OF KANSAS.	
40	c (Code) (Expenses \$98,497 including grants of \$) (Revenue \$))
	OUNCE BIRTH TO FIVE - THIS GRANT SUPPORTS THE ACTIVITIES OF THE	
	KANSAS COALITION FOR SCHOOL READINESS. DURING THIS FISCAL YEAR,	
	ACHIEVEMENTS INCLUDED ESTABLISHING A POWERFUL STATEWIDE ADVOCACY	
	NETWORK THAT INCLUDES CHILD ADVOCATES, PARENTS AND PROVIDERS, AS WELL AS BUSINESS AND COMMUNITY LEADERS; ENHANCING THE CAPACITY OF	
	LEADERSHIP ORGANIZATIONS AND KCSR STAFF TO STRATEGICALLY MOBILIZE	
	AND COMMUNICATE WITH KEY CONSTITUENCIES; AND TRANSITIONING THE	
	COALITION TO A NEW HOST ORGANIZATION THAT PRESERVES ITS MOMENTUM	
	AND GAINS.	
	IND ONLING.	·
40	d Other program services. (Describe in Schedule O.)	
	(Expenses \$ 287,479 including grants of \$ 59,787) (Revenue \$	
40	e Total program service expenses ► 692,174.	
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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		'Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	x	
5	Sections 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		ŀ
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,"	1		
	complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
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 N	9		Х
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		Х
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	11	Х	1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1.33
	Schedule D, Part VI.	. 3	_ ′ >	£ £
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	1	ूरी वर स्था	, ,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			1
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	- ,š,	Spiral Richard	54
	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	1.72	\$50 D	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1000	*****	â
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	. 200	* ,*	\$.
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	* 🎨	, *	18 50
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		, •	25.5
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	,	* , * %	1
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	*		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1 1 1	_	
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u> </u>		
. 0	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	—		<u> </u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	 ``	
13	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Did the digunization operate one of more hospitals. If Tes, complete ocheanie if T.	1 20		<u> </u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		.,	
•	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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 question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	· · · · · · · · · · · · · · · · · · ·	274		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		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? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ĺ		
	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		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	İ		
	Schedule L, Part N	28b		Х
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 N	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	"		
31		31		X
	Part I	-	\vdash	
32		22	l	X
	Schedule N, Part II	32		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l 🗸
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	l	,,	
	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			İ
	Schedule R, Part V, line 2	35	X	<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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	38	X	
	The state of the s			

1a Enter' the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns Enter 0- if not applicable. 1a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Part	V Statements Regarding Other IRS Filings and Tax Compliance	- 1	1	
U.S. Information Returns Enter -0- in ont applicable. □ Enter the number of Forms W-Z3 included in line 1a. Enter -0- in ont applicable. □ It is enter the number of enter with a substitute of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmitial of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b. If a least one is reported on Inne 2a, did the organization file all required feetral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3a. Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? 3b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b. □ A At any time during the celeradry year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country No. 3c. □ A At any time during the celeradry year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country No. 3b. □ A At any time during the celeradry year, did the organization was an interest in a standard account; or other financial account; in a foreign country No. 3c. □ A At any time during the celeradry year, did the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 3c. □ A Y Yes, "did the organization aparty to a prohibited tax shelter transaction? 3c. □ A Y Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall		Esta VIII and a substant of Box 2 of Front 1990. Appeal Comment and Transmitted of the		Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable, Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 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. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign country > Country or the proper to the deductible? For holited Tax Shelter Transaction? 6c Does the organization approach that it was or is a party to a prohibited tax shelter transaction? 6c Does the organization and the warm of the organization file of means that were not tax deductible? 7c Organizations solicit any contributions that were not tax deductible? 9c Organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file promy 2829. 9c If "Yes," indicate the unmber of Forms 8282 filed during the year. 9c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8299. 9c Did the organization was adminishing donor advis		1	3.5		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners? 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 Total Statements, filed for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 2 and 2a is greater than 250, you may be required to e-file this return (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 980-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yes," the stift of a Form 980-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yes," enter the name of the foreign country leads a bank account, securities account, or other fundinal accounts? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign country leads to be did any time during the tax year? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Did 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? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall be payor? 6c D			7.	ο, δ	
gaming (gambing) winnings to prize winners? 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. 10 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountry). 5b If Yes, enter the name of the foreign country the securities account, or other financial accountry. 5currently be a prohibited that shelter transaction and financial report in the securities and financial accountry. 5currently be organization and prohibited that shelter transaction and financial accountry of the organization that were not tax deductible? 5currently organization shell were account on the very solicitation an express statement that such contributions or offits were not tax deductible? 5currently organizations that may receive deductible contributions under section 170(c). a Did the organization during the very solicitation an express statement that such contributions or offits were not tax deductible? 5currently organization				,	* .
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. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. b if "Yes," the stime during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country No. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If "Yes," to question 5a or 5b, did the organization life Form 8886-T, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b if "Yes," did the organization have an include with every solicitation an express statement that such contributions or grifts were not tax deductible? organizations that may receive deductible contributions under section 170(c). a Did the organization and the payor? organizations that may receive deductible contributions under section 170(c). b if "Yes," did the organization of the payor? organizations that may receive deductible to t			1 c		
Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			;	٠,	. 1
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7 a		Х
required to file Form 8282?	b		7b		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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? Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412 liab If "Yes," enter the amount of tax-exempt interest received or accrued during the year	С				
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5 Did the organizations and capital contributions included on Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·	7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	е				
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required?			19		
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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	n	·	7h		
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10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12			9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		· · · · · · · · · · · · · · · · · · ·			
amounts due or received from them)					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	40		120	 	
			128	L	Ц
	<u>a</u>	in res, enter the amount of tax-exempt interest received of accided during the year	Form	990	(2009)

Form 9	90 (2009) 48-0879502			age 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or Schedule O. See instructions.	belo cha	ow, a nges	and s in
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	İ	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	Į		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.	ļ		
а	The governing body?	8 a	_ X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	nue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		v	
	form?	11	Х	ļ
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		v	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		
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?	4.5.	Х	
а		15a		+
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	46-		x
	with a taxable entity during the year?	16a	-	
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	4 C h		
<u>Cool</u>	the organization's exempt status with respect to such arrangements?	1160	L	Ь
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	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 ► SHANNON COTSORADIS 720 SW JACKSON, STE 201 TOPEKA, KS 66603	ne		
	785-232-0550			

