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Department of the Treasury

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)

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

2009

OMB No 1545-0047

Open to Public

		3000 salans	la	r, or tax year beginning 07-0	1-2009 and ending 06-30-2010			Inspection
				C Name of organization	11-2009 and ending 06-30-2010		D Employer ide	entification number
	еск іт а dress ch		ase IRS	KANSAS COUNCIL ON ECONOM	IC EDUCATION		48-611679	. 1
		lab	el or	Doing Business As			E Telephone nu	
	me cha	typ	ntor e. See				(216)079	E102
Ini	tıal retu		cific truc-		r if mail is not delivered to street address) Room/suite	(316) 978- G Gross receipts	
Te	mınate			1845 FAIRMOUNT WSU BOX 20	3		d Gloss receipts	\$ 277,330
┌ Am	ended	return		City or town, state or country,	and ZIP + 4			
Г _{Арі}	plication	n pending		WICHITA, KS 672600203				
,			r Nam		£5.00 m			
				ne and address of principal o j GRAHAM	onicer	H(a) Is the affilia	ıs a group returi stas?	nfor □Yes ▼No
		:	1845 F	FAIRMOUNT WSU BOX 203		anna	ites.	, 165 J. NO
		'	WI CHI	TA,KS 672600203		H(b) Are al	l affiliates includ	ed?
						If"N	o," attach a lıst	(see instructions)
I Ta	x-exen	npt status 🖊	501(c))(3) ◀ (Insert no))(1) or 527	H(c) Grou	ıp exemption nu	mber 🟲
J W	ebsit e	e: 🕨 www.kc	ee wich	nita edu				
K For	m of or	nanization 🔽	Cornorat	tion Trust Association Oth	er b -	I Year of fo	rmation 1959	State of legal domicile KS
	rt I	Summai		Horry Masey Masociation y Oth	ici F	L rear or to	ination 1939	Totale of legal dofficie 103
	1			e organization's mission or r	nost significant activities			
	-	The mission	ofthe	Kansas Council on Econom	ic Education is to advance the tea			
a				ng so students can use that	understanding in their lives as res	sponsible cit	izens and effect	ive participants in a
Governance		global econ	отту					
Ē								
<u>≅</u>								
ទី	2	Check this	box 🛏	if the organization discont	nued its operations or disposed o	f more than	25% of its net a	assets
2 6	3	Number of v	oting r	nembers of the governing bo	dy (Part VI, line 1a)		3	29
ĕ	4	Number of	ndepen	ident voting members of the	governing body (Part VI, line 1b)		. 4	29
Activities	5	Total numbe	erofen	nployees (Part V , line 2a)			5	
্ব	6	Total numbe	erofvo	olunteers (estimate if necess	ary)		6	25
	7a	Total gross	unrela	ted business revenue from P	art VIII, column (C), line 12 .		7a	
				ness taxable income from Fe			71	•
						Prio	or Year	Current Year
	8	Contribution	ons and	d grants (Part VIII. line 1h)			271,699	252,631
≗	9			revenue (Part VIII, line 2g)		6,580	60	
Ravenue	10	-		ne (Part VIII, column (A), lı		-70,002	22,211	
å	11			art VIII, column (A), lines 5			108	2,454
	12		-		equal Part VIII, column (A), line			
					, , , , , , , , , , , , , , , , , , , ,		208,385	277,356
	13	Grants and	sımıla	ar amounts paid (Part IX, col	umn (A), lines 1-3)		72,235	50,597
	14	Benefits pa	aid to o	or for members (Part IX, colu	mn (A), line 4)			0
e fo	15	Salaries, o	therco	ompensation, employee bene	fits (Part IX, column (A), lines 5-	-		
Σ,		10)					151,374	164,559
ৰ্	16a	Profession	al fund	raising fees (Part IX, colum	n (A), line 11e)			0
Expenses	Ь	Total fundra	sing exp	enses (Part IX, column (D), line 25	5) 🛌 13,320			
_	17	Otherexpe	enses ((Part IX, column (A), lines 1	1a-11d, 11f-24f)		141,050	138,337
	18	Total expe	nses A	Add lines 13-17 (must equa	l Part IX, column (A), line 25)		364,659	353,493
	19	Revenue le	ess exp	enses Subtract line 18 fror	n line 12		-156,274	-76,137
8 % %							g of Current	End of Year
Net Assets or Fund Balances						Y	'ear	
Sea Ea	20			rt X, line 16)			629,199	558,259
2 E	21		-	Part X, line 26)			36,068	24,388
	22			d balances Subtract line 21	from line 20		593,131	533,871
Pa	rt II	_						
					ned this return, including accompanying s of preparer (other than officer) is based			
					or preparer (other than officer, is based		ion or winen propar	
Sigr	1	*****				2011-	01-24	
Her	е	Signature	of office	er		Date		
				President				
		Type or p	rınt nam	e and title				
		Preparer's			Date Ch	neck If	Preparer's identi	
Paid		signature	DENIS	E E HINSON	se		(see instructions	
	arer's	Firm's name (or vo	s L ALLEN GIBBS & HOULIK LC	en	iipoiyeu F		
Use		ıf self-employ	ed),)			EIN 🕨	
- J-G '	∵ iiiy	address, and	ZIP + 4	301 N MAIN SUITE 1700			Die	14() 267 7224
				WICHITA, KS 672024868			Phone no 🕨 (3	516) 267-7231
May	the IR	S discuss th	ıs retu	rn with the preparer shown a	bove? (see instructions)			▼ Yes

