

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning

and ending

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS CHILD ABUSE PREVENTION COALITION)

Number and street (or P O box if mail is not delivered to street address)

15440 W 65TH STREET

City or town, state or country, and ZIP + 4

SHAWNEE, KS 66217

D Employer identification number

48-0918698

E Telephone number

(913) 831-2272

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site ▶ N/A

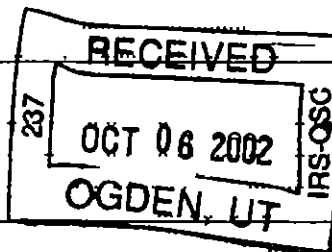
J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,771,148.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	920,440.	
b	Indirect public support	1b	72,708.	
c	Government contributions (grants)	1c	626,907.	
d	Total (add lines 1a through 1c) (cash \$ 1,620,055. noncash \$)	1d	1,620,055.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	12,199.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	16,340.	
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ MUTUAL FUNDS REALIZED GAINS)	7	2,214.	
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	
b	Less cost or other basis and sales expenses	(B) Other	8b	
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	120,340.	
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	120,340.	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,771,148.	
13	Program services (from line 44, column (B))	13	612,440.	
14	Management and general (from line 44, column (C))	14	51,535.	
15	Fundraising (from line 44, column (D))	15	71,383.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 13 and 14, column (A))	17	735,358.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,035,790.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,437,458.	
20	Other changes in net assets or fund balances (attach explanation)	20	0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,473,248.	



FILED OCT 21 2002

**SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS
CHILD ABUSE PREVENTION COALITION)**

48-0918698

Page 2

**Part I Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 60,000.	48,600.	5,700.	5,700.
26 Other salaries and wages	26 357,536.	328,292.	18,139.	11,105.
27 Pension plan contributions	27			
28 Other employee benefits	28 34,437.	25,401.	4,790.	4,246.
29 Payroll taxes	29 29,391.	26,425.	1,808.	1,158.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 6,655.	5,247.	885.	523.
34 Telephone	34 7,789.	6,216.	907.	666.
35 Postage and shipping	35 8,650.	6,510.	713.	1,427.
36 Occupancy	36 50,143.	42,786.	3,888.	3,469.
37 Equipment rental and maintenance	37 8,318.	6,800.	762.	756.
38 Printing and publications	38 17,829.	14,663.	594.	2,572.
39 Travel	39 10,423.	8,421.	203.	1,799.
40 Conferences, conventions, and meetings	40 6,623.	6,568.	44.	11.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 15,843.	13,308.	1,109.	1,426.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 121,721.	73,203.	11,993.	36,525.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 735,358.	612,440.	51,535.	71,383.

 Joint Costs Check ☐ If you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 5		
(Grants and allocations \$ _____)		612,440.
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		612,440.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	61,825.	45	25,755.
	46 Savings and temporary cash investments	268,349.	46	643,989.
	47 a Accounts receivable	47a 9,074.		
	b Less allowance for doubtful accounts	47b	47c 6,357.	9,074.
	48 a Pledges receivable	48a 1,276,275.		
	b Less allowance for doubtful accounts	48b 11,000.	48c 1,048,815.	1,265,275.
	49 Grants receivable	30,811.	49	87,108.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,072.	53	8,876.
	54 Investments - securities STMT 6 ☐ Cost ☒ FMV	0.	54	2,045.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 455,865.			
b Less accumulated depreciation STMT 7	57b 82,654.	57c 32,829.	373,211.	
58 Other assets (describe ☐ SEE STATEMENT 8)	18,153.	58	689,864.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,472,211.	59	3,105,197.	
Liabilities	60 Accounts payable and accrued expenses	1,154.	60	338,803.
	61 Grants payable		61	
	62 Deferred revenue		62	15,380.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 9		64b	254,456.
	65 Other liabilities (describe ☐ SEE STATEMENT 10)	33,599.	65	23,310.
66 Total liabilities (add lines 60 through 65)	34,753.	66	631,949.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	185,218.	67	1,199,705.
	68 Temporarily restricted	1,144,921.	68	1,270,043.
	69 Permanently restricted	107,319.	69	3,500.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,437,458.	73	2,473,248.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,472,211.	74	3,105,197.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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a	Total expenses and losses per audited financial statements	a	735,358.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	735,358.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	735,358.