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	nstitutional trustee	Officer	त्र Key employee	ন্ধ Highest compensated ক employee	Former Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARGOT BRECKBILL										
BOARD MEMBER	1.00	Х						0.	0.	. 0
GUI BURLEY				Í			İ		,	
BOARD MEMBER	1.00	Х						0.	0	. 0
DENNIS COOLEY, MD										
BOARD MEMBER	1.00	X						0.	0.	0
TINA DELAROSA										
BOARD MEMBER	1.00	Х						0.	0.	0
SUSAN FETSCH, RN, PHD										
BOARD MEMBER	1.00	Х						0.	.l o !	0
JUDY FRICK										
BOARD MEMBER	1.00	Х						0.	ο.	0
SUSAN GARLINGHOUSE										
BOARD MEMBER	1.00	Х						0.	0	0
BECKY HOLMQUIST										
BOARD MEMBER	1.00	Х					ŀ	0.	0	0
RHONDA LEWIS-MOSS								<u> </u>		
BOARD MEMBER	1.00	Х						0.	0	0
SARAH MAYS						i				
BOARD MEMBER	1.00	X						0	0	0
BILL MCEACHEN MD										
BOARD MEMBER	1.00	X						0.	. 0	0
JOHN POERTNER										
BOARD MEMBER	1.00	Х						0	. 0	0
JAN PRATT										
BOARD MEMBER	1.00	Х						0	. 0	О
PAT ANDERSON	<u> </u>	 	\Box	-						
IMMEDIATE PAST CHAIR	1.00	Х		Х				0	0	0
CAROL COWDEN	 	1	T				\vdash			
VICE CHAIR OF DEVELOPMENT	1.00	X		х				0		0
SUE EVANS	 	T	$\dagger \exists$				t			
VICE CHAIR OR BOARD OPERATIONS	1.00	l x		х				0] 0	l o

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees	<u>s (co</u>	ntinuec	1)	
(A)	(B)	1		(0	C)		-	(D)	(E))			
` Name and title	Average	Posi	tion (k all	that app	oly)	Reportable	Reportable		Esti	mated	
	hours per	임	3	9	6	en H	Fo	compensation	compensation	.		ount of	
•	week	dividual t	E	Officer	Key employee	P e	Former	from	from related			ther	
		C L	ξ	¬	夏	st c	٦	the	organizations		•	ensatio	1
	l	ិខិ	<u> </u>		ye	3		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		m the nization	
	ŀ	Individual trustee or director	Institutional truste		9) en		(11 27 1000 111100)			_	related	
			ee	ŀ		Highest compensated employee						izations	j.
		<u> </u>				ة	_						
JERMEE JONES			1										
BOARD TREASURER	1.00	X		Х				0.		0 -			0
LARRY KANE							Γ	•					
CHAIRPERSON	1.00	Ιx		Х				0.		0.1			0
MARTA KENNEDY					_	ļ	\vdash			+			_
VICE CHAIR PUBLIC RELATIONS	1.00	X	ĺ	x		}		0.		0]			0
	1.00		 	^	1	1	-	0.		-1			
ADRIENNE OLEJNIK		١		١									_
BOARD SECRETARY	1.00	X		Х	ļ			0.		0-			0
GARY BRUNK													
CEO	40.00			X	ł			104,473.		0.			
SHANNON COTSORADIS								,		\neg			_
COO	40.00			X				98,289.		0.			
	40.00		-	Α.		-		30,203.		- 1			
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41. T-4-1	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	J		ــــــــــــــــــــــــــــــــــــــ	1	<u> </u>	202,762		0.			0
1b Total				٠.		• • • •	>	 	1				
2 Total number of individuals (including but not				ed a	bov	e) wh	o re	eceived more than	\$100,000 in				
reportable compensation from the organization	n ▶		1										
												Yes	Nο
3 Did the organization list any former office	cer direct	or or	tri	iste	e	kev (emr	olovee or highes	t compensated	1	J. (;	·
employee on line 1a? If "Yes," complete Sched										•	3		Х
• •										,			٤٠,
4 For any individual listed on line 1a, is th													. 1,74
the organization and related organizations					0?	If "Y	'es,	" complete Sched	lule J for such	7	i	ثالمحت	
ındıvıdual											4		X
5 Did any person listed on line 1a receive	e or acci	rue d	om	oen:	sati	on fr	om	any unrelated of	organization fo	r			
services rendered to the organization? If "Yes,	" complete	Sched	lule	J fo	r su	ich pe	rsoi	n			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest	compensa	ted u	nder	nen	den	t con	trac	ctors that receive	d more than	\$100	000	of	
compensation from the organization	00pon.oa		,					otoro triat rocorro	a more man		,,,,,,,	٠.	
							т.		<u> </u>			-	
(A)	leana							(B)		٠.	(C)	ol:on	
Name and business add	ress						- -	Description of se	rvices		ompens	auon	
									-				
							+						
							\dashv						
O Tatal combon of colors of the colors of th					٠			hadaad ahaan X					
2 Total number of independent contractors (i				nite	a t	_	se l	listed above) who	received				
more than \$100,000 in compensation from the	ie organiza	uon	<u> </u>			0							

$\overline{}$	t VIII			48-0879502							
		The state of the s		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f	872,214		-						
ဒီ င်	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		872,214							
9			Business Code								
Program Service Revenue	2a b c d	All other programmers and programmers									
ō	g	All other program service revenue Total. Add lines 2a-2f		0	,		1				
	3 4 5	Investment income (including dividends, in other similar amounts). ATTACHMEN Income from investment of tax-exempt bon Royalties	terest, and T 3	1,210. 0			1,210				
	6a b	Gross Rents	(II) Personal	4		*					
	c	Rental income or (loss) L									
	d	Net rental income or (loss) (i) Securities		0							
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	25	, ** -			,				
	С	Gain or (loss)	25				 				
	d	Net gain or (loss)		25			25				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18									
ŧ	b	Less direct expenses	b 32,936	-10,323		· · · · · · · · · · · · · · · · · · ·	-10,323				
0	9a	Gross income from gaming activities See Part IV, line 19		-10,323			-10,323				
	ь	Less direct expenses									
	C	Net income or (loss) from gaming activities	_. ▶	0							
	1	Gross sales of inventory, less returns and allowances									
		Less cost of goods sold									
		Miscellaneous Revenue	Business Code			-					
	11a	OTHER INCOME		7,039			7,039				
	ь										
	С	-									
	d	All other revenue									
	е	Total. Add lines 11a-11d		•							
	12	Total Revenue. See instructions	<u> </u>	870,165		0	-2,049				

Part IX Statement of Functional Expenses

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

	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	59,787.	59,787.		
2	Grants and other assistance to individuals in	· ·			
•	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				•
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.1			
_					
5	Compensation of current officers, directors,	126,548.	126,548.		
	trustees, and key employees	120,540.	120, 340.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.	200 1714	10.200	
'	Other salaries and wages	221,483.	202,174.	19,309.	
	Pension plan contributions (include section 401(k)	_ [
	and section 403(b) employer contributions)	0.			
	Other employee benefits	35,536.	31,754.	3,782.	
)	Payroll taxes	33,275.	31,546.	1,729.	
	Fees for services (non-employees)	\top			
а	Management	0.			
	Legal	4,316.		4,316.	
	Accounting	27,825.		27,825.	
	Lobbying	17,592.		17,592.	
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
		57,081.	43,081.	14,000.	
	Other	0.	,		
2	• '	113,232.	106,045.	7,187.	
3	Office expenses	0.	100,040.	.,10,.	
4	Information technology	0.			
5	Royalties	33,297.	19,454.	13,843.	
6	Occupancy	27,673.	22,013.	5,660.	
7	Travel	21,013.	22,013.	3,000.	
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	16 050	1 500	
9	Conferences, conventions, and meetings	18,412.	16,852.	1,560.	
0	Interest	0.			
1	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	7,081.	4,528.	2,553.	
3	Insurance	5,327.		5,327.	
ļ	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		ļ		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	INDIRECT EXPENSES	27,274.	27,274.		
_	DUES	6,605.	1,118.	5,487.	
_	HOSPITALITY	2,417.	·	2,417.	
				, ,	
d	Ī				
e ,	All other comments			· ·	
	All other expenses	824,761.	692,174.	132,587.	
	Total functional expenses Add lines 1 through 24f	024,/01.	072,1/4.	132,307.	
6	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				