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

ECONOMIC EDUCATION FOR KANSAS STUDENTS THROUGH THEIR TEACHERS

2	-	tion undertake any significant p 90 or 990-EZ?	rogram services during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describ	e these new services on Schedu	le O		
3	services?	tion cease conducting, or make	significant changes in how it cor	nducts, any program	┌ Yes ┌ No
4	Section 501(c)(3) and 501(c)(4) organizations	each of the organization's three l and section 4947(a)(1) trusts ai venue, if any, for each program s	re required to report the am	•
 4a	(Code) (Expenses \$	241,787 including grants of \$	15,282) (Revenue \$	13,347)
	ECONOMIC EDUCA	TION FOR KANSAS STUDENTS THROUG	SH THEIR TEACHERS		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
) (B	•
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4d	Other program	services (Describe in Schedule	0.)		
-t u	(Expenses \$	•	grants of \$) (Revenue \$)
			<u> </u>) (Nevenue Þ	,
4e	Total program s	service expenses►\$	241,787		

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuii eu	Scileuule:

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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		Νo
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
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			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
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 owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		Νo
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	Yes	

Form	990 (2009)			Page !
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	or U.S. Information Returns. Enter -U- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l
-	gaming (gambling) winnings to prize winners?	1c		No
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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		No.
h	return?	3a 3b		NO
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 55		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		l
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	-		NO
a	Did the organization make any taxable distributions under section 4966?	9a		l No
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?	12a		

 \boldsymbol{b} . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

1845 FAIRMOUNT WSU BOX 203 WICHITA, KS 672600203

(316) 978-5183

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sa	ction A. Governing Body and Management					
36	ction A. Governing Body and Management				Yes	NI-
					res	No
1a	Enter the number of voting members of the governing body	1a	29			
b	Enter the number of voting members that are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management.	-		3		Νο
4	Did the organization make any significant changes to its organizational documents s		•	4		No
5	filed?		on's seests?	5		No
	Did the organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization.			6		
6	Does the organization have members or stockholders?			0		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following ${\sf var}$	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νο
Se	ction B. Policies (This Section B requests information about policies not			_		
	venue Code.)	. equi	rea by the Internal			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Νο
	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.	ctiviti		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governi	_				
	The the organization provided a copy of this your sold to an intelligence of its government	.g 500	, before mining the form	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fe	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere •	sts that could give rise	12b		
c	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done		policy? If "Yes,"	12c		
13	Does the organization have a written whistleblower policy?			13		Νο
14	Does the organization have a written document retention and destruction policy? .			14		No
15	Did the process for determining compensation of the following persons include a revi	iew an	d approval by	14		NO
	independent persons, comparability data, and contemporaneous substantiation of th					
	The organization's CEO, Executive Director, or top management official			15a		N o
Ь	Other officers or key employees of the organization	•		15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
h	If "Yes," has the organization adopted a written policy or procedure requiring the org					110
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	en ste	ps to safeguard the	16b		
6.	ction C. Disclosure			TOD		
17	List the States with which a copy of this Form 990 is required to be filed KS					
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	1) 00') and QQO-T (FO1/a)			
10	(3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. A nother's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data	-				
20	State the name, physical address, and telephone number of the person who possess			e orga	ınızatıor	ı) -
	ANGELA howdeshell			J -		

Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page 8
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services	\equiv	(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			2 (2002)
			orm 99 0	0 (2009)

Form 99	•	<u> </u>						Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# # F	1a	Federated cam	paigns 1a	15,282				
e Tra	ь	Membership du	es 1b					
ts, c	С	_	ents 1c					
<u>‡</u> d <u>∓</u>	d		zations 1d					
Sing.	e	Government grants		237,349				
nue Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	butions included in	237,349				
	h		s 1a-1f	🔸	252,631			
<u></u>				Business Code				
Program Service Revenue	2a	STOCK MARKET G	AME	900,099	60	60		
	Ь							
	С							
Ř	d							
ran	e f	All other progra	am service revenue					
لٍو	'							
	g		s 2a-2f		60			
	3		ome (including dividender ar amounts)		8,924			8,924
	4		stment of tax-exempt bond	F				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a b	Gross amount from sales of assets other than inventory Less cost or	(i) Securities 13,287	(II) O ther				
		other basis and sales expenses						
	С	Gain or (loss)	13,287					
	d		s)	►	13,287	13,287		
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c)					
<u>.</u>	J.		a					
듛	b c		penses b (loss) from fundraising o	events 🛌				
_	9a		rom gaming activities ie 19					
	b c		a penses b (loss) from gaming activ	vities ▶				
	10a	Gross sales of returns and allo	inventory, less owances .					
	b c		a oods sold b (loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	Finance Educat	cion CD S	525,990	2,454			2,454
	b							
	с							
	d	All other reven	ue					
	e	Total. Add lines			2,454			
	12	Fotal revenue.	See Instructions .	•	277,356	13,347	(11,378

Part IX Statement of Functional Expenses

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

А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 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	50,597	50,597	,	· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,498		4,498	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	160,061	82,842	66,723	10,496
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	36,082	16,639	17,335	2,108
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,904		7,904	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,921	4,921		_
20	Interest				
21	Payments to affiliates	1,164		1,164	
22	Depreciation, depletion, and amortization	18,405	18,405		
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Stock Market Game	24,541	24,541		
ь	Financial Fitness Insti	10,916	10,916		
c	Materials	9,447	9,447		
d	Lifes marts	9,435	9,435		
e	Personal Finance Challe	6,628	6,628		
f	All other expenses	8,894	7,416	762	716
25	Total functional expenses. Add lines 1 through 24f	353,493	241,787	98,386	13,320
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			,	, -

Part X Balance Sheet (A) (B) Beainning of vear End of vear 185.382 104.625 1 Cash—non-interest-bearing 1 2 2 3 3 4 13.324 1.665 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 101.612 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 65.337 53.482 b Less accumulated depreciation 10c 36.275 11 11 377,011 415,694 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 . . 13 14 14 15 15 16 629,199 16 558,259 Total assets. Add lines 1 through 15 (must equal line 34) . . . 36.068 17 24.388 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 36,068 26 24,388 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 80.065 63.372 27 27 Unrestricted net assets 28 375.369 28 321.780 Temporarily restricted net assets Fund 137.697 148.719 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 593,131 33 Total net assets or fund balances 33 533,871 34 Total liabilities and net assets/fund balances 629,199 558.259 34

			Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes		
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated 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		Νο	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b			