[illegible]

Form 990 (2001)

Yes	No
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123041
01-02-02

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					9,862.
b MISCELLANEOUS REVENUE					2,337.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,340.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	2,214.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	120,340.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		138,894.	12,199.
105 Total (add line 104, columns (B), (D), and (E))					151,093.

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93A HELPED PROMOTE GREATER AWARENESS OF THE ORGANIZATION'S MISSION

93B HELPED PROMOTE GREATER AWARENESS OF THE ORGANIZATION'S MISSION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

I am preparing this return for the organization and I am a preparer of this return. I am not a preparer of this return.

1/02

Brenda R. Sharpe, Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization **SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS
CHILD ABUSE PREVENTION COALITION)**

Employer identification number
48 0918698

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS

Schedule A (Form 990 or 990-EZ) 2001 CHILD ABUSE PREVENTION COALITION)

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Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,675,030.	522,778.	355,954.	233,187.	2,786,949.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,673.	21,123.	6,937.	19,295.	56,028.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,183.	5,828.	5,612.	6,179.	23,802.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,689,886.	549,729.	368,503.	258,661.	2,866,779.
24 Line 23 minus line 17	1,681,213.	528,606.	361,566.	239,366.	2,810,751.
25 Enter 1% of line 23	16,899.	5,497.	3,685.	2,587.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 56,215.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 2,810,751.
d Add: Amounts from column (e) for lines 18 23,802. 19 26d 23,802.					
e Public support (line 26c minus line 26d total)					26e 2,786,949.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1532%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): N/A					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS

Schedule A (Form 990 or 990-EZ) 2001 **CHILD ABUSE PREVENTION COALITION)**

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Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.

35

Schedule A (Form 990 or 990-EZ) 2001

SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS

Schedule A (Form 990 or 990-EZ) 2001 CHILD ABUSE PREVENTION COALITION)

48-0918698 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

Schedule A (Form 980 or 990-EZ) 2001

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS
CHILD ABUSE PREVENTION COALITION)

Employer identification number

48-0918698

Organization type (check one)

Filers of:

Section.

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions.)

General Rule-

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization
**SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS
 CHILD ABUSE PREVENTION COALITION)**

Employer identification number

48-0918698

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 446,369.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2		\$ 126,917.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
3		\$ 59,645.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
4		\$ 47,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
5		\$ 60,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
6		\$ 325,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization
**SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS
 CHILD ABUSE PREVENTION COALITION)**

