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**Return of Organization Exempt From Income Tax**

**2010**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning Apr 1, 2010, and ending Mar 31, 2011**

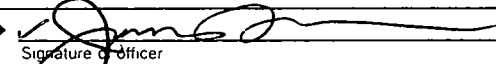

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC (a/k/a NEK CAP)</b> Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suite <b>PO BOX 380</b> City, town or country State ZIP code + 4 <b>HIAWATHA KS 66434-0380</b>		<b>D</b> Employer Identification Number <b>48-0721487</b>
	<b>F</b> Name and address of principal officer <b>JEANETTE COLLIER 1260 220TH ST HIAWATHA KS 66434</b>		<b>E</b> Telephone number <b>(785) 742-2222</b>
	<b>I</b> Tax exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>8,288,962.</b>
	<b>J</b> Website: <b>N/A</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of Formation <b>1965</b> <b>M</b> State of legal domicile <b>KS</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>ENABLING LOW-INCOME FAMILIES AND LOW-INCOME INDIVIDUALS OF ALL AGES, IN RURAL AND URBAN AREAS, TO ATTAIN THE SKILLS, KNOWLEDGE, ATTITUDES AND MOTIVATIONS TO SECURE OPPORTUNITIES NEEDED FOR THEM TO BECOME SELF-SUFFICIENT.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8,096,912.</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>27,297.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>93,692.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<b>107,074.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,217,901.</b>	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>138,011.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>7,747,412.</b>	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,885,423.</b>	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>332,478.</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>3,279,159.</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>943,604.</b>	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>2,335,555.</b>	
	<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>
			<b>End of Year</b>
			<b>3,279,159.</b>
			<b>2,894,313.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date <b>1-20-12</b>	
	JEANETTE COLLIER Type or print name and title	James Sherer, Baird chairman	DIRECTOR
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Rita S. Mayes</b>	Preparer's signature 	Date <b>JAN 17 2012</b>
	Firm's name Firm's address <b>AGLER &amp; GAEDDERT CHARTERED</b> <b>PO BOX 1020</b> <b>OTTAWA KS 66067-1020</b>	Check <input type="checkbox"/> if self employed	PTIN <b>P00025831</b>
	Phone no <b>(785) 242-3170</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

9-17 10

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

No Yes X

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

No Yes X

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 4,918,412. including grants of \$ 0.) (Revenue \$ 5,490,249.)

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

4b (Code ) (Expenses \$ 903,014. including grants of \$ 0.) (Revenue \$ 876,848.)

HUD HOUSING-TO PROVIDE DECENT, SAFE & SANITARY HOUSING TO LOW AND VERY LOW-INCOME OCCUPIED HOUSING.

4c (Code ) (Expenses \$ 827,999. including grants of \$ 0.) (Revenue \$ 879,410.)

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

4d Other program services (Describe in Schedule O)

(Expenses \$ 706,652. including grants of \$ 0.) (Revenue \$ 705,875.)

4e Total program service expenses 7,356,077.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>198</b>		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>0</b>		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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>197</b>		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If 'Yes,' enter the name of the foreign country: See instructions for 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year		
1 a	12		
1 b	Enter the number of voting members included in line 1a, above, who are independent		
1 b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

	Yes	No
10 a		X
10 a		X
10 b		
10 b		
11 a		X
11 a		X
11 b		
11 b		
12 a	X	
12 a	X	
12 b	X	
12 b	X	
12 c	X	
12 c	X	
13	X	
13	X	
14	X	
14	X	
15		
15		
15 a	X	
15 a	X	
15 b	X	
15 b	X	
16 a		X
16 a		X
16 b		
16 b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ \_\_\_\_\_
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ▶ KATRINA RICE    PO BOX 380    HIAWATHA    KS    66434    (785) 742-2222