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

		e organization NCIL ON ECONOMIC EDU	CATION			Employer ident	ification number
KANS	AS COOL	VEIL ON LEONOPHE LDO	CATION			48-6116794	
Pa	rt I	Reason for Pu	blic Charity Stat	us (All organizations	must complete this pa		ctions
					gh 11, check only one box		
1	Γ				ection 170(b)(1)(A)(i).		
2	Γ	A school described	ın section 170(b)(1)	(A)(ii). (Attach Schedu	le E)		
3	Г				bed in section 170(b)(1)(A)(iii).	
4		A medical research hospital's name, cit	•	d in conjunction with a	hospital described in sect i	ion 170(b)(1)(A)(iii). Enter the
5	Γ	•		-	y owned or operated by a q	governmental un	ıt described in
	_		A)(iv). (Complete Pa	•			
6	<u> </u>	•		-	ribed in section 170(b)(1)		
7	<u>~</u>	described in	t normally receives a A)(vi) (Complete Pa	·	support from a governmen	tal unit or from t	he general public
8	Γ	A community trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)		
9	Γ	An organization tha	t normally receives	(1) more than 331/3% o	of its support from contribu	itions, members	hip fees, and gross
		receipts from activi	ities related to its exc	empt functions—subject	to certain exceptions, an	d (2) no more th	an 331/3% of
		ıts support from gro	ss investment incom	e and unrelated busine:	ss taxable income (less se	ection 511 tax) f	from businesses
		acquired by the org	anızatıon after June 3	0, 1975 See section 5	09(a)(2). (Complete Part	III)	
10	Γ	An organization org	anized and operated	exclusively to test for p	ublic safety See section 5	09(a)(4).	
11	Γ	one or more publicl	y supported organiza	tions described in secti rting organi <u>za</u> tion and c	fit of, to perform the funct on 509(a)(1) or section 50 omplete lines 11e through - Functionally integrated	09(a)(2) See se n 11h	
e	Γ		•	•	olled directly or indirectly licly supported organization	•	
f			received a written det	ermination from the IRS	S that it is a Type I, Type :	II or Type III su	upporting organization,
		check this box					Г
g		Since August 17, 2 following persons?	006, has the organiz	ation accepted any gift	or contribution from any o	fthe	
			ectly or indirectly co	ntrols, either alone or to	gether with persons desc	ribed in (ii)	Yes No
				the supported organiza	•	,	11g(i)
			r of a person describ	· · · · · · · · · · · · · · · · · · ·			11g(ii)
			·	described in (i) or (ii) a	bove?		11g(iii)
h		• •	, ,	he supported organizati			
	(i)		(iii) Type of organization	(iv) Is the	(v) Did you notify the	(vi) Is the	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No		
Total										

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

<u> </u>	(Complete only if you	ou checked the	box on line 5,	7, or 8 of Part 1.	.)			
	ection A. Public Support endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	$\frac{1}{1}$	(f) Total
	ın)	(a) 2003	(6) 2000	(6) 2007	(u) 2008	(e) 2	009	(1) TOTAL
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual	452,21	2 478,90	7 494,509	271,699		252,631	1,949,958
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
_	behalf The value of services or facilities							
3	furnished by a governmental unit to	,						
	the organization without charge							
4	Total. Add lines 1 through 3	452,21	2 478,90	7 494,509	271,699		252,631	1,949,958
5	The portion of total contributions by	у						
	each person (other than a							
	governmental unit or publicly							
	supported organization) included or	n						30,691
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from	, 						
	line 4							1,919,267
S	ection B. Total Support							
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
	ın)					(-,		
7	A mounts from line 4	452,212	9,262	494,509	271,699		252,631	1,949,958
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	54,034	9,262	11,705	7,759		8,924	91,684
	and income from similar	,	ŕ	,	ŕ		·	,
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	Carried on Other income (Explain in Part							
10	IV) Do not include gain or loss	48,260	50,958	61,215	108		13,287	173,828
	from the sale of capital assets	<i>'</i>	,	,			,	,
11	Total support (Add lines 7							2,215,470
	through 10)							
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		39,429
L3	First Five Years If the Form 990 is	for the organization	on's first, second	, thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	- - '
	check this box and stop here							►
	action C. Computation of Dul	alia Sunnart D	0 + 6 0 m to 6 0					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 200°			11 column (f))		14		96 630 0/
15	Public Support Percentage for 2003			11 (0)(4)(1)		14		86 630 %
					4.4 22.4/20/	15		85 090 %
тоа	33 1/3% support test—2009. If the and stop here. The organization qua				ine 14 is 33 1/3%	ormore	, cneck t	nis dox ► ✓
ь	33 1/3% support test—2008. If the				a. and line 15 is 3	3 3 1/3%	or more.	. ,
	box and stop here. The organization	-			,	,	,	▶ □
L7a	10%-facts-and-circumstances test	— 2009. If the orga	ınızatıon dıd not (check a box on line	e 13, 16a, or 16b	and line	14	
	ıs 10% or more, and ıf the organıza							
	in Part IV how the organization med	ets the "facts and	cırcumstances"	test The organiza	ation qualifies as	a publicl	y support	· —
h	organization 10%-facts-and-circumstances test	2008 Ifthe eras	nization did not	chack a hov on line	a 13 162 16h a	r 17 ə ən	nd line	►
U	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
	supported organization				,			▶ □
18	Private Foundation If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	<u>. —</u>
	instructions							▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
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 ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 48-6116794