Employer identification number

48-0918698

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 52,895.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
8		\$ 150,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER	010190200DB5	00	17	17	1,535.			1,535.	1,535.		0.
2	LASERJET PRINTER	010190200DB5	00	17	17	1,695.			1,695.	1,695.		0.
3	LASER PRINTER	010191200DB5	00	17	17	689.			689.	689.		0.
4	OFFICE EQUIPMENT	010191200DB7	00	17	17	10,000.			10,000.	10,000.		0.
5	COPY MACHINE	010193200DB5	00	17	17	6,000.			6,000.	6,000.		0.
6	COMPUTERS	112994200DB5	00	17	17	3,551.			3,551.	3,551.		0.
7	FUNDRAISING SOFTWARE	122994200DB3	00	17	17	1,290.			1,290.	1,290.		0.
8	OFFICE EQUIPMENT	010191200DB7	00	17	17	4,293.			4,293.	4,293.		0.
9	COMPUTER	060196200DB5	00	17	17	1,809.			1,809.	1,732.		77.
10	COMPUTER	101196200DB5	00	17	17	3,078.			3,078.	2,784.		294.
11	PRINTERS	111396200DB5	00	17	17	590.			590.	534.		56.
12	FAK MACHINE	123096200DB5	00	17	17	534.			534.	483.		51.
13	UTILITY CABINET	012997200DB7	00	17	17	156.			156.	107.		14.
14	PRINTER	031297200DB5	00	17	17	387.			387.	320.		45.
15	PRINTER	060997200DB5	00	17	17	329.			329.	272.		38.
16	FAK MACHINE	062597200DB5	00	17	17	400.			400.	331.		46.
17	COMPUTER	071197200DB5	00	17	17	1,456.			1,456.	1,205.		167.
18	TV/VCR COMBO	123197200DB5	00	17	17	850.			850.	703.		98.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - IRC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	OFFICE MAX DESK, CHAIR	0116982000	DB	7.00	17	130.			130.	74.		16.
20	OFFICE MAX MARKER BOARD, SCREEN	0116982000	DB	7.00	17	337.			337.	190.		42.
21	PHONE SYSTEM (RONAN COMMUNICATION)	0116982000	DB	5.00	17	4,211.			4,211.	2,999.		485.
22	CONFERENCE ROOM FURNITURE (SQA MARSHALL)	0225982000	DB	7.00	17	1,500.			1,500.	843.		187.
23	CONF. ROOM TABLE	0303982000	DB	7.00	17	207.			207.	117.		26.
24	FRAMED ART	0303982000	DB	7.00	17	490.			490.	276.		61.
25	OFFICE MAX TABLE, STORAGE CABINET	0309982000	DB	7.00	17	1,119.			1,119.	630.		140.
26	BLINDS IN OFFICE	0310982000	DB	7.00	17	54.			54.	30.		7.
27	OFFICE MAX DESK CHAIR	0327982000	DB	7.00	17	881.			881.	496.		110.
28	RECEPTION STATION	0327982000	DB	7.00	17	1,305.			1,305.	734.		163.
29	CONFERENCE ROOM TABLE	0401982000	DB	7.00	17	1,120.			1,120.	630.		140.
30	END TABLE	0415982000	DB	7.00	17	432.			432.	244.		54.
31	DESK CHAIR, CLIENT CHAIR	0416982000	DB	7.00	17	215.			215.	122.		27.
32	TV/VCR COMBOS	0429982000	DB	5.00	17	681.			681.	485.		78.
33	COMPUTER-INTERVENTION	0515982000	DB	5.00	17	1,680.			1,680.	1,197.		194.
34	CONFERENCE ROOM CHAIRS	0515982000	DB	7.00	17	1,316.			1,316.	740.		164.
35	OFFICE FURNITURE-DESKS	0529982000	DB	7.00	17	1,401.			1,401.	788.		175.
36	BOOKSHELVES	0529982000	DB	7.00	17	417.			417.	235.		52.