Par	t X	Balance Sheet			
		,	(A) Beginning of year		(B) End of year
	. 1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	209,208.	2	256,920.
	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		1	
1		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	.	6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	417.	9	157.
1	10a	Land, buildings, and equipment: cost or 10a 43,249			
		other basis Complete Part VI of Schedule D	7		
	b	Less accumulated depreciation	. 10,949.	10c	7,209.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
- 1	13	Investments - program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
- 1	15	Other assets See Part IV, line 11		15	892.
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	000 001	16	265,178.
\rightarrow	17	Accounts payable and accrued expenses			1,765.
1	18	Grants payable		18	
	19	Deferred revenue	•	19	50,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ا ت	22	Payables to current and former officers, directors, trustees, key			
ig		employees, highest compensated employees, and disqualified			
23		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	•
i	25	Other liabilities Complete Part X of Schedule D		25	
- 1	26	Total liabilities. Add lines 17 through 25	2,567.		51,765.
		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
اڇ	27	Unrestricted net assets	27,453.	27	48,208.
33	28	Temporarily restricted net assets		28	165,205.
9	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ış l	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances		33	213,413.
	34	Total liabilities and net assets/fund balances		34	265,178.

Form **990** (2009)

Pa	art XI Financial Statements and Reporting		_	
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		1
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		İ	ŀ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		ŀ	
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		1	
	Separate basis X 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?	3a	ļ	X
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		<u> </u>
		-	$\alpha \alpha \alpha$	

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 48-0879502

		OK CHILDKE					l		40-00	19302
Part I			y Status (All organi						tions.	
The orga	anızation ıs no	t a private found	ation because it is (F	or lines 1 tl	nrough 11,	check onl	y one box	:)		
1	A church, co	invention of chur	ches, or association of	of churches	described	ın sectior	170(b)(1)(A)(i).		
2	A school de	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Schedi	ıle E)					
3	A hospital of	r a cooperative h	ospital service organi	zation desc	ribed in se d	ction 170	(b)(1)(A)(iii).		
4	A medical r	esearch organiz	ation operated in coi	njunction w	ith a hosp	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
L	hospital's na	me, city, and sta	te:							
5			r the benefit of a coll	ege or uni	versity owi	ned or or	perated b	y a gove	rnmental	unit described in
	-	(b)(1)(A)(iv). (Co		J	•	,		, ,		
6			ernment or governme	ntal unit de	scribed in s	ection 17	70(b)(1)(<i>A</i>	A)(v).		
7 X			ly receives a substant						or from t	he general public
ـــــا	•		1)(A)(vi). (Complete P				,			,
8			I in section 170(b)(1)(nniete Part	: 11.3				
9 -		•	ly receives (1) more t				n contrib	utions m	embersh	in fees, and gross
J			ed to its exempt fund							
			nent income and unr							
			after June 30, 1975						011 (011)	
10		•	nd operated exclusive							
11	-	_	and operated exclusi						ns of or	to carry out the
''		•	ublicly supported orga	-		-				
			at describes the type o							
	<u>, , , , , , , , , , , , , , , , , , , </u>	_	Type II c	<u> </u>	e III - Func		-	iiiles i ie		pe III - Other
	a Typ		rype ii rtify that the organiz			-	-	ractly by		•
е [, ,	•	on managers and oth							
	•			ei thail on	s or more	publicity s	supported	organiza	ations de	Scribed iii Scotion
		section 509(a)(2	a written determina	tion from t	ha IDC tha	status o	TunalT	ivo II ou	r Type III	supporting
f	_			tion monit t	HE INS THE	шиза	Type I, I	ype II, U	ı ıype iii	Supporting
	•	n, check this box				 hutuan fea	 			
g	•		the organization acce	pted any g	iit or contri	bullon iro	in any or	me		
	following pe			-461-		المستناهم	.		/\	Yes No
	• • •	_	or indirectly controls			ether with	n person	s descrit	bea in (ii)	
			erning body of the supp		inization /					11g(ı)
	• •	•	erson described in (i) a							11g(ii)
_		-	of a person described		•					11g(ni)
<u>h</u>			ation about the suppo			1				
(i) Nam	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the c			ou notify	. ,	s the tion in col	(vii) Amount of support
013	garnization		above or IRC section	governing		col (i)	of your	(i) organı	zed in the	
			(see instructions))			<u> </u>	oort?		S?	
		<u> </u>		Yes	No	Yes	No	Yes	No	
							1			
	 					ļ		Ì		
	_									
								}		
				ļ <u>.</u>			<u> </u>	ļ	ļ	
						ļ				
Total	_									

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Schedule A (Form 990 or 990-EZ) 2009

Page 2

Par	Support Schedule for Org (Complete only if you check	ganizations D ced the box or	escribed in Soline 5, 7, or 8	ections 170(of Part I.)	b)(1)(A)(iv) aı	nd 170(b)(1)(A)(vi)
Sect	tion A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	504,635	540,046.	226,817	674,069	789,278	2,734,845
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			-			
4	Total. Add lines 1 through 3	504,635	540,046			789,278	2,734,845
5	The portion of total contributions by each	10人である 10日本日			A pix mass. To	- *	
	person (other than a governmental unit or	, i	3 2 30 W 14 2 71	wa otoka ji k		7. 7	
	publicly supported organization) included	, i , i , i , i , i , i , i , i , i , i	~ ~ ~ ~ ~ ~ ~ . , ,	1000 X 25	1 d a	-478 Lagrand	
	on line 1 that exceeds 2% of the amount	**;	,	**************************************	,		
	shown on line 11, column (f)			ξι' ¹ 5 ,	,	·	1,143,903
6	Public support. Subtract line 5 from line 4.	£ ->		ş-		,	1,590,942
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	504,635	540,046	226,817	674,069	789,278	2,734,845
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,957	8,803	5,961	1,865	1,210	27,796
	sources	3,33.	0,003	3,301	1,003	1,210	27,750
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1				14,780	7,064	21,844
11	Total support. Add lines 7 through 10			1.00		<u>k</u> • # ⁶	2,784,485
12	Gross receipts from related activities, etc. (s					12	2,734,845
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	. <u> </u>				
Sec	tion C. Computation of Public Sup	•				T T	
14	Public support percentage for 2009 (li						57.14%
15	Public support percentage from 2008						69.31%
16a	331/3% support test - 2009. If the o	•					
	this box and stop here. The organization						
b	331/3% support test - 2008. If the	•					
	check this box and stop here. The org			_			
17a	10%-facts-and-circumstances test - 2	-					
	or more, and if the organization mets	the "facts-and-o	circumstances" t	est The organi	ızatıon qualıfıes	as a publicly su	pported
	organization						
b	10%-facts-and-circumstances test -		•				
	15 is 10% or more, and if the org						-
	Explain in Part IV how the organization				•	•	
	supported organization						
18	Private foundation. If the organization instructions			•			
					5	Schedule A (Form 99	00 or 990-EZ) 2009

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.)