Name: KANSAS COUNCIL ON ECONOMIC EDUCATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	1	lent C			tors	5				<u> </u>
(A) Name and Title	(B) Average hours	Posi	tion (hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
		n n	o			E e c				
Larry Britegam DIRECTOR	1 00	х	,			•	,	0	0	0
Brian Docking DIRECTOR	1 00	X						0	0	0
Jill Docking DIRECTOR	1 00	X						0	0	0
Martin Eby Jr DIRECTOR	1 00	X						0	0	0
Sheryl Garrett DIRECTOR	1 00	X						0	0	0
Brad Hodges DIRECTOR	1 00	X						0	0	0
Lowell Jones DIRECTOR	1 00	X						0	0	0
Troy Jordan DIRECTOR	1 00	X						0	0	0
Keith Lane DIRECTOR	1 00	Х						0	0	0
Gary Miller DIRECTOR	1 00	×						0	0	0
Brad Neuenswander DIRECTOR	1 00	X						0	0	0
Scott Oberkrom DIRECTOR	1 00	X						0	0	0
John Wadsworth DIRECTOR	1 00	X						0	0	0
Alex Williams DIRECTOR	1 00	X						0	0	0
Carol Linnens dIRECTOR	1 00	X						0	0	0
Don Beggs DIRECTOR	1 00	X						0	0	0
Brad Goebel DIRECTOR	1 00	X						0	0	0
Bernadette Gray-Little dIRECTOR	1 00	X						0	0	0
Steve hahn dIRECTOR	1 00	Χ						0	0	0
Ed Hammond DIRECTOR	1 00	X						0	0	0
Mike Lane DIRECTOR	1 00	X						0	0	0
DR LEach DIRECTOR	1 00	X						0	0	0
Jackie Lugrand DIRECTOR	1 00	X						0	0	0
zACh Marten DIRECTOR	1 00	X						0	0	0
Jim Means DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		() Ition that a	•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Mike Michaelis DIRECTOR	1 00	X	•			•		0	0	0
Kırk Schulz DIRECTOR	1 00	Х						0	0	0
Steve Scott DIRECTOR	1 00	Х						0	0	0
Brian Watson DIRECTOR	1 00	Х						0	0	0
ANGELA howdeshell ADMINISTRATIVE COORDINAT	40 00			Х				62,487	0	0
JIM GRAHAM PRESIDENT	40 00			Х				97,573	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Stock Market Game	24,541	24,541		
Financial Fitness Insti	10,916	10,916		
Materials	9,447	9,447		
Lıfes marts	9,435	9,435		
Personal Finance Challe	6,628	6,628		

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As Filed Data

DLN: 93493031008011

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Employer identification number Name of the organization KANSAS COUNCIL ON ECONOMIC EDUCATION 48-6116794 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	ng	
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?	Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌		
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes	┌ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe the organization's accounting for conservation easements	s	

