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990-EZ

Department of the Treasury Internal Revenue Service

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Short Form **Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-1150

2009

Open to Public Inspection

А	For tr	ne 2009 calend	ar year,	or tax year beginning	January 1, 2010 ,	2009, and	enaing	Jui	ne Ju		, 20 10
В	Check ı	f applicable	Please	C Name of organization				D Employ	er ide	ntifica	ation number
	Addres	ss change	use IRS label or	Kansas City, Kansas School	ol Foundation for Excellence,	Inc.			48	-1092	!627
님		change	print or	Number and street (or P O box,	if mail is not delivered to street add	dress) Ro	om/suite	E Telepho	ne nu	mber	
H		tital return type See 625 Minnesota Avenue							913	-551-	-3200
Specific City or town, state or country, and ZIP + 4								1			
H	Amended return Instructions Kansas City, KS 66101 Number ▶										
=	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method										
	- 00	5011011 001101101		npleted Schedule A (Form 9			1	specify)		_	
_							 			aanız	ation is not
. ,	Wah	site: ▶ http:	//www.k	cksffe.org			I .			-	e B (Form 990,
					€ (insert no)	527	1 '	Z, or 990-			(
	Check) supporting organization and it			-		re tha	n \$25 000 A
~					organization chooses to file a						11 020,000. 71
$\overline{}$					if \$500,000 or more, file Form 99				\$		
	art	Revenu	e Exr	enses and Changes i	n Net Assets or Fund Ba	alances	(See the	instruct	ions	for I	Part I.)
				· · · · · · · · · · · · · · · · · · ·		<u> </u>	1000 1110	111011110	4		42949
	1			ts, grants, and similar amo				· -	2		
	2	_		revenue including governm	ient rees and contracts			· · -	3		
	3		•	s and assessments				·	4		148
	4					11					140
	5			m sale of assets other that		5a			4		
				er basis and sales expense		_5b	- \				
a					inventory (Subtract line 5b				5c		
2	6	•			of Schedule G). If any amount is fro	om gaming	, cneck nere		4		
Revenue				ot including \$		1 - 1		40.400	. 🎾		
ă	<u> </u>)		6a			ter:		
				nses other than fundraising		6b		41626	ا ــــــــــــــــــــــــــــــــــــ		
		c Net incom	e or (lo	ss) from special events and	d activities (Subtract line 6b	from line	e 6a) .	·	6c		1794
	7	a Gross sale	es of inv	ventory, less returns and al	lowances	7a			:		
		b Less cost	_			7b					
		c Gross pro	fit or (lo	ss) from sales of inventory	(Subtract line 7b from line	7a)			7c		
	8		•		- RES) -	8		
	9			dd lines 1, 2, 3, 4, 5c, 6c, 1		·	• •	•	9		44891
	10	Grants and	d sımıla	r amounts paid (attach sch	e benefits . 20	(E)		· ·	10		
	11	Benefits p	aid to d	or for members .	PEB A		. 7 · ·	—	11		
ď	ខ្ទ 12	•		empensation, and employe	e benefits	n: /8	ي)	· -	12		
Fynances	<u> </u>	Profession	nal fees	and other payments to inc	dependent contractors	77. / ŏ	//· ·	·	13		
Š	14	•	•	utilities, and maintenance	TO EAT	· [2]	/	·	14		
ü	· '`			ions, postage, and shippin				<u> </u>	15		
	16			describe Student Scho		~ 7		>	16		68452
_	17				<u> </u>	<u> </u>	<u> </u>		17		68452
4	₃ 18) for the year (Subtract line				.: -	18		(23561)
g	្គ 19			0 0	of year (from line 27, colun		•	· · ·			
۷	ĉ	end-ot-ye	ar tigur	e reported on prior year's r	return)			·	19		192148
Not Accote	20		-	net assets or fund balance	· · · · · · · · · · · · · · · · · · ·		•	· –	20		
	21	Net assets	s or fun	d balances at end of year.	Combine lines 18 through 2	<u> 20</u>	<u> </u>		21		168587
	Part	II Balanc	e She		25, column (B) are \$1,250,0	000 or mo					
				(See the instructions for	r Part II.)		(A) Beg	inning of y			(B) End of year
2	22	Cash, savings	s, and i	nvestments				192	2148		168587
2	23	Land and buil	ldıngs							23	
2	24	Other assets	(descril	oe ▶		····)			24	
2	25	Total assets						192	2148		168587
2		Total liabilitie)			26	
2	27	Net assets o	r fund	balances (line 27 of colum	n (B) must agree with line 2	21)		192	2148	27	168587