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	BLINDS	0908982000	DB7.00	17		68.			68.	39.		8.
38	COMPUTER - INTERVENTION	1130982000	DB5.00	17		1,019.			1,019.	726.		117.
39	PRINTER (COMP USA)	0128992000	DB5.00	17		1,648.			1,648.	857.		316.
40	FURNITURE (OFFICEMAX)	0401992000	DB7.00	17		253.			253.	98.		44.
41	COMPUTER SERVER	0628992000	DB5.00	17		7,692.			7,692.	3,999.		1,477.
42	PRINTER (COMP USA)	0813992000	DB5.00	17		319.			319.	166.		61.
43	SOFTWARE (BLACKBAUD)	090299	36M	42		11,170.			11,170.	4,964.		3,723.
44	COMPUTERS (21 CENTURY)	0902992000	DB5.00	17		942.			942.	489.		181.
45	FILE CABINET	0929992000	DB7.00	17		309.			309.	120.		54.
46	TELEPHONE SYSTEM	0929992000	DB5.00	17		1,038.			1,038.	540.		199.
47	COMPUTERS (PROGRESS COMMUNICATIONS)	0929992000	DB5.00	17		648.			648.	337.		124.
48	COMPUTERS (21 CENTURY)	1018992000	DB5.00	17		1,097.			1,097.	570.		211.
49	FURNITURE (RAINEN BUSINESS INTE)	1220992000	DB7.00	17		2,007.			2,007.	779.		351.
50	ML PRINTER	0219992000	DB5.00	17		400.			400.	208.		77.
51	SOFTWARE (BLACKBAUD)	0902992000	DB5.00	17		2,300.			2,300.	1,196.		442.
52	A-PLUS COMPUTERS - EQUIPMENT	0417002000	DB5.00	17		630.			630.	126.		202.
53	COMP USA - EQUIPMENT	0501002000	DB5.00	17		999.			999.	200.		320.
54	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	0425002000	DB5.00	17		1,257.			1,257.	251.		402.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
55	JOHN MARSHALL CO - FURNITURE	061900	200DB	7.00	17	578.			578.	83.		142.
56	AT&T UNIVERSAL BUSINESS - EQUIPMENT	071000	200DB	5.00	17	2,441.			2,441.	488.		781.
57	RAINEN BUSINESS INTE - EQUIPMENT	072000	200DB	5.00	17	872.			872.	174.		279.
58	JOHN MARSHALL CO - FURNITURE	072800	200DB	7.00	17	1,895.			1,895.	271.		464.
59	OFFICE MAX - EQUIPMENT	072800	200DB	5.00	17	572.			572.	114.		183.
60	FRINGED BENEFITS INT - EQUIPMENT	080800	200DB	5.00	17	1,456.			1,456.	291.		466.
61	FRINGED BENEFITS INT - EQUIPMENT	110100	200DB	5.00	17	1,892.			1,892.	378.		605.
62	OFFICE EQUIPMENT	010101	200DB	5.00	19B	1,070.			1,070.			375.
63	COMPUTER-NOBILIS SERIES BASE SYSTEM	072001	200DB	5.00	19B	3,980.			3,980.			597.
64	COMPUTER & 17" MONITOR	092401	200DB	5.00	19B	1,074.			1,074.			161.
65	SOFTWARE (RAISER'S EDGE)	103001		36M	41	2,565.			2,565.			143.
66	COMPUTER - CASE TRACKING SERVER	122101	200DB	5.00	19B	6,625.			6,625.			331.
	* TOTAL 990 PAGE 2 DEPR & AMORT					114,954.		0.	114,954.	65,818.	0.	15,843.

FOOTNOTES

STATEMENT 1

WE ELECT NOT TO CLAIM THE 30% BONUS DEPRECIATION ON 5 YEAR
PROPERTY PLACED IN SERVICE IN THE 2001 TAX YEAR.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VALENTINE GALA	120,340.		120,340.		120,340.
TO FM 990, PART I, LINE 9	120,340.		120,340.		120,340.

FORM 990 **OTHER EXPENSES** **STATEMENT** **3**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	5,862.	4,806.	528.	528.
STAFF DEVELOPMENT	9,348.	7,052.	1,741.	555.
VOLUNTEERS	5,730.	4,115.	2.	1,613.
EMPLOYEE VACATION EXPENSES	0.			
PROFESSIONAL SERVICES	52,699.	22,921.	3,967.	25,811.
AFFILIATION PAYMENT DUE AND SUBSCRIPTIONS	675.	550.		125.
MEDIA PURCHASE	3,053.	1,419.	1,469.	165.
MILEAGE EXPENSES	5,762.	5,147.	288.	327.
MISC.	2,395.	2,911.	-28.	-488.
DATA PROCESSING	9,404.	6,763.	673.	1,968.
CAPITAL CAMPAIGN	0.			
BAD DEBT EXPENSE	3,000.		3,000.	
PASS THROUGH GRANTS	10,973.	10,973.		
PUBLIC RELATIONS	12,820.	6,546.	353.	5,921.
TOTAL TO FM 990, LN 43	121,721.	73,203.	11,993.	36,525.