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Cat No 52283D

2b

2c

2d

Part	•••• Organizations Maintaining Co	llections of Art	<u>, Hist</u>	tori	cal Tr	easur	res, or C	tne	r Simila	ir Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of the	e foll	lowing tl	hat are	a signific	ant u	se of its o	ollection	ו	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ın how	they	y furtheı	r the or	ganızatıor	ı's ex	empt pur	pose in		
	Part XIV											
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	_	Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiz	zation			es" to Fo			, 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	followi	ıng ta	able		_					
										A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV											
Pai	t V Endowment Funds. Complete	f the organization	n ansv	were	ed "Yes				t IV, line	e 10.		
		(a)Current Year	(b)	Prior '		(c) Tw	o Years Back	(d)	Three Years	Back (e) Four Y	ears Back
1a	Beginning of year balance	397,694			383,694							
b	Contributions	18,000			14,000							
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	415,694			397,694							
2	Provide the estimated percentage of the yea	r end balance held a	is									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment 100 000 % %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	are held	and ac	lmınıstere	d for	the			
	organization by	,									Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organization	-						•		3b		
4 Dor	Describe in Part XIV the intended uses of the Investments—Land, Buildings)0 Do	rt V Juno	10				
Pai	tvi investments—Land, Buildings	s, and Equipme	III. 30				T '		(-) 1			
	Description of investment				a) Cost or sıs (ınves		(b)Cost or basis (ot			ımulated cıatıon	(d) B	ook value
1a	and		•									
	Buildings											
D				1			I		1		1	
	easehold improvements		•									
c	easehold improvements											
c d	·	· · · · · · ·	· ·				10	1,612		65,337		36,275

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		-year market value
Financial derivatives Closely-held equity interests			
Other			
Investments	415,694		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	415,694		
Part VIII Investments—Program Related. See	·		
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	. ,	Cost or end-or	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	, , , , , <u> </u>	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Combine lines 3 ar Financial Stat ncial statements III, line 12	tement	ts With Revenue p -1,528 3,700	1 2 3 4 5 6 7 8 9 10 per Return 1	277,356 353,493 -76,137 16,877 16,877 -59,260 279,528
Combine lines 3 ar Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	3 4 5 6 7 8 9 10	-76,137 16,877 16,877 -59,260
Combine lines 3 ar Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	4 5 6 7 8 9 10 Der Return	16,877 16,877 -59,260
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	5 6 7 8 9 10 er Return	16,877 -59,260
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	6 7 8 9 10 Der Return	16,877 -59,260
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	7 8 9 10 Der Return	16,877 -59,260
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	8 9 10 Der Return	16,877 -59,260
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	9 10 Der Return	16,877 -59,260
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	10 Der Return	-59,260
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528	er Return	
Financial Stat ncial statements III, line 12	2a 2b 2c	-1,528		
ncial statements III, line 12	2a 2b 2c	-1,528		
	2b 2c			
	2b 2c			
	2c	3,700		
	\vdash			
	2d			
			2e	2,172
		[3	277,356
not on line 1				
III, line 7b .	4a			
	4b			
			4c	0
			5	277,356
d Financial Sta	temen	nts With Expenses	per Retui	
			1	338,788
X. line 25				
	2a	3,700		
	2b	·		
	2c			
	2d			
			2e	3,700
			3	335,088
t on line 1:				
III, line 7b	4a			
	4b	18,405		
			4c	18,405
orm 990, Part I, lı	ıne 18)		5	353,493
	orm 990, Part I, III d Financial Sta X, line 25 t on line 1: III, line 7b Form 990, Part I, I	orm 990, Part I, line 12) d Financial Statemer X, line 25 2a 2b 2c 2d	orm 990, Part I, line 12)	corm 990, Part I, line 12)

additional information

Ident if ier	Return Reference	Explanation
		PART XI, LINE 8 THIS IS THE NET OF THE UNREALIZED
		LOSS IN THE AMOUNT OF \$1,528 AND DEPRECIATION
		EXPENSE OF \$18,405 PART XIII, LINE 4B THERE IS AN
		\$18,405 ADJUSTMENT FOR DEPRECIATION DUE TO IT NOT
		BEING INCLUDED ON THE AUDIT REPORT