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

Check if Schedule O contains a response to any question in this Part VII

**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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BISHOP VICTOR BUTLER BOARD	1.00	X					0.	0.	0.	
(2) PRICILLA DAVIES BOARD	1.00	X		X			0.	0.	0.	
(3) ROGER FREDERICK BOARD	1.00	X					0.	0.	0.	
(4) ERIK MADSEN TREASURER	1.00	X		X			0.	0.	0.	
(5) JAMES SCHERER BOARD PRESIDENT	1.00	X		X			0.	0.	0.	
(6) JENNIFER HERRING BOARD	1.00	X					0.	0.	0.	
(7) JERRY MADDEN BOARD	1.00	X					0.	0.	0.	
(8) NANCY GAFFORD BOARD	1.00	X					0.	0.	0.	
(9) BRAD LIPPERT BOARD	1.00	X					0.	0.	0.	
(10) LINDA PRIOR BOARD	1.00	X					0.	0.	0.	
(11) ROGER COVERDALE BOARD	1.00	X					0.	0.	0.	
(12) GERARDO NEGRON BOARD	1.00	X					0.	0.	0.	
(13) ROSE SIGMUND ACTING DIRECTOR	40.00				X		71,972.	0.	2,938.	
(14) JEANETTE COLLIER EXECUTIVE DIRECTOR	40.00				X		30,692.	0.	0.	
(15)										
(16)										
(17)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
<b>1 b Sub-total</b>								<b>102,664.</b>	<b>0.</b>	<b>2,938.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>102,664.</b>	<b>0.</b>	<b>2,938.</b>

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? If 'Yes,' complete Schedule J for such individual		X
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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person		X

**Section 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	(C) Compensation

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	7,954,932.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	196,572.				
	g Noncash contributions included in lns 1a-1f		\$ 143,016.				
	<b>h Total.</b> Add lines 1a-1f			8,151,504.			
PROGRAM SERVICE REVENUE	2 a <b>RENTAL INCOME</b>	Business Code 531110	30,384.	30,384.	0.	0.	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			30,384.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		<b>d Net rental income or (loss)</b>					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		<b>d Net gain or (loss)</b>					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
		b Less direct expenses	b				
		<b>c Net income or (loss) from fundraising events</b>					
9 a Gross income from gaming activities See Part IV, line 19		a					
		b Less direct expenses	b				
		<b>c Net income or (loss) from gaming activities</b>					
10 a Gross sales of inventory, less returns and allowances		a					
	b Less cost of goods sold	b					
	<b>c Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue	Business Code						
11 a <b>FUND RELATED REIMBURSEMENTS</b>	561000	107,074.	107,074.	0.	0.		
b							
c							
d All other revenue							
<b>e Total.</b> Add lines 11a-11d			107,074.				
<b>12 Total revenue.</b> See instructions			8,288,962.	137,458.	0.	0.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,257.	0.	126,257.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,249.	0.	134,249.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>CHILD CARE/EDUCATION</b>	5,583,623.	5,011,251.	572,372.	0.
b <b>COMMUNITY SERVICES</b>	784,566.	706,652.	77,914.	0.
c <b>HOUSING ASSISTANCE</b>	913,479.	903,014.	10,465.	0.
d <b>LOW INCOME WEATHERIZATION ASSISTANCE</b>	897,190.	827,999.	69,191.	0.
e <b>GENERAL FUND</b>	-58,418.	-105,910.	47,492.	0.
f All other expenses	13,071.	13,071.	0.	0.
25 Total functional expenses. Add lines 1 through 24f	8,394,017.	7,356,077.	1,037,940.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year	
ASSETS	1	Cash – non interest-bearing	464,423.	1	298,122.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	334,731.	3	298,731.
	4	Accounts receivable, net	663.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	83,648.	8	45,890.
	9	Prepaid expenses and deferred charges	40,369.	9	3,713.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,620,676.		
	b	Less accumulated depreciation	10b 1,638,712.	10c	981,964.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,308,631.	15	1,265,893.
16	<b>Total assets</b> Add lines 1 through 15 (must equal line 34)	3,279,159.	16	2,894,313.	
LIABILITIES	17	Accounts payable and accrued expenses	514,664.	17	270,207.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	415,323.	24	380,419.
	25	Other liabilities Complete Part X of Schedule D	13,617.	25	13,187.
	26	<b>Total liabilities.</b> Add lines 17 through 25	943,604.	26	663,813.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	2,041,632.	27	2,042,157.
	28	Temporarily restricted net assets	227,604.	28	128,470.
	29	Permanently restricted net assets	66,319.	29	59,873.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	2,335,555.	33	2,230,500.
	34	<b>Total liabilities and net assets/fund balances</b>	3,279,159.	34	2,894,313.