FORM 990 **STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE** **STATEMENT** **4**
PART III

EXPLANATION

TO PREVENT CHILD ABUSE AND NEGLECT IN THIS COMMUNITY THROUGH CHILD CENTERED
PROGRAMS AND INTERVENTIONS

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE ONE

SUNFLOWER HOUSE, INC. IS A NOT-FOR-PROFIT CORP
 ORGANIZED & OPERATED TO PROMOTE DEVELOPMENT OF COMMUNITY
 RESOURCES & SUPPORT LOCAL, STATE & NATL PROGRAMS THAT
 PREVENT CHILD ABUSE IN JOHNSON COUNTY, KS.
 THE 4 SERVICES THAT THE COALITION PROVIDES ARE:
 PUBLIC EDUCATION FOR THE PREVENTION OF CHILD ABUSE, ADVOCACY
 & PREVENTION OF CHILD ABUSE, EXERCISES BY ABUSED CHILDREN TO
 PROVIDE THEM WITH BEHAVIORAL ALTERNATIVES THROUGH SELF ESTEEM

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		612,440.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS			2,045.		2,045.
TO 990, LN 54 COL B			2,045.		2,045.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	1,535.	1,535.	0.
LASERJET PRINTER	1,695.	1,695.	0.
LASER PRINTER	689.	689.	0.
OFFICE EQUIPMENT	10,000.	10,000.	0.
COPY MACHINE	6,000.	6,000.	0.
COMPUTERS	3,551.	3,551.	0.
FUNDRAISING SOFTWARE	1,290.	1,290.	0.
OFFICE EQUIPMENT	4,293.	4,293.	0.
COMPUTER	1,809.	1,809.	0.
COMPUTER	3,078.	3,078.	0.
PRINTERS	590.	590.	0.
FAX MACHINE	534.	534.	0.

UTILITY CABINET	156.	121.	35.
PRINTER	367.	365.	22.
PRINTER	329.	310.	19.
FAX MACHINE	400.	377.	23.
COMPUTER	1,456.	1,372.	84.
TV/VCR COMBO	850.	801.	49.
OFFICE MAX DESK, CHAIR	130.	90.	40.
OFFICE MAX MARKER BOARD, SCREEN	337.	232.	105.
PHONE SYSTEM (RONAN COMMUNICATION)	4,211.	3,484.	727.
CONFERENCE ROOM FURNITURE (SQA MARSHALL)	1,500.	1,030.	470.
CONF. ROOM TABLE	207.	143.	64.
FRAMED ART	490.	337.	153.
OFFICE MAX TABLE, STORAGE CABINET	1,119.	770.	349.
BLINDS IN OFFICE	54.	37.	17.
OFFICE MAX DESK CHAIR	881.	606.	275.
RECEPTION STATION	1,305.	897.	408.
CONFERENCE ROOM TABLE	1,120.	770.	350.
END TABLE	432.	298.	134.
DESK CHAIR, CLIENT CHAIR	215.	149.	66.
2 TV/VCR COMBOS	681.	563.	118.
COMPUTER-INTERVENTION	1,680.	1,391.	289.
CONFERENCE ROOM CHAIRS	1,316.	904.	412.
OFFICE FURNITURE-DESKS	1,401.	963.	438.
BOOKSHELVES	417.	287.	130.
BLINDS	68.	47.	21.
COMPUTER-INTERVENTION	1,019.	843.	176.
PRINTER (COMP USA)	1,648.	1,173.	475.
FURNITURE (OFFICEMAX)	253.	142.	111.
COMPUTER SERVER	7,692.	5,476.	2,216.
PRINTER (COMP USA)	319.	227.	92.
SOFTWARE (BLACKBAUD)	11,170.	8,687.	2,483.
COMPUTERS (21 CENTURY)	942.	670.	272.
FILE CABINET	309.	174.	135.
TELEPHONE SYSTEM	1,038.	739.	299.
COMPUTERS (PROGRESS COMMUNICATIONS)	648.	461.	187.
COMPUTERS (21 CENTURY)	1,097.	781.	316.
FURNITURE (RAINEN BUSINESS INTE)	2,007.	1,130.	877.
ML PRINTER	400.	285.	115.
SOFTWARE (BLACKBAUD)	2,300.	1,638.	662.
A-PLUS COMPUTERS - EQUIPMENT	630.	328.	302.
COMP USA - EQUIPMENT	999.	520.	479.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	1,257.	653.	604.
JOHN MARSHALL CO - FURNITURE	578.	225.	353.
AT&T UNIVERSAL BUSINESS - EQUIPMENT	2,441.	1,269.	1,172.
RAINEN BUSINESS INTE - EQUIPMENT	872.	453.	419.

SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS

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JOHN MARSHALL CO - FURNITURE	1,895.	735.	1,160.
OFFICE MAX - EQUIPMENT	572.	297.	275.
FRINGED BENEFITS INT - EQUIPMENT	1,456.	757.	699.
FRINGED BENEFITS INT - EQUIPMENT	1,892.	983.	909.
OFFICE EQUIPMENT	1,070.	375.	695.
COMPUTER-NOBILIS SERIES BASE SYSTEM	3,980.	597.	3,383.
COMPUTER & 17"MONITOR	1,074.	161.	913.
SOFTWARE (RAISER'S EDGE)	2,565.	143.	2,422.
COMPTER- CASE TRACKING SERVER	6,625.	331.	6,294.
TOTAL TO FORM 990, PART IV, LN 57	114,954.	81,661.	33,293.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
SECURITY DEPOSIT	1,830.
CONSTRUCTION IN PROGRESS	677,354.
CASH-PERMANENETLY RESTRICTED	500.
DONATED AUCTION INVENTORY	10,180.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	689,864.

FORM 990 MORTGAGES PAYABLE STATEMENT 9

DESCRIPTION	BALANCE DUE
MISSION BANK	254,456.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	254,456.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
ACCRUED VACATION PAYABLE	17,919.
ACCRUED PAYROLL LIABILITIES	5,391.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	23,310.

Depreciation and Amortization
(Including Information on Listed Property) **990**

See separate instructions. Attach to your tax return

OMB No 1545-0172

2001

Attachment
Sequence No. **87**

Name(s) shown on return

**SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS
CHILD ABUSE PREVENTION COALITION)**

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

48-0918698

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
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 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 2000 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	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 2002 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)

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	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 2001	17	10,513.
18 If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2001 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						
b 5-year property		12,749.	5 YRS.	MQ	200DB	1,464.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2001 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 Instr	22	11,977.
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, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, 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 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 listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See 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?		

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 2001 tax year SOFTWARE (RAISER'S EDGE)	103001	2,565.		36M	143.
43 Amortization of costs that began before your 2001 tax year				43	3,723.
44 Total. Add amounts in column (f). See instructions for where to report				44	3,866.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► 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 ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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

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

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS CHILD ABUSE PREVENTION COALITION)	Employer identification number 48-0918698
	Number, street, and room or suite no. If a P O box, see instructions 6811 W 63RD ST, NO. 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions OVERLAND PARK, KS 66202-4003	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- 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 will cover

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 15, 2002**
to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2001** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

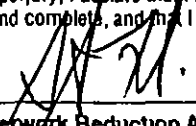
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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 ►  Title ► **CPA** Date ► **5/14/02**
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• 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 - Must file Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
	SUNFLOWER HOUSE, INC. (FORMERLY KNOWN AS CHILD ABUSE PREVENTION COALITION)	48-0918698
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
File by the extended due date for filing the return. See instructions	6811 W 63RD ST, NO. 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	OVERLAND PARK, KS 66202-4003	

Check type of return to be filed (File a separate application for each return)

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

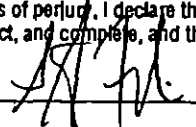
• If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this 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 NOVEMBER 15, 2002
 5 For calendar year 2001, or other tax year beginning _____ and ending _____
 6 If this tax year 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
ALL INFORMATION NECESSARY TO PREPARE AN ACCURATE RETURN
HAS NOT YET BEEN COMPILED

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 \$ _____
 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 \$ _____
 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

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 

Title CPA

Date AUG 14 2002

Notice to Applicant - To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____

EXTENSION APPROVED

Director _____

By _____

Date AUG 23 2002

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name	LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) Or a P.O. box number	GOTTLIEB, FLEKIER & CO., P.A. 4501 COLLEGE BLVD., SUITE 160
	City or town, province or state, and country (including postal or ZIP code)	LEAWOOD, KS 66211