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

Cat No 10642I

Form **990-EZ** (2009)



orm	990-EZ (2009)					Page Z
Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part II	1)		Expenses
Nha		Educational Support	·			rired for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number of	if persons benefited, and c	other relevant info	rmation for		a)(1) trusts, optional
each	program title				for ot	hers.)
28	Awarded 12 scholarships to students graduating from	m Kansas City, Kansas High	Schools			
					İ	
		includes foreign grants, chi		▶ ⊔	28a	16500
29	Paid tuition for 50 students from Kansas City, Kansa	s High Schools for attending	g a College class			
	(Grants \$ 9000) If this amount	includes foreign grants, ch	eck here	<u>. ▶ ⊔</u>	29a	9000
30						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	<u>. ▶ ∐</u>	30a	
31	Other program services (attach schedule)					
		includes foreign grants, ch	eck here .		31a	
	Total program service expenses (add lines 28a t		<u> </u>	. •	32	25500
Par	t IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribute employee benefit	t plans &	
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	es White	President		Į		
625	Minnesota Ave, KC, KS 66101		0	<u> </u>		
Pat	Gaunce	Vice President				
625	Minnesota Ave, KC, KS 66101		0			
Vick	(i Meyer	Secretary	_			
625	Minnesota Ave, KC, KS 66101		0			
Con	nie Brand	Treasurer		İ		
625	Minnesota Ave, KC, KS 66101		0			
	t Brandmeyer	Board Member				
625	Minnesota Ave, KC, KS 66101		0			
Sara	a Chavez	Board Member				
625	Minnesota Ave, KC, KS 66101		0			
. <i></i>	one Flowers	Board Member				
	Minnesota Ave, KC, KS 66101		0	<u> </u>		
	ald Harland, Sr	Board Member				•
	Minnesota Ave, KC, KS 66101		0			
	da Hollinshed	Board Member				
	Minnesota Ave, KC, KS 66101		0	 		
	dy Kancel	Board Member				
	Minnesota Ave, KC, KS 66101		0	<u> </u>		
	ly Kultala	Board Member				
	Minnesota Ave, KC, KS 66101		0			-
	Randazzo	Board Member				
	Minnesota Ave, KC, KS 66101		0	 		
	n Rios	Board Member				
625	Minnesota Ave, KC, KS 66101		0	'		
		-				
			 	 		-
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			+	 		
		-				
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		-				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	n kar Lark		. ' , %
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	•	C.1.	> * * *
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	126	ÿ- V .	200
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	a distant	× 4
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.		. 7	
а	Initiation fees and capital contributions included on line 9		i.	
b	Gross receipts, included on line 9, for public use of club facilities			531
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		7 363 1	
	section 4911 ► ; section 4912 ► ; section 4955 ►		\$ 7 E	44
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior	كندهما	**************************************	√
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			100
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	6		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		[5.4]
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of P	913-55	1-320	0
	Located at ► 625 Minnesota Ave, Kansas City, KS ZIP + 4 ►	661	101	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country. ▶	1983 7	15.1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		197	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country. ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	•		▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			V - :-	NI =
44	Did the appropriate and deep advanced friends 0 16 60/as 7 Ferral 000 areas has associated material of	· # 3	Yes	No Av angel
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	1	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	184	, · · · · · · · · · · · · · · · · · · ·
) E7	