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,288,962.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,394,017.
3	Revenue less expenses Subtract line 2 from line 1	3	-105,055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,335,555.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,230,500.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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**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.

OMB No 1545 0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)</b>	Employer identification number <b>48-0721487</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part ) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I                      b  Type II                      c  Type III – Functionally integrated                      d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

**h Provide the following information about the supported organization(s)**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants'.)	5,869,095.	6,848,048.	7,107,764.	8,096,912.	8,151,504.	36,073,323.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,869,095.	6,848,048.	7,107,764.	8,096,912.	8,151,504.	36,073,323.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						36,073,323.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	5,869,095.	6,848,048.	7,107,764.	8,096,912.	8,151,504.	36,073,323.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	648,504.	52,880.	25,006.	27,297.	30,384.	784,071.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	53,250.	248,051.	600,056.	93,692.	107,074.	1,102,123.
<b>11 Total support.</b> Add lines 7 through 10						37,959,517.
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	95.03 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	93.18 %
<b>16a 33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

Other Income Part II, Line 10

Description: ADMINISTRATION OF GRANTS

2006: 53250.

2007: 248051.

2008: 600056.

2009: 93692.

2010: 107074.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

- ▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545 0047

**2010**

Open to Public Inspection

Employer identification number

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

**Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part III Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b		

- (i) unrelated organizations
- (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,235,364.	538,348.	697,016.
c Leasehold improvements		29,250.	23,414.	5,836.
d Equipment		1,356,062.	1,076,950.	279,112.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				<b>981,964.</b>

BAA

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total</b> (Column (b) must equal Form 990 Part X, column (B) line 12) ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total</b> (Column (b) must equal Form 990, Part X, column (B) line 13) ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) <b>CASH RESTRICTED FOR FSS PARTICIPANTS</b>	<b>0.</b>
(2) <b>DUE FROM LIMITED PARTNERSHIPS</b>	<b>1,265,414.</b>
(3) <b>TRAVEL ADVANCES</b>	<b>479.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column(B), line 15) ▶	<b>1,265,893.</b>

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>SECURITY DEPOSITS</b>	<b>4,660.</b>
(3) <b>REPLACEMENTS RESERVES</b>	<b>8,527.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total</b> (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	<b>13,187.</b>

**2. FIN 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	8,288,962.
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,394,017.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-105,055.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-105,055.

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

1	Total revenue, gains, and other support per audited financial statements	1	9,593,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,304,870.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,304,870.
3	Subtract line 2e from line 1	3	8,288,962.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,288,962.

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

1	Total expenses and losses per audited financial statements	1	9,698,887.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,304,870.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,304,870.
3	Subtract line 2e from line 1	3	8,394,017.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,394,017.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt X ----- N.E.K.-C.A.P. INC. RECOGNIZES ANY INTEREST AND PENTALIES AS