	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				!		
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
	Gross receipts from activities that are not an	<u>-</u>					
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
	The value of services or facilities						
•	furnished by a governmental unit to the						
	, ,						
	organization without charge						<u>.</u>
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
ь	received from disqualified persons 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					ļ	
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)				<u> </u>		
ect	ion B. Total Support		_		-		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				,		
	Add lines 10a and 10b			†			
	Net income from unrelated business	···					
1	activities not included in line 10b,						
	whether or not the business is regularly		1				
	carried on		1				
2	Other income Do not include gain or						
	loss from the sale of capital assets				;		
	(Explain in Part IV)					+	
3	Total support. (Add lines 9, 10c, 11,						1
	and 12)					<u></u>	<u> </u>
4	First five years. If the Form 990 is for	the organization	on's first, second	, third, fourth, o	r fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here				<u> </u>		<u></u>
ect	tion C. Computation of Public Sup						
5	Public support percentage for 2009 (line 8	, column (f) divid	ied by line 13, colu	mn (f))		15	
6	Public support percentage from 2008 Sche	edule A, Part III, I	ne 15			16	·
ect	tion D. Computation of Investmen	nt Income Pe	rcentage		•		
7	Investment income percentage for 2009 (li			13, column (f))		17	
8	Investment income percentage from 2008						
	33 1/3% support tests - 2009. If the o						and line
Ja							_
	17 is not more than 33 1/3%, check to 33 1/3% support tests - 2008. If the org						
L		anizadon did No	л спеска вохоп	ime 14 or line 1	raa, and line 16	is more than 331/	376, and
Ь					G		.makee = 🕨
ь	line 18 is not more than 331/3%, check Private foundation. If the organization	this box and		=	-		

Page 4

Part IV	Supplemental Information.	Complete this part to	provide the explanation	required by Part II, line 10;
	Part II, line 17a or 17b; or Pa	rt III, line 12. Provide a	ny other additional informa	ation. See instructions

•				<u> 7</u>	ATTACHMENT 1	
SCHEDULE A, PART II - OTHER I	NCOME			_		
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER, INCOME				14,780.	7,064.	21,844
TOTALS				14,780	7,064	21,844

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► 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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6)	organizations. Complete Part III			
Na	me of organization			Employer identi	fication number
	ISAS ACTION FOR CH				79502
Pa	t I-A Complete if the	organization is exempt under	section 501(c) o	r is a section 527 orgar	nization.
1	Provide a description of the	he organization's direct and indirect	political campaign	activities in Part IV	
2	Political expenditures .			▶ \$	
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
Pai	t I-B Complete if the	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any	excise tax incurred by the organizati	ion under section 49	955 ▶ \$	
2		excise tax incurred by organization i			
3		ed a section 4955 tax, did it file Form	n 4720 for this year	?	Yes No
4a	Was a correction made?	,			Yes No
b	If "Yes," describe in Part IV				,
		e organization is exempt under			<u>}. </u>
1	-	expended by the filing organization			
2		ling organization's funds contributed			
2		vities	•		
3		spenditures. Add lines 1 and 2 En		<u></u>	
•	•				
4		file Form 1120-POL for this year?			Yes No
5		es and employer identification number			
		ganization listed, enter the amount			
	political contributions rec	eived that were promptly and direc	ctly delivered to a s	eparate political organiza	tion, such as a separate
	segregated fund or a polit	ical action committee (PAC) If addit	tional space is need	ed, provide information in	Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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Schedule C (Form 990 or 990-EZ) 2009

Sch	edule C (Form 990 or 990-EZ) 2009	48-08	879502	Page 2
Pa	ort II-A Complete if the organizati under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion
		belongs to an affiliated group. checked box A and "limited control" provisi	ons apply.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	2,710.	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	17,047.	· -
С	Total lobbying expenditures (add lines 1	a and 1b)	19,757.	
d				
е		d lines 1c and 1d)	844,518.	
f	Lobbying nontaxable amount. Enter the columns		151,678.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	37,920.	, , ,
h		ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le		- 1	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

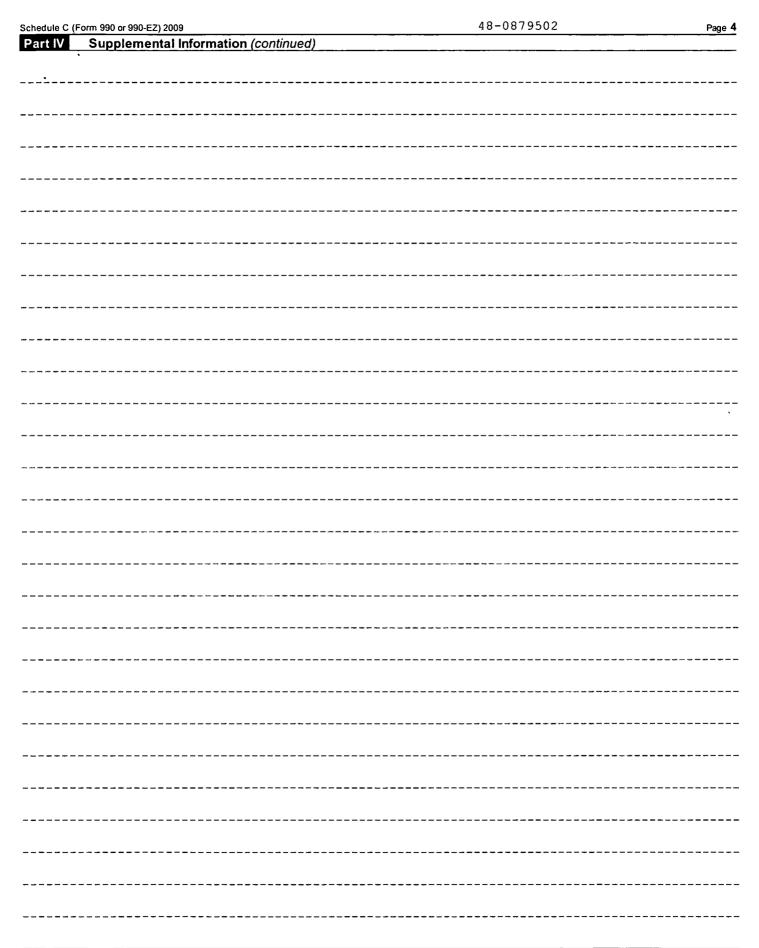
If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total						
2 a Lobbying non-taxable amount	92,762.	235,182.	108,391.	151,678.	588,013.						
b Lobbying ceiling amount (150% of line 2a, column (e))					882,020.						
c Total lobbying expenditures	14,265.	62,529.	18,436.	19,757.	114,987.						
d Grassroots nontaxable amount	23,191.	58,796.	27,098.	37,920.	147,005.						
e Grassroots ceiling amount (150% of line 2d, column (e))					220,508.						
f Grassroots lobbying expenditures	141.	53,869.	1,699.	2,710.	58,419.						