rait v	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	17(a)(1) nonexempt chard	table trusts mu	ole trusts only. A st answer questio	ll sec ns 46	tion 5–49b	
	Did the organization engage in direct or indirect			r in opposition to		Yes	No
	candidates for public office? If "Yes," complete S	Schedule C, Part I			46		✓_
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sched	dule C, Part II		47		<u>✓</u>
48	ls the organization a school as described in sectio	in 170(b)(1)(A)(ii)? If "Yes," co	omplete Schedule	eE	48		<u>√</u>
49a	Did the organization make any transfers to an ex	empt non-charitable related	d organization?		49a		✓
	If "Yes," was the related organization a section 5				49b		✓
	Complete this table for the organization's five high						i key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) acc	Expens count an	nd
NONE	Wild Cooper	actored to position			Outlo	<u>unonqu</u>	
	Complete this table for the organization's five I \$100,000 of compensation from the organization	n If there is none, enter "No	one."				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	/pe of service	(c) Cor	mpensat	tion
NONE							
d	Total number of other independent contractors e	each receiving over \$100,00	00 . ▶				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompanion of preparer (other than officer) is b	ying schedules and si ased on all information	atements, and to the bear on of which preparer has	st of my any kno	knowle	dge
Sign Here	Signature of officer			1/28]()			
	Connie Brand Treasurer Type or print name and title		la	Description of the control of the co	mh as /C		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nui	nder (Se	e instruct	ions)
Use On	Firm's name (or			thone no			
May th	e IRS discuss this return with the preparer showi	n above? See instructions		▶ [Yes		ło
				Fo	rm 99	0-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Kansas City, Kansas School Foundation for Excellence. Inc. 48 1092627 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III-Functionally integrated **d** ☐ Type III–Other a Type I **b** ☐ Type II e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? . 11g(iı) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported organization in col (described on lines 1-9 in col (i) listed in your the organization in support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? No Yes Yes

Total

4

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support	ked the box	on line 5, 7, 0	or o or raiti	·/		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 2000	(4)	(0, 200)	(4) = 555	(2) 2000	(7)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					İ	
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			W'_s / ^	2000 T 27 St		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	7,7	राष्ट्रक संक्रा कुर्नुहरू सम्बद्धाः		\$100 E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	Public support. Subtract line 5 from line 4.	4 40	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	* * * * *		2 × 4 m	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• , • • • • • • • • • • • • • • • • • •	(8) 2003	(b) 2000	(0, 200)	(6) 2000	(6) 2003	(1) 1014
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11		* * * * * * * *	1, 3, - 1	· * * * * * * *	· **	1. 1 1 1 1 1 1 1	
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere .			n, or fifth tax y		on 501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		-	1, column (f))	•	14	<u>%</u>
15	Public support percentage from 2008 Sc			· · · · · ·		15	<u>%</u>
16a	331/3 % support test – 2009. If the organi				line 14 is 33%	% or more, che	ck this box
	and stop here. The organization qualifies	· · · · · ·	- · ·			201/ 0/ 07 more	
D	33% % support test—2008. If the organic box and stop here. The organization qua				, and line 15 is	33/3 % OF HIGH	, check this
172	10%-facts-and-circumstances test—20				Une 13, 16a oi	 16b and line 1	
170	more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumstances" and circumstances the "facts-and-circumstances" and circumstances the "facts-and-circumstances" and circumstances the "facts-and-circumstances" and circumstances the "facts-and-circumstances" and circumstances test—2008 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2008 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2008 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2008 more, and circumstances test—2008 more, and circumstances the "facts-and-circumstances" and circumstances the circumstances the circumstances the circumstances the circ	facts-and-circun ances" test. The	nstances" test, o organization qu	check this box alifies as a publi	and stop here. cly supported or	Explain in Part ganization .	IV how the .▶ □
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a, 16b, 17a, or	1/b, check this	box and see ins	tructions 🕨 🔲