Pt X ----- INCURRED. FOR MARCH 31, 2011 NO INTEREST OR PENALTIES

Pt X ----- HAVE BEEN RECOGNIZED. THERE ARE NO OTHER UNRECOGNIZED

Pt X ----- TAX BENEFITS TO BE DISCLOSED AS THE RESULT OF TAX

Pt X ----- POSITIONS TAKEN DURING THE YEAR. N.E.K.-C.A.P. INC. IS NOT

Pt X ----- AT THE PRESENT TIME UNDER EXAMINATION BY ANY TAXING

Pt X ----- AUTHORITY. EFFECTIVELY, ALL YEARS FOR FEDERAL AND

Pt X ----- STATE INCOME EXAMINATIONS ARE CLOSED FOR ANY YEAR



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545 0047

**2010**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **NORTHEAST KANSAS COMMUNITY ACTION PROGRAM, INC. (a/k/a NEK CAP, INC)** Employer identification number: **48-0721487**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art--Works of art				
2 Art--Historical treasures				
3 Art--Fractional interests				
4 Books and publications	X		17,581.	MARKET VALUE
5 Clothing and household goods	X		125,435.	THRIFTSHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities--Publicly traded				
10 Securities--Closely held stock				
11 Securities--Partnership, LLC, or trust interests				
12 Securities--Miscellaneous				
13 Qualified conservation contribution--Historic structures				
14 Qualified conservation contribution--Other				
15 Real estate--Residential				
16 Real estate--Commercial				
17 Real estate--Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

Employer identification number

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

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

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

Pt VI-B, Line 11a REVIEWED BY DIRECTOR BEFORE FILING THEN PRESENTED TO BOARD

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

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

Pt VI-C, Line 19 AVAILABLE UPON REQUEST

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Employer identification number

**48-0721487**

OMB No 1545-0047

**2010**

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) <u>SABETHA HILLCREST HOUSING INC</u> <u>48-1217672</u> <u>PO BOX 380</u> <u>HIAWATHA, KS 66434</u>	<u>LOW INCOME HOUSING</u>	<u>KS</u>	<u>NEKCAP</u>	<u>C</u>	<u>0.</u>	<u>0.</u>	<u>100.00</u>
(2) ----- ----- -----							
(3) ----- ----- -----							

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

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

		Yes	No
		1a	X
		1b	X
		1c	X
		1d	X
		1e	X
		1f	X
		1g	X
		1h	X
		1i	X
		1j	X
		1k	X
		1l	X
		1m	X
		1n	X
		1o	X
		1p	X
		1q	X
		1r	X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ----- ----- -----										
(2) ----- ----- -----										
(3) ----- ----- -----										
(4) ----- ----- -----										
(5) ----- ----- -----										
(6) ----- ----- -----										
(7) ----- ----- -----										
(8) ----- ----- -----										



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

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

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

Identifying number

**48-0721487**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	<b>126,848.</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property		5,478.	3YR	HY	S/L	991.
b 5 year property		49,202.	5YR	HY	S/L	5,342.
c 7-year property		4,829.	7YR	HY	S/L	1,068.
d 10-year property						
e 15 year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	<b>134,249.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MISCELLANEOUS SERVICES	13,071.	13,071.	0.	0.

Schedule O (Form 990), Supplemental Information to Form 990

**Form 990, Page 2, Part III, Line 1 (continued)**

Briefly describe the organization's mission

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

Schedule O (Form 990), Supplemental Information to Form 990

**Form 990, Page 2, Part III, Line 4d (continued)**

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code	Description	
	<b>COMMUNITY SERVICES TO REDUCE CONDITIONS OF POVERTY</b>	
Expenses	<b>706,652.</b>	<b>AND EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS</b>
Grants Of	<b>0.</b>	<b>TO BECOME FULLY SELF-SUFFICIENT.</b>
Revenue	<b>708,425.</b>	

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

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

Description	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
ADMINISTRATION OF GRANTS	53,250.	248,051.	600,056.	93,692.	107,074.	1,102,123.
Total	<u>53,250.</u>	<u>248,051.</u>	<u>600,056.</u>	<u>93,692.</u>	<u>107,074.</u>	<u>1,102,123.</u>