Schedule C (Form 990 or 990-EZ) 2009

Yes

	(election under section 501(h)).	(a)		(1		
		Yes	No			ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?						
f	Grants to other organizations for lobbying purposes.						
g	Elicot contact with logiciators, their stance, government circulate, or a logiciative body						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities? If "Yes," describe in Part IV						
j	Total Add lines 1c through 1i						
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
۲ C	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
d Para	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ectio	<u> </u>		_
- aı	501(c)(6).	(0)(0)	, OI 8	ecuo	'''		
						Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?				1		_
							_
	Did the organization agree to carryover lobbying and political expenditures from the prior year?						
rar	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p		al				
	expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c	_		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
,	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyıı	ng	,			
} }				4			
				_			
;	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	 	 	5			
; Par	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			5 d Part	ILR	lino 1	
i Par	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **Total Composition** **			5 d Part	II-B,	line 1	i
Par Com	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	, line	5, an		i I⊦B,	line 1	i
; Par	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information	, line	5, an		II-B,	line 1	i
s Par Com	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information	, line	5, an				i
s Par Com	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	, line	5, an				i
Com	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	, line	5, an				
5 Par	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information	, line	5, an				
s Par Com	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information	, line	5, an				
s Par Com	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information	, line	5, an				



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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. Name of the organization

Open to Public Inspection Employer identification number

	ISAS ACTION FOR CHILDREN, INC.	48-0879502
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds the organization answered "Yes" to Form 990, Part IV, line 6.	or Accounts. Complete if
	(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?	1 1 1
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu used only for charitable purposes and not for the benefit of the donor or donor advisor, or	inds can be
	purpose conferring impermissible private benefit?	
Pai	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	n of an historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year	in the form of a conservation
	,	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	1 1
c	Number of conservation easements on a certified historic structure included in (a)	1 1
d	Number of conservation easements included in (c) acquired after 8/17/06	1 1
3	Number of conservation easements modified, transferred, released, extinguished, or term	
_	the tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e	
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem \$	nents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	Yes . No
9	In Part XIV, describe how the organization reports conservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	ncial statements that describes
	the organization's accounting for conservation easements	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes these	esearch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue stall historical treasures, or other similar assets held for public exhibition, education, or reprovide 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	
	following amounts required to be reported under SFAS 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	> \$
For	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2009

Par	Ⅲ Organizations Maintaini	ng Collection	s of Art, His	torical	Treasure	s, or (Other Similar A	ssets (d	continued)	
3	Using the organization's acquisition	accession an	d other recor	ds che	ck any of ti	he follo	owing that are a	sionificar	it use of its	
	collection items (check all that app		0 011101 10001	40, 00	on any or a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ownig mar are a	0191111001		
а.	Public exhibition	.37	d l		Loan or ex	chang	e programs			
b	Scholarly research		e		Other	.oag	o programo			
	Preservation for future ge	norations	١		—					
C 4	Provide a description of the organi		ne and evola	un how	they further	r tha a	raanization's eve	mnt nur	noca in	
4		zadon s conecuc	nis and expir	IIII IIOW	iney further	i lile U	rganization's exe	mpt pur	pose III	
_	Part XIV.			64	L					
5	During the year, did the organization							_	٦., ٢	¬
_	assets to be sold to raise funds rat									No
Par	t IV Escrow and Custodial A IV, line 9, or reported an					n ansv	vered "Yes" to I	-orm 99	Part	
1a	Is the organization an agent, truste	e. custodian or	other interme	ediary fo	or contribut	ions oi	r other assets no	t		
	included on Form 990, Part X?			-				_	Yes	No
b	If "Yes," explain the arrangement in									
	ii 100, explain the arrangement ii	are zero and o	omplete the		g (ab.o		Α.	mount		
С	Beginning balance					10		mount		
	Additions during the year						•			
	Distributions during the year					\vdash				
e	Ending balance					-				
20	Did the organization include an am								Yes	No
			90, Part A, II	ne z i r	• • • • • •			[res _	NO
	If "Yes," explain the arrangement in				13/ 11 A - F		00 Dt IV I	40		
Par	t V Endowment Funds. Con		1	_					4.3.5	
4.	De susana af conse balance	(a) Current Year	(b) Prio	r year	(c) Two ye	ears bac	k (d) Three yea	ers back	(e) Four yea	rs back
_	Beginning of year balance								<u> </u>	
b	Contributions									
С	Net investment earnings, gains,								ĺ	
	and losses									
d	Grants or scholarships									
е	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.					-	
а	Board designated or quasi-endowr	ment >	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in	the possession	of the organ	nization	that are he	ld and	administered for	the		
	organization by	·	· ·						Yes	s No
	(i) unrelated organizations	<i></i>					. <i></i>		3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related org								3b	┪──
4	Describe in Part XIV the intended in	-	•						L	
Par	t VI Investments - Land, Bui	<u>_</u>				art X 1	ine 10	-		
rai								,		
	Description of investment		Cost or other basi (investment)	s (1	o) Cost or othe basis (other)	er	(c) Accumulated depreciation	(d) Book value	
1.5	Land				- ()					
1a				-						
b	Buildings	-								
	Leasehold improvements	 		-	43 0	140	36 040			200
d	Equipment				43,2	2491	36,040	·		209.
e	Other						-,,			
Tota	I. Add lines 1a through 1e (Column	n (a) must equal	rorm 990, P	art X, cc	numn (B), lii	ne 10 <u>(</u>	<i>c).).</i> ⊳			209.

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on et value
Financial d	erivatives			
	ld equity interests			
		la contraction of the contractio		
			•	
		<u> </u>		
	nn (b) must equal Form 990, Part X, col (B) line 12)	1 -		
Part VIII	Investments - Program Related. See	Form 990, Part X, Iir	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on et value
 				
		ļ		
	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X,	line 15.		
	(a) Description		(b) Book value
				<u> </u>
	<u> </u>			
			1	
	nn (b) must equal Form 990, Part X, col (B) line 15)		<u></u> ▶	
Part X	Other Liabilities. See Form 990, Part		<u></u>	
<u>1.</u>	(a) Description of liability	(b) Amount	_	
Federal in	come taxes		4	
			4	
			_	
			_	
			_	
		<u> </u>	4	
			_	
			_	
			_	
			_	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	• I		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

48-0879502

Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 870,165. Total revenue (Form 990, Part VIII, column (A), line 12) 824,761. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 45,404. 3. Excess or (deficit) for the year Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 6 6 7 -50,000. Other (Describe in Part XIV) 8 8 -50,000. 9 -4,59610 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 853,100. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Other (Describe in Part XIV.) d 2e 3 853,100. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.) 17,065. c Add lines 4a and 4b 4 c 870,165. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 857,696. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2a 2b Other losses 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 857,696. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) -32,935.c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). . . . 824,761. 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 SEE PAGE 5

Part XIV Supplemental Information (continued)

DEFERRED REVENUE EXPLANATION

FORM 990, SCHEDULE D, PART XI & XII

THE FORM 990 IS COMPLETED ON A CASH BASIS. THE AUDITED FINANCIAL STATEMENTS INCLUDE \$50,000 IN DEFERRED REVENUE THAT IS NOT INCLUDED IN REVENUE. THE DEFERRED REVENUE IS RECORDED AS REVENUE ON THE FORM 990. FUNDRAISING EXPENSES ARE RECORDED WITH REVENUES ON THE RETURN.