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DLN: 93493031008011

Schedule I (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspection

Name of the organization Employer identification number KANSAS COUNCIL ON ECONOMIC EDUCATION 48-6116794 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ${\tt Describe\ in\ Part\ IV\ the\ organization's\ procedures\ for\ monitoring\ the\ use\ of\ grant\ funds\ in\ the\ United\ States}$ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (f) Method of (d) A mount of cash (e) A mount of non-(g) Description of (h) Purpose of grant ıfapplıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) EMPORIA STATE 4,180 Tuition UNIVERSITY CAMPUS BOX 4027 SCIENCE HALL RM 141 141 EMPORIA, KS 66801 FORT HAYS STATE 3,050 Tuition UNIVERSITY600 PARK ST MCCARTNEY 212 HAYS,KS 67601 PITTSBURG STATE 2,960 Tuition UNIVERSITY1701 S **BROADWAY117A HUGHES** HALL PITTSBURG, KS 66762 WICHITA STATE 1.987 Tuition UNIVERSITY1845 FAIRMOUNT CAMPUS BOX WICHITA, KS 67260 KANSAS UNIVERSITY330 3.600 Tuition JR PEARSON HALL1122 W **CAMPUS RD** LAWRENCE, KS 66045 KANSAS STATE 1,120 Tuition UNIVERSITY201B CALVIN HALL Manhattan, KS 66506 EMPORIA ST UNIVERSITY 7,110 Tuition CAMPUS BOX 4027 SCIENCE HALL RM 141 141 EMPORIA, KS 66801 FORT HAYS ST UNIVERSITY 4,749 Tuition 600 PARK ST MCCARTNEY 212 HAYS,KS 67601 KANSAS UNIVERSITY330 8.092 Tuition JR PEARSON HALL1122 W **CAMPUS RD** LAWRENCE, KS 66045 PITTSBURG ST UNIVERSITY 7,030 Tuition 1701 S BRO A DWA Y 117A **HUGHES HALL** PITTSBURG, KS 66762 WICHITA st university1845 3,900 Tuition FAIRMOUNT CAMPUS BOX WICHITA, KS 67260 2,819 Huition kansas state university201B CALVIN HALL Manhattan, KS 66506 Enter total number of section 501(c)(3) and government organizations . . .

	· · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		

Ident if ier	Return Reference	Explanation	

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As Filed Data -

DLN: 93493031008011

Employer identification number

48-6116794

OMB No 1545-0047

SCHEDULE O (Form 990)

Name of the organization

KANSAS COUNCIL ON ECONOMIC EDUCATION

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 2		Jill Docking is the mother of Brian Docking, both of which sit on the board of directors						
Form 990, Part VI, Section B, line 11		THE PRESIDENT AND CHIEF EXECUTIVE OFFICER WILL REVIEW AND SIGN THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE						
Form 990, Part VI, Section C, line 19		THE KANSAS COUNCIL ON ECONOMIC EDUCATION DOES NOT MAKE MOST OF THEIR DOCUMENTS GENERALLY AVAILABLE TO THE PUBLIC, BUT WILL RELEASE THEM WHEN APPROPRIATE FINANCIAL STATEMENTS ARE AVAILABLE WHEN REQUESTED BY EXISTING/PROSPECTIVE DONORS IN ADDITION, THEY SUBSCRIBE TO AND MAKE THEIR INFORMATION AVAILABLE THROUGH GUIDESTAR THEIR FINANCIAL STATEMENTS ARE AVAILABLE ON THIS WEBSITE						
		Form 990, Schedule D, Part V, Endow ment Funds Change in Endow ment Funds Beginning Endow ment funds on the 2008 tax return was incorrectly stated. It should have been \$383,694 instead of 0 and has been correctly input for the 2009 tax return. This will make our beginning balance for 2009 \$397,694 and the ending balance \$415,694 after the \$18,000 contribution for 2009.						

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493031008011

OMB No 1545-0172

Department of the Treasury

See separate instructions.

► Attach to your tax return.

Sequence No 67

Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number KANSAS COUNCIL ON ECONOMIC EDUCATION Form 990 Page 10 48-6116794 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 18,338 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) НΥ 1,198 3.0 S/I 67 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 18.405 and on the appropriate lines of your return Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

23

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)
										,						-
(a) Type of property (list vehicles first)	Date placed in investment Cost or		(d) Cost or o	rother (husiness/investment			- 11	(f) Recove period	Recovery Method/			(h) Depreciation/ deduction			(i) Elected section 179 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlassin	% %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobiolo				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/inv	estment m	ıles driven diirina	the	(a)						(c)		d)	(6	-	(f)	
year (do not includ		-		Vehi	Vehi	Vehicle 2		'ehic	le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehicle 6		
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما						•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te sect	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)	<u> </u>			I				10	.,					
(a)		Date		(c) A mortizable			(d)		(e) A mortization				(f)	(f) tızatıon for		
Description of costs amor		amortization		amo				ction		period or				rtizatio his yea		
		begins 								perce	ntage					
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44