## Depreciation Schedule by Category For the 12 Months Ended 03/31/11

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 04/01/10	Current Depreciation	Accum Depr 03/31/11
<b>ALJ CENTER</b>									
1	ALJ CENTER	04/01/00	ST LINE	45/00	N	707,738 05	149,411 37	15,727 51	165,138 88
Total for (ALJ CENTER)						707,738 05	149,411 37	15,727 51	165,138 88
<b>CENTRAL OFFICE BUILDING</b>									
10	BUILDING	08/01/86	200% DB	05/00	N	154,000 00	154,000 00	0 00	154,000 00
11	ROOF REPAIRS	01/01/06	200% DB	05/00	N	39,387 92	37,119 18	2,268 74	39,387 92
22	COPIERS	04/01/03	200% DB	03/00	N	15,647 00	15,647 00	0 00	15,647 00
39	JOHN DEERE GARDEN TRACTOR	01/01/92	200% DB	05/00	N	8,000 00	8,000 00	0 00	8,000 00
70	PHONE SYSTEM	04/01/02	200% DB	05/00	N	36,120 19	36,120 19	0 00	36,120 19
72	MIP ACCT SOFTWARE	01/23/07	200% DB	05/00	N	22,517 25	18,626 27	2,593 99	21,220 26
73	2001 MERCURY SABLE	06/13/07	200% DB	05/00	N	6,675 00	4,752 60	768 96	5,521 56
84	2006 FORD TAURUS	08/21/08	200% DB	05/00	N	8,750 00	4,550 00	1,680 00	6,230 00
85	2004 CHRYSLER PACIFICA	08/21/08	200% DB	05/00	N	14,485 00	7,532 20	2,781 12	10,313 32
Total for (CENTRAL OFFICE BUILDING)						305,582 36	286,347 44	10,092 81	296,440 25
<b>CHDO PROPERTIES</b>									
12	306 & 306 1/2 S 6TH, HIAWATHA	01/01/93	200% DB	05/00	N	39,164 00	39,164 00	0 00	39,164 00
13	223 N TOPEKA, HOLTON	01/01/94	200% DB	05/00	N	28,412 00	28,412 00	0 00	28,412 00
14	302 STATE, ROBINSON	01/01/94	200% DB	05/00	N	24,863 00	24,863 00	0 00	24,863 00
15	305 VINE, ELWOOD	01/01/94	200% DB	05/00	N	41,268 00	41,268 00	0 00	41,268 00
16	313 S MAIN, FAIRVIEW	01/01/94	200% DB	05/00	N	28,971 00	28,971 00	0 00	28,971 00
17	407 KENTUCKY, ELWOOD	01/01/94	200% DB	10/00	N	35,459 00	35,459 00	0 00	35,459 00
18	610 KANSAS AVE , HIAWATHA	01/01/94	200% DB	05/00	N	28,488 00	28,488 00	0 00	28,488 00
19	714 & 714 1/2 WISCONSIN, HOLT	01/01/94	200% DB	05/00	N	55,912 00	55,912 00	0 00	55,912 00
20	814 PENNSYLVANIA	01/01/94	200% DB	05/00	N	26,001 25	26,001 25	0 00	26,001 25
106	2215 HWY 36, WATHENA	08/01/00	200% DB	05/00	N	25,700 00	25,700 00	0 00	25,700 00
Total for (CHDO PROPERTIES)						334,238 25	334,238 25	0 00	334,238 25
<b>LEASEHOLD IMPROVEMENTS</b>									
71	LEASEHOLD IMPROVEMENTS	04/01/08	200% DB	05/00	N	0 00	0 00	0 00	0 00
Total for (LEASEHOLD IMPROVEMENTS)						0 00	0 00	0 00	0 00
<b>FIXED ASSETS CHILD CARE</b>									
2	2005 BUS #16	10/26/05	200% DB	05/00	N	39,393 00	37,123 96	2,269 04	39,393 00
3	2005 BUS #15	10/26/05	200% DB	05/00	N	39,393 00	37,123 96	2,269 04	39,393 00
4	PLAYGROUND - ATCHISON	01/01/06	200% DB	05/00	N	12,076 48	11,380 87	695 61	12,076 48
5	PLAYGROUND - MARSHALL	01/01/06	200% DB	05/00	N	12,996 29	12,247 70	748 59	12,996 29
6	BERGFELD RECREATION PLAYC	03/21/07	200% DB	05/00	N	12,133 00	10,036 42	1,397 72	11,434 14
7	BERGFELD RECREATION PLAYC	03/21/07	200% DB	05/00	N	12,133 00	10,036 42	1,397 72	11,434 14
8	BERGFELD RECREATION PLAYC	03/21/07	200% DB	05/00	N	12,133 00	10,036 42	1,397 72	11,434 14
Total for (FIXED ASSETS CHILD CARE)						140,257 77	127,985 75	10,175 44	138,161 19
<b>FIXED ASSETS WEATHERIZATION</b>									
9	2006 GMC #1GTH23466F242172	01/01/06	200% DB	05/00	N	21,793 28	20,537 99	1,255 29	21,793 28
86	2 INFRARED CAMERAS	05/15/09	200% DB	05/00	N	10,700 00	2,140 00	3,424 00	5,564 00
107	2005 CHEVY PICKUP	02/01/07	200% DB	05/00	N	12,000 00	9,926 40	1,382 40	11,308 80
108	2002 FORD PICKUP	03/01/07	200% DB	05/00	N	9,000 00	7,444 80	1,036 80	8,481 60
109	2000 TITAN TRAILER	10/26/99	200% DB	05/00	N	4,052 00	4,052 00	0 00	4,052 00
117	INSULATION BLOWING MACHINE	09/28/10	200% DB	05/00	N	6,940 00	0 00	1,388 00	1,388 00