REVENUE ON RETURN, NOT IN AUDITED FINANCIAL STATEMENTS:

GRANT REVENUE - \$50,000

FUNDRAISING EXPENSES - (\$32,935)

TOTAL TO PART XII, LINE 4B - \$17,065

EXPENSES ON AUDITED FINANCIAL STATEMENTS, NOT ON RETURN:

FUNDRAISING EXPENSES - \$32,935

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ. See separate Instructions

Department of the Treasury Internal Revenue Service

	ONID NO 1345-0047
	2009
	Open To Public
	Inspection
at	ion number

•	SAS ACTION FOR	CHILDREN.	INC.				48-087950	
Part	Fundraising /	Activities. Co	mplete if the orga			"Yes" to Form 9		
1	Form 990-E2 Indicate whether the		required to complised funds through	any of the	following a			
а	Mail solicitations	;	е			non-government g		
b	Internet and ema	ail solicitations	f	Solid	itation of g	government grant	S	
С	Phone solicitatio	ns	g	Spec	cial fundrai	ising events		
ď	In-person solicità	ations	•			· ·		
	Did the organization		or oral agraement	with any inc	tividual (in	cluding officers of	tiractore truetage	
2a	or key employees lis	ted in Form 99	0, Part VII) or entity	y in connec	tion with p	rofessional fundra	aising services?	Yes No
b	If "Yes," list the ten h to be compensated a	ighest paid ind at least \$5,000	ividuals or entities by the organization	(fundraiser i	s) pursuar	nt to agreements	under which the fun	draiser is
	(i) Name of individe or entity (fundraise		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			 	Yes	No		col (i)	
	· · · · · · · · · · · · · · · · · · ·			1				
			_	_				
		· · · · · · · · · · · · · · · · · · ·						
		****	<u> </u>					
Total								
	<u> </u>					l		1
	ist all states in whic egistration or licensing	-	ation is registered	or license	d to solic	at funds or has	been notified it is	s exempt from
				· 	- -			
					 -			
					 _		_	
				·				

Pa	rti	Fundraising Events. Complemore than \$15,000 on Forn	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to F	orm 990, Part IV, lin	e 18, or re \$5,000.	ported
			(a) Event #1 30TH ANNIVERSAR (event type)	(b) Event #2	(c) Other Events 0 (total number)	(add col. (al events (a) through (c))
Revenue	1 2	Gross receipts	22,613.				22,613
	3	contributions					22,613
	4	Cash prizes					
"	5	Noncash prizes					
seuses	6	Rent/facility costs	11,696.				11,696
Direct Expenses	7	Food and beverages					
۵		Entertainment					21 24/
		Other direct expenses			1		21,240
Pa	11	Net income summary. Add lines 4 Net income summary. Combine line Gaming. Complete if the org than \$15,000 on Form 990-	3, column (d), and line 10 ganization answered "	0	>		32,936. -10,323
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		amıng (add ough col. (c))
Rev	1	Gross revenue					
ses	2	Cash prizes				-	
Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses	Yes %	Yes %	Yes%	•	
	6	Volunteer labor	No	No	No		
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		(
	8	Net gaming income summary. Comb	one line 1, column d, and	t line 7	<u></u> ▶		
9	a Is	inter the state(s) in which the organiza s the organization licensed to operate of "No," explain	tion operates gaming act gaming activities in each	tivities of these states?		9a	Yes No
				ended or terminated duri	ng the tax year?	10a	
11		ooes the organization operate gaming				11	
12		s the organization a grantor, beneficiar ormed to administer charitable gaming				12	

Sched	ule G (Form 990 or 990-EZ) 2009	48-0879502		1	Page 3
-				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a	%		
þ.	An outside facility		%		
14	Enter the name and address of the person who prepares the organizatio		3		
	and records:		-		
	Name	_	_		
	Address •	•			
			-		
15 a	Does the organization have a contract with a third party from whom the	he organization receives gaming	3	İ	
	revenue?	-			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$				
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				İ
			1		
	Name ►				
			-		
	Address ►				
			_		
16	Gaming manager information				1
	Name •		_		
				1	
	Gaming manager compensation ▶ \$				
	Description of services provided ▶		_		
	Director/officer Employee Independent con	ntractor			
17	Mandatory distributions				-
а	is the organization required under state law to make charitable distribution	ons from the gaming proceeds to	ა		
	retain the state gaming license?			<u> </u>	<u> </u>
b	Enter the amount of distributions required under state law to be distribute	ed to other exempt organizations	s		

Schedule G (Form 990 or 990-EZ) 2009

or spent in the organization's own exempt activities during the tax year > \$

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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4
0
0
• •
2
4
2
₹
ol
힑
윈
200
8 8 8
MB No
MB No
OMB No
OMB No
OMB No

2009

Open to Public Inspection

Department of the Treasury	J	Complete if the org	organization ▶	panization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Form 990, Part IV, 0.	line 21 or 22.		Open to Public Inspection
Name of the organization							Employer identification number	on number
KANSAS ACTION FOR	CHILDREN,	INC.					48-0879502	
Part General Inform	General Information on Grants and Assistance	and Assistar	eol					
1 Does the organization maintain records to substantiate the	n maintain records t	o substantiate		amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, the grantees' e	sligibility for the grants		[
the selection criteria used to award the grants or assistance?	used to award the g	rants or assista	nce?					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ne organization's pro	ocedures for m	onitoring the u	se of grant funds in th	ne United States			
Part Grants and O	Grants and Other Assistance to Governments	to Governme		nizations in the Ur	nited States. Comp	olete if the organiza	and Organizations in the United States. Complete if the organization answered "Yes" to	is" to
Form 990, Pa Part IV and Sc	Form 990, Part IV, line 21, for any recipient that received more Part IV and Schedule I-1 (Form 990) if additional space is needed	any recipient 990) if additio	that received	d more than \$5,000	than \$5,000 Check this box if	no one recipient re	t received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use space is needed	\$5,000. Use
1 (a) Name and address of organization or government	of organization lent	(a)	(c) IRC section if applicable		(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KS ASSN FOR MEDICALLY UNDERSERVED 1129 S KANSAS AVE STE B TOPEKA, KS 66612	DERSERVED TOPEKA, KS 66612	48-1110925	501(C)(3)	29,787				DENTAL PRACTITIONER
KS HEALTH CONSUMER COALITION 534 S KANSAS AVE STE 1220 TO	TH CONSUMER COALITION KANSAS AVE STE 1220 TOPEKA, KS 66603	73-1733371	501(C)(3)	25,000				DENTAL PRACTITIONER
	section 501(c)(3) a	ind governmen	t organizations					2
3 Enter total number of other organizations	f other organizations			200			•	0000 1000
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	erwork Keduction A	Act Notice, see	the instruction	INS TOT FORM YOU.			OCHE	Schedule I (Form 990) 2009