Page 3 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (c) 2007 (d) 2008 (f) Total (a) 2005 (b) 2006 (e) 2009 contributions, grants, membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 89663 6934 15337 47513 181209 21762 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 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 21762 6934 15337 89663 47513 181209 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from 181209 line 6) Section B. Total Support (c) 2007 (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ 15337 89663 47513 181209 21762 6934 Amounts from line 6 , , 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 366 450 912 148 2218 342 sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 2218 366 342 450 912 148 c Add lines 10a and 10b . . . Net income from unrelated business

activities not included in line 10b, whether or not the business is regularly carried on							·	
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
Total support. (Add lines 9, 10c, 11, and 12)	22128	7276	15787	90575		47661	183	3427
	•	•		-		a sectio	n 501(c)((3) ▶ □
tion C. Computation of Public Sup	port Percenta	ige						
Public support percentage for 2009 (line	8, column (f) di	ivided by line	13, column (f))		15		99	%
Public support percentage from 2008 Se	chedule A, Part	III, line 15 .			16		99	%
tion D. Computation of Investment	Income Perc	entage						
Investment income percentage for 2009	(line 10c. colum	nn (f) divided	by line 13, colur	nn (f)) .	17		2	%
	•	· ·	•	(// -	18		2	%
331/2 % support tests – 2009. If the organ 17 is not more than 331/2 %, check this both	nization did not e x and stop here	check the box . The organiza	c on line 14, and ation qualifies as	a publicly s	suppo	rted orga	nization	✓
	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Supplic support percentage for 2009 (line Public support percentage from 2008 Section D. Computation of Investment Investment income percentage from 2003 31½ % support tests—2009. If the organ 17 is not more than 33½ %, check this both	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's organization, check this box and stop here etion C. Computation of Public Support Percental Public support percentage for 2009 (line 8, column (f) di Public support percentage from 2008 Schedule A, Partetion D. Computation of Investment Income Percentage Investment income percentage from 2008 Schedule A, I 33½% support tests—2009. If the organization did not in 17 is not more than 33½%, check this box and stop here	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second organization, check this box and stop here etion C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line Public support percentage from 2008 Schedule A, Part III, line 15 etion D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided Investment income percentage from 2008 Schedule A, Part III, line 1331/3 % support tests—2009. If the organization did not check the box 17 is not more than 331/3 %, check this box and stop here. The organization did not check the box 17 is not more than 331/3 %, check this box and stop here. The organization did not check the box 17 is not more than 331/3 %, check this box and stop here. The organization did not check the box 17 is not more than 331/4 %, check this box and stop here.	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, o organization, check this box and stop here Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 Etion D. Computation of Investment Income Percentage Investment income percentage from 2008 Schedule A, Part III, line 17 33/3 % support tests—2009. If the organization did not check the box on line 14, and 17 is not more than 33/3 %, check this box and stop here. The organization qualifies as	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years organization, check this box and stop here Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). Public support percentage from 2008 Schedule A, Part III, line 15 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). Investment income percentage from 2008 Schedule A, Part III, line 17 33/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support percentage as a publicly support percentage as a publicly support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and line 15 is made to the support tests—2009. If the organization did not check the box on line 14, and	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as organization, check this box and stop here Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). Public support percentage from 2008 Schedule A, Part III, line 15. Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 Investment income percentage from 2008 Schedule A, Part III, line 17. 33½% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½%, check this box and stop here. The organization qualifies as a publicly support	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17 33½% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½% 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization or support tests—2009.	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(organization, check this box and stop here Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 Ition D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).

line 18 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.
		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