## Depreciation Schedule by Category For the 12 Months Ended 03/31/11

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 04/01/10	Current Depreciation	Accum Depr 03/31/11
<b>FIXED ASSETS WEATHERIZATION</b>									
Total for (FIXED ASSETS WEATHERIZATION)						64,485 28	44,101 19	8,486 49	52,587 68
<b>FEDERAL FIXED ASSETS</b>									
28	CHILDPUS HEADSTART MANAC	10/23/90	200% DB	05/00	N	5,151 00	5,151 00	0 00	5,151 00
31	1991 FORD ECONOLINE 15 PASSE	05/21/91	200% DB	05/00	Y	16,955 00	16,955 00	0 00	16,955 00
33	1991 FROD ECONOLINE 15 PASSE	07/08/91	200% DB	05/00	Y	16,796 00	16,796 00	0 00	16,796 00
34	1991 FORD ECONOLINE 15 PAS	07/08/91	200% DB	05/00	N	16,796 00	16,796 00	0 00	16,796 00
36	1991 15 PASSENGER FORD VAN	07/29/91	200% DB	05/00	Y	16,795 00	16,795 00	0 00	16,795 00
40	1992 CHEVY CREW CAB PICKUP	05/07/92	200% DB	05/00	N	15,830 00	15,830 00	0 00	15,830 00
41	1992 CHEVYCREW CAB PICKUP	08/07/92	200% DB	05/00	N	15,830 00	15,830 00	0 00	15,830 00
42	1994 LIGHT BLUE FORD VAN #38	12/04/93	200% DB	05/00	Y	18,800 00	18,800 00	0 00	18,800 00
43	1995 DODGE VAN #39	01/09/95	200% DB	05/00	N	20,377 00	20,377 00	0 00	20,377 00
44	1995 DODGE VAN #40	01/09/95	200% DB	05/00	N	20,377 00	20,377 00	0 00	20,377 00
45	1995 DODGE VAN #41	01/09/95	200% DB	05/00	N	20,377 00	20,377 00	0 00	20,377 00
46	1998 SCHOOL BUS #1	02/13/98	200% DB	05/00	N	35,445 00	35,445 00	0 00	35,445 00
47	1998 SCHOOL BUS #2	02/13/98	200% DB	05/00	N	35,445 00	35,445 00	0 00	35,445 00
48	METAL PLYASTRUCTURE	03/31/99	200% DB	05/00	N	7,131 00	7,131 00	0 00	7,131 00
49	TOTAL EXHAUST SYSTEM KITCH	03/31/99	200% DB	05/00	N	7,253 00	7,253 00	0 00	7,253 00
50	BLUE BIRD MICRO BIRD SCHOOL	08/17/99	200% DB	05/00	N	37,580 00	37,580 00	0 00	37,580 00
51	BLUE BIRD MICRO BIRD SCHOOL	10/01/99	200% DB	05/00	N	37,580 00	37,580 00	0 00	37,580 00
52	DOOR TYPE DISHWASHER	03/31/00	200% DB	05/00	N	9,562 00	9,562 00	0 00	9,562 00
53	EXHAUST HOOD	03/31/00	200% DB	05/00	N	6,285 00	6,285 00	0 00	6,285 00