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Schedule I (i	Schedule I (Form 990) 2009			48-0879502		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in th 990) if additior	ie United States	s. Complete if the ded.	organization answered	the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ional space is needed.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part		provide the inf	to provide the information required in Part I, line	2	and any other additional information.
PROCEDURES	FOR MONITORING USE OF	GRANT FUNDS				
FORM 9	990, SCHEDULE I, PART I LINE	2				
THE GRA	SES AWARDED ARE CLOS	1	WITH THE ORGE	ORGANIZATION'S W	WORK	
FOR THE	E SPECIFIC PROJECTS FOR WHICH THEY RECEIVE	CH THEY REC	EIVE FUNDING	WHEN	REPORTS	
ARE MADE	DE TO THE FUNDERS, DOCUMENTATION	IS	REQUESTED FROM	OM THE GRANTEES	ES	
REGARDING	ING THEIR ACTIVITIES AND EXPENSES TO		CONFIRM THEY	HAVE COMPLIED	ED	
WITH TH	THE REQUIREMENTS OF THE GRANTS, HAVE	- 1	FULLY EXPENDED	ED THE FUNDS		
ACCORD.	ACCORDING TO BUDGETS SUBMITTED AND	AND HAVE ACCC	ACCOMPLISHED TH	THEIR GRANT		
OUTCOMES	ES.		! ! ! ! ! !	 		
i 		 				

Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

KANSAS ACTION FOR CHILDREN,			 						9502			
Part I Excess Benefit Transacations Complete if the organization answ	sectio) ered "Y	n 501(c _. 'es" on)(3) and sect Form 990, Pa	ion 501(c) art IV, line	(4) organiza : 25a or 25b,	ations only) , or Form 9	90-EZ	, Part	V, line	40b		
1 (a) Name of disqualified person				(b) Description	of transaction	on.				(c) Con	rected?
										Yes	No	
										_		
						· · · · · · · · · · · · · · · · · · ·			_			
 Enter the amount of tax imposed on under section 4958 Enter the amount of tax, if any, on line)	 >\$_ >\$_			
Part II Loans to and/or From Interest Complete if the organization and				Part IV, lır	ne 26, or For	m 990-EZ,	Part \	/, line	38a	-		
(a) Name of interested person and purpose		to or from	(c) Orig principal a		(d) Bala	nce due	(e) in (default?	(f) App by bo comm	ard or	(g) W agreer	
	То	From	-				Yes	No	Yes	No	Yes	No
							-					
							ļ					
							-					
Part III Grants or Assistance Benef Complete if the organization ans	itting l	nterest	ed Persons		e 27		j		<u> </u>			
(a) Name of interested person	1		nip between int organizat	erested per		(c)	Amoun	t and t	ype of	assist	ance	
	ļ										_	
									_			
	-											
Part IV Business Transactions Invo					ne 28a, 28b,	or 28c						
(a) Name of interested person	(b) F	Relations ested pe organi	hip between rson and the zation		mount of saction	(d) Des	or 28c (d) Description of transaction			on	organi	anng of zation's iues?
	-										Yes	No
	-				<u>-</u>	 						
	 					<u></u>						

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Inspection

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.

Employer identification number

48-0879502

ATTACHMENT 2

Name of the organization

KANSAS ACTION FOR CHILDREN, INC.

MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, QUESTION 6

THE DIRECTORS OF THE GROUP CONSTITUTE ITS MEMBERS. THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZATION.

REVIEW OF 990 PRIOR TO FILING

FORM 990, PART VI, SECTION B, QUESTION 11

COPIES OF THE 990 ARE SUBMITTED VIA EMAIL TO EACH MEMBER OF THE GOVERNING BODY FOR REVIEW PRIOR TO ITS FILING. THE EXECUTIVE DIRECTOR REVIEWS THE 990 PRIOR TO FILING. THE 990 IS PREPARED BY AN OUTSIDE CPA FIRM.

ENFORCEMENT OF CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 12C

EACH STAFF AND BOARD MEMBER MUST ANNUALLY ACKNOWLEDGE UNDERSTANDING OF THE CODE OF CONDUCT AND AGREE NOT TO PARTICIPATE IN ANY SELECTION OR AWARD IF THERE IS A CONFLICT OF INTERST. COPIES OF SIGNED AGREEMENTS ARE KEPT ON FILE.

COMPENSATION OF TOP OFFICIAL

FORM 990, PART VI, SECTION B, QUESTION 15A

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF THE PRESIDENT AND CEO

COMPENSATION PROCESS FOR OFFICERS

Name of the organization

KANSAS ACTION FOR CHILDREN, INC.

Employer identification number 48-0879502

ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, SECTION B, QUESTION 15B

EACH EMPLOYEE'S SALARY IS REVIEWED AND APPROVED BY ONE OR MORE
.
INDEPENDENT PERSONS EACH YEAR.

ADD'L PROGRAM SERVICES

FORM 990, PART III, LINE 4D

THE MID-LEVEL DENTAL PRACTITIONER PROJECT WILL IMPROVE ACCESS TO DENTAL CARE THROUGH WORKFORCE INNOVATION. WORK THROUGH THIS PROJECT INCLUDES REVIEW OF MIDLEVEL DENTAL PROVIDER MODELS IN OTHER STATES AND AROUND THE WORLD. ACTIVITY TO SUPPORT ADOPTION OF AN EFFECTIVE DENTAL MIDLEVEL MODEL IN KANSAS INCLUDES OUTREACH, STRATEGIC COMMUNICATIONS STRATEGIES AND CONVENING STAKEHOLDERS. THE LONG-TERM GOAL IS TO IMPROVE ACCESS TO AFFORDABLE, HIGH-QUALITY ORAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES.

EXPENSES - \$92,035 INCLUDING GRANTS OF \$54,787

OTHER ACHIEVEMENTS INCLUDE THE EDUCATION OF POLICYMAKERS AND CONSTITUENTS
ON CHILD WELL-BEING, DEVELOPING STATE-LEVEL POLICY THAT BENEFITS CHILDREN
AND FAMILIES AND BUILDING THE BASE OF CITIZENS ACROSS THE STATE WHO SPEAK
OUT ON THEIR BEHALF.

EXPENSES - \$195,444 INCLUDING GRANTS OF \$5,000

STATEMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization
KANSAS ACTION FOR CHILDREN, INC.