20**09**

Open To Public

Internal Revenue Service Name of the organization Employer identification number Kansas City, Kansas School Foundation for Excellence, Inc. 48 1092627 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations f □ Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (m) Did fundraiser have (i) Name of individual (iv) Gross receipts (u) Activity (v) Amount paid to (vi) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in (or retained by) organization or entity (fundraiser) from activity col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	ırt li	Fundraising Events. Co more than \$15,000 on F				
			(a) Event #1 Golf Tournament	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
an.			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	38856			38856
_	2	Less ⁻ Charitable contributions				
	3	Gross income (line 1				
		minus line 2)	38856		· -	38856
	4	Cash prizes				
	5	Noncash prizes				No. 100 100 100 100 100 100 100 100 100 10
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	<u> </u>			
Jrec	8	Entertainment				
	9	Other direct expenses	8403		,	8403
	10	Direct expense summary Ad- Net income summary Comb				(8403)
	11 rt II		he organization ansv	vered "Yes" to Form	990. Part IV. line 19	. or reported more
		than \$15,000 on Form			<u> </u>	,
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
œ B	1	Gross revenue				
ses	2	Cash prizes .				
Direct Expenses	3	Noncash prizes .				
Direct	4	Rent/facility costs .				
	5	Other direct expenses .				2000 2 8 8 3 PC 450 200 200 200 200 200 200 200 200 200 2
	6	Volunteer labor	☐ Yes% ☐ No	│	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d) .		()
	8	Net gaming income summary	Combine line 1, colur	nn d, and line 7	.	
	_					Yes No
9 a		iter the state(s) in which the o the organization licensed to o		_	 es?	9a
b		"No," explain:	porato garming activitie	o in odon or mode olde		
10a	 We	ere any of the organization's o	naming licenses revoke	d. suspended or termin	nated during the tax ve	ar? 10a
b		"Yes," explain	,	-, :p -::	and a man go	222
11	Do	es the organization operate g	amina activities with n	onmembers?		11
12	ls	the organization a grantor, be	eneficiary or trustee of		a partnership or other	entity
	TOP	TUPO TO SOMIDISTOR Charitable	namingy			1401

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Page	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility]	4	
b	An outside facility	ļ	4	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			3
C	If "Yes," enter name and address of the third party	. ~°	,	1
	Name ▶	&., 4	*	* *
	Address ▶		2 3	* *
		*	*	% 7.
16	Gaming manager information.	* ·		۸
	Name ▶	* * '	°;	. ** . **
	Gaming manager compensation ▶ \$, ^	" Š	₹ •
	Calling Manager Compensation F C	¢	,	€ 🕸
	Description of services provided ▶	* .	۶	· ´ ♣
	☐ Director/officer ☐ Employee ☐ Independent contractor	/% ## ## *		** 6. *> \$
17	Mandatory distributions	\$	s ^c , y	*
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	* :	د .، د	
	retain the state gaming license?	17a		
_b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$. ,	* *	<i>j</i>

Schedule G (Form 990 or 990-EZ) 2009

Kansas City, Kansas Foundation For Excellence Summary of 2008 Golf Tournament Proceeds

As of June 30, 2010

Revenues:			I	2010
	Platinum Sponsor Gold Sponsor Corporate Sponsor Foundation Sponsor Cart Sponsor Donations Teams/Players Holes Sponsor Advertising		ө ө ө ө ө ө ө ө ө ө	9,000.00 9,000.00 1,225.00 710.00 5,100.00 1,821.00
Expenditures:		Total	ઝ	38,356.00
	Door Prizes Catering Course Fees. Sunflower Hills Golf Course Other: Smileys Golf Complex Raffle Banquet misc. expenses		өө ө өөө	665.47 1,300.00 4,884.00 1,000.00
	Gross Profit	Total	# # <i>\(\)</i>	7,903.34

Foundation Formed To Foster Excellence In Education

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

CRITERION SCALES FOR EVALUATING FOUNDATION OF EXCELLENCE SCHOLARSHIP APPLICANTS

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

10 Possible

Counselor Recommendation

Subjective

CRITERIA

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