54	200 CHEVY BLUE BIRD BUS #5	05/01/00	200% DB	05/00	N	37,580 00	37,580 00	0 00	37,580 00
58	GMC 22 PASSENGER SHCOOL B	03/01/01	200% DB	05/00	N	36,934 00	36,934 00	0 00	36,934 00
59	GMC WHEEL CHAIR SCHOOL BU	05/01/01	200% DB	05/00	N	41,134 00	41,134 00	0 00	41,134 00
60	2002 CHEVY 24 PASSENGER #8	03/01/02	200% DB	05/00	N	36,483 00	36,483 00	0 00	36,483 00
61	2002 CHEVY 30 PASSENGER #9	03/01/02	200% DB	05/00	N	39,360 00	39,360 00	0 00	39,360 00
62	2002 CHEVY 30 PASSENGER #10	03/01/02	200% DB	05/00	N	39,360 00	39,360 00	0 00	39,360 00
64	2004 TRAVELONG TRAILER	04/01/04	200% DB	05/00	N	5,150 00	5,150 00	0 00	5,150 00
66	2004 CHEVY MIDBUS #11	08/17/04	200% DB	05/00	N	41,200 25	41,200 25	0 00	41,200 25
67	2004 CHEVY MIDBUS #12	08/17/04	200% DB	05/00	N	41,200 25	41,200 25	0 00	41,200 25
68	2004 CHEVY MIDBUS #13	08/17/04	200% DB	05/00	N	41,200 25	41,200 25	0 00	41,200 25
69	2004 CHEVY MIDBUS #14	08/17/04	200% DB	05/00	N	41,200 25	41,200 25	0 00	41,200 25
74	2001 FORD TAURUS	06/28/07	200% DB	05/00	N	6,385 00	4,546 12	735 55	5,281 67
75	2003 CHEVY MALIBU	06/28/07	200% DB	05/00	N	7,000 00	4,984 00	806 40	5,790 40
78	2000 MERCURY MYSTIQUE	07/27/05	200% DB	05/00	N	4,800 00	4,523 52	276 48	4,800 00
79	2000 TAURUS	07/27/05	200% DB	05/00	N	6,250 00	5,890 00	360 00	6,250 00
80	2001 TAURUS	07/27/05	200% DB	05/00	N	6,500 00	6,125 60	374 40	6,500 00
83	2009 CHEVY 28 PASSENGER BU	12/18/08	200% DB	05/00	N	46,764 00	24,317 28	8,978 69	33,295 97
87	2003 CHRYSLER TOWN & COUN	06/19/09	200% DB	05/00	N	6,695 00	1,339 00	2,142 40	3,481 40
88	1998 BUICK LESABRE	06/19/09	200% DB	05/00	N	2,695 00	539 00	862 40	1,401 40
89	1996 PONTIAC	06/19/09	200% DB	05/00	N	3,850 00	770 00	1,232 00	2,002 00
90	2001 OLDSMOBILE INTRIGUE	07/24/09	200% DB	05/00	N	4,825 00	965 00	1,544 00	2,509 00
91	2007 CHRYSLER TOWN & COUN	07/24/09	200% DB	05/00	N	9,675 00	1,935 00	3,096 00	5,031 00
92	2006 CHEVY MALIBU	06/19/09	200% DB	05/00	N	8,501 87	1,700 37	2,720 60	4,420 97