Employer identification number 48-0879502

ATTACHMENT 2 (CONT'D)

PQLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

BUSINESS TRANSACTIONS

FORM 990, SCHEDULE L, PART IV

THERE IS A BUSINESS TRANSACTION WITH AN INTERESTED PARTY HOWEVER THE

TRANSACTION AMOUNTS ARE BELOW THE REPORTING THRESHOLD SO THERE IS NOTHING

LISTED ON PART IV OF SCHEDULE L.

SALARY INFORMATION

FORM 990, PART IX, LINES 5 & 7

KANSAS ACTION FOR CHILDREN IS SUPPORTED BY VOICES FOR CHILDREN FOUNDATION. THE ORGANIZATIONS SHARE EMPLOYEES AND ALLOCATE SALARIES ACCORDINGLY BETWEEN THE TWO ORGANIZATIONS. VOICES FOR CHILDREN FOUNDATION DOES NOT HAVE ANY EMPLOYEES THAT RECEIVE W-2S, HOWEVER, SALARIES ARE ALLOCATED TO THAT FOUNDATION FROM KANSAS ACTION FOR CHILDREN.

FORM 990, PART VIII - INVESTMENT	INCOME		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	1,210			1,210
TOTALS	1,210			1,210

Schedule O (Form 990) 2009			Page 2			
Name of the organization KANSAS ACTION FOR CHILDREN, INC.	Employer identification number 48-0879502					
	ATTACHMENT					
FORM 990, PART VIII - FUNDRA	ISING EVENTS	-				
	GROSS	DIRECT	NET			
DESCRIPTION	INCOME	EXPENSES	INCOME			
30TH ANN. & EARLY LEARNING DAY	22,613.	32,936.	-10,323.			
TOTALS	22,613.	32,936.	-10,323.			
•		ATTACHMENT	5			
FORM 990, PART X - PREPAID EXPENS	SES AND DEFERRED CHAI	RGES				
		ENC	ING			
DESCRIPTION	•	BOOK	VALUE			
PREPAID EXPENSES			157.			
TOTA		157.				
		ATTACHMENT	7 6			
FORM 990, PART X - DEFERRED	REVENUE	<u> </u>				
DESCRIPTION			OING VALUE			
DEFERRED REVENUE			50,000.			
TOTA	LS		50,000.			

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Department of the Treasury Internal Revenue Service

Name of the organization

KANSAS ACTION FOR CHILDREN, INC.

Related Organizations and Unrelated Partnerships

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Open to Public 2009

OMB No 1545-0047

Employer identification number 48-0879502

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ★ Attach to Form 990.

(f) Direct controlling entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicile (state or foreign country) (b)
Primary activity (a)Name, address, and EIN of disregarded entity Part 1

			(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it
			the organization answered "Yes" or
			Identification of Related Tax-Exempt Organizations (Complete if the

Part II	Identification of Related Tax-Exempt Organizations had one or more related tax-exempt organizations dur		e organization an)	(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because ing the tax year.)	Form 990, Part IV	/, line 34 becaus	e rt
	(e)		(q)	(0)	(p)	(e)	()
	Name, address, and EIN of related organization		Primary activity	Legal domicile (state	egal domicile (state Exempt Code section Public chanty status	Public chanty status	Direct controlling
	•			or foreign country)		(if section 501(c)(3))	entity
VOICES	VOICES FOR CHILDREN FOUNDATION, INC.	30-0093249					

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile (state Exempt Code section Public chanty status Direct controlling or foreign country) entity	Public chanty status (if section 501(c)(3))	Direct controlling entity
VOICES FOR CHILDREN FOUNDATION, INC. 30-0093249					
720 SW JACKSON TOPEKA, KS 66603	SUPPORT	KS	509(A)	11A	N/A
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PAGE 40

Schedule R (Form 990) 2009

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

Schedule R (Form 990) 2009

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

Š	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	ラ i
_	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?				- 1
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from		1 a		~
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5			9	\dagger	×
Φ	Loans or loan guarantees by other organization(s)		2	-	1
4			¥=	-	\rightarrow
-					۱×
D			77	t	12
4	Exchange of assets		=	\dagger	۶] ۶
-	Lease of facilities, equipment, or other assets to other organization(s)		=	\dashv	×١
					- 1
-	Lease of facilities, equipment, or other assets from other organization(s)	•	1)		×
. 4			1 k		×
: -			7	-	×
. 8			1	×	ŀ
Ξ ,		· · ·	7	×	1
_	Snaring of paid employees	•			1
(Domestic and to other properties for concentrations		10		X
2			10	×	1
ı		· · ·			
	Other transfer of each or present to other presentation(e)		10	-	\sim
<i>-</i>			-	-	×
~		transaction thre	esholds		1
	(a)		9		
	Name of other organization (a-1) (ppe (a-r)	Атоп	Amount involved	2	
3		 .			
(2)					
1					
(3)					
₹					
(9)	·				
(9)					
		Schodula	D (Earm	0001000	٤

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes
						:	
				:			
			-				
						Schedule R (Form 990) 2009	990) 2009 ו

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Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No 1545-1709

nternal Revenue Se	rvice			
	ing for an Automatic 3-Month Extension, complete only Part I and check this box			. X
 If you are fil 	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this e Part II unless you have already been granted an automatic 3-month extension on a previously file			
Part I Autor	natic 3-Month Extension of Time. Only submit original (no copies needed).			
	equired to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete		
Part I only			▶	. [
All other corpo time to file inco	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to re me tax returns.	equest	an extens	ion of
Electronic Filin	g (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic ex	tensio	n of time	to file
one of the ret	urns noted below (6 months for a corporation required to file Form 990-T). However, you cell (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL,	6060	or 8870	oooo
returns or a co	emposite or consolidated From 990-T. Instead, you must submit the fully completed and signed p	age 2	(Part II) of	f Form
8868 For more	e details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities &	Nonpr	ofits.	
Type or			fication nur	nber
print		08795		
Pi iii.	Number, street, and room or suite no. If a P O box, see instructions		, , , ,	
File by the due date for	720 SW JACKSON			
filing your		-		
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	TOPEKA, KS 66603			
Check type of	return to be filed (file a separate application for each return)			
X Form 990	Form 990-T (corporation) Form 4720			
Form 990-	BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227			
Form 990-	EZ Form 990-T (trust other than above) Form 6069			
Form 990-	PF Form 1041-A Form 8870			
	are in the care of ▶ SHANNON COTSORADIS			
If the organIf this is forfor the whole g	No ►	a list		· 🗀
	Is of all members the extension will cover,			
until	t an automatic 3-month (6 months for a corporation required to file Form 990-T $02/15$, 2011 , to file the exempt organization return for the organization named a ganization's return for calendar year or tax year beginning $07/01$, 2009 , and ending $06/3$		The exter	
2 If this tax	year is for less than 12 months, check reason Initial return Final return Chang	e in ac	counting p	eriod
•	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any dable credits. See instructions	3a	s	0.
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments			
•	clude any prior year overpayment allowed as a credit	3 b	s	0.
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit		1	
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See			
		-		0.
instructio		3c		
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8868, see Form	m 887	9-EO	
for payment in	structions			
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form	8868 (Rev	4-2009)
-				