**NEKCAP**  
**Depreciation Schedule by Category**  
**For the 12 Months Ended 03/31/11**

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 04/01/10	Current Depreciation	Accum Depr 03/31/11
<b>FEDERAL FIXED ASSETS</b>									
93	1999 BUICK REGAL	06/19/09	200% DB	05/00	N	7,475 47	1,495 09	2,392 15	3,887 24
94	2010 GMC 28 PASSENGER SCHC	01/14/10	200% DB	05/00	N	44,882 27	8,976 45	14,362 33	23,338 78
95	2004 DODGE GRAND CARAVAN	02/11/10	200% DB	05/00	N	7,175 00	1,435 00	2,296 00	3,731 00
96	2003 DODGE CARAVAN	02/25/10	200% DB	05/00	N	6,970 00	1,394 00	2,230 40	3,624 40
97	2005 DODGE CARAVAN	01/08/10	200% DB	05/00	N	7,500 00	1,500 00	2,400 00	3,900 00
98	2000 HONDA ODYSSEY VAN	01/21/10	200% DB	05/00	N	6,000 00	1,200 00	1,920 00	3,120 00
99	2007 CHRYSLER TOWN & COUN	01/21/10	200% DB	05/00	N	8,004 15	1,600 83	2,561 33	4,162 16
100	2005 DODGE CARAVAN	01/21/10	200% DB	05/00	N	7,690 00	1,538 00	2,460 80	3,998 80
101	2001 DODGE CARAVAN	03/25/10	200% DB	05/00	N	6,995 00	1,399 00	2,238 40	3,637 40
102	2002 DODGE CARAVAN	03/25/10	200% DB	05/00	N	7,892 00	1,578 40	2,525 44	4,103 84
103	2010 THOMAS 28 PASSENGER B	11/23/09	200% DB	05/00	N	44,509 18	8,901 84	14,242 94	23,144 78
104	2006 DODGE CARAVAN	10/16/09	200% DB	05/00	N	7,000 00	1,400 00	2,240 00	3,640 00
105	VISION SCREENING EQUIPMENT	04/01/09	200% DB	05/00	N	8,690 00	1,738 00	2,780 80	4,518 80
110	#57 2006 CHRYSLER TOWN & CC	08/25/10	200% DB	05/00	N	9,812 00	0 00	1,962 40	1,962 40
111	#59 2005 DODGE CARAVAN	07/28/10	200% DB	05/00	N	10,070 00	0 00	2,014 00	2,014 00
112	#58 2007 CHEVY MALIBU	09/01/10	200% DB	05/00	N	10,500 00	0 00	2,100 00	2,100 00
113	#60 2007 DODGE CARAVAN	10/20/10	200% DB	05/00	N	9,825 00	0 00	1,965 00	1,965 00
114	#61 2005 DODGE CARAVAN	11/09/10	200% DB	05/00	N	8,995 00	0 00	1,799 00	1,799 00
115	SAVIN 9250 SP COPY MACHINE	09/30/10	200% DB	05/00	N	7,900 00	0 00	1,580 00	1,580 00
116	TEACHING STRATEGIES TEACHI	09/15/10	200% DB	05/00	N	5,477 85	0 00	1,095 57	1,095 57
Total for (FEDERAL FIXED ASSETS)						1,108,470 79	852,958 50	90,295 48	943,253 98
Client Subtotal Before Sales						2,660,772 50	1,795,042 50	134,777 73	1,929,820 23
Less Assets Sold						69,346 00			69,346 00
Total						2,591,426 50	1,795,042 50	134,777 73	1,860,474 23

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

Department of the Treasury  
Internal Revenue Service

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

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990 T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ KATRINA RICE -----

Telephone No ▶ (785) 742-2222 FAX No ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**1** I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until Nov 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning Apr 1, 20 10, and ending Mar 31, 20 11

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**  
**Note.** Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868  
 • If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990 BL	02	Form 1041 A	08
Form 990 EZ	03	Form 4720	09
Form 990 PF	04	Form 5227	10
Form 990 T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990 T (trust other than above)	06	Form 8870	12

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

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

4 I request an additional 3-month extension of time until **Feb 15**, 20 **12**  
 5 For calendar year \_\_\_\_\_, or other tax year beginning **Apr 1**, 20 **10**, and ending **Mar 31**, 20 **11**  
 6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period  
 7 State in detail why you need the extension **The audit for the year is not yet completed. More time is needed to complete an accurate return.**

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

**Signature and Verification**

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

Signature **Rita Smayda** Title **CPA** Date **10/31/11**  
 BAA FIF20502 11/15/10 Form 8868 (Rev 1 2011)