

Form **990**Department of the Treasury
Internal Revenue Service**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

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning

and ending

B Check if
applicable

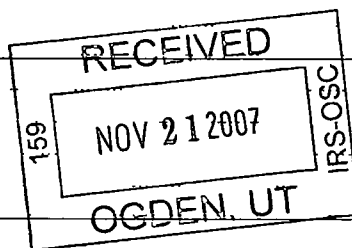
- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions**C** Name of organization**SUNFLOWER HOUSE**

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) 631-5800****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 ▶ **N/A****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 or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **N/A****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**1,392,014.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received**a** Contributions to donor advised funds**1a****b** Direct public support (not included on line 1a)**1b****550,346.****c** Indirect public support (not included on line 1a)**1c****83,900.****d** Government contributions (grants) (not included on line 1a)**1d****416,411.****e** Total (add lines 1a through 1d) (cash \$ **1,050,657.** noncash \$)**1e****1,050,657.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****32,790.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****25,733.****5** Dividends and interest from securities**5****6 a** 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 GAIN**)**7****31,820.****8 a** Gross amount from sales of assets other
than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**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). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **0.** of contributions reported on line 1b)**9a****251,014.****b** Less: direct expenses other than fundraising expenses**9b****101,283.****c** Net income or (loss) from special events. Subtract line 9b from line 9a**SEE STATEMENT 1****9c****149,731.****10 a** 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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12****1,290,731.****13** Program services (from line 44, column (B))**13****1,170,670.****14** Management and general (from line 44, column (C))**14****119,672.****15** Fundraising (from line 44, column (D))**15****216,277.****16** Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 16 and 44, column (A)**17****1,506,619.****18** Excess or (deficit) for the year. Subtract line 17 from line 12**18****-215,888.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****3,456,267.****20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 2****20****-15,627.****21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**21****3,224,752.**623001
01-18-07

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

Form 990 (2006)

G1710

SCANNED DEC 19 2007
Revenue

Part II 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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here ☐				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here ☐				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4	83,093.	49,856.	16,619.	16,618.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	602,642.	516,808.	27,680.	58,154.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	62,001.	47,952.	4,538.	9,511.
29 Payroll taxes	49,848.	41,172.	3,228.	5,448.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	21,554.	18,240.	1,112.	2,202.
34 Telephone	30,549.	26,922.	1,218.	2,409.
35 Postage and shipping	7,215.	4,515.	300.	2,400.
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	22,988.	13,484.	757.	8,747.
39 Travel	11,730.	10,661.	107.	962.
40 Conferences, conventions, and meetings	3,497.	3,494.	1.	2.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	103,609.	88,067.	5,181.	10,361.
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	507,893.	349,499.	58,931.	99,463.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,506,619.	1,170,670.	119,672.	216,277.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 6**

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 \$) If this amount includes foreign grants, check here ► ☐ **1,170,670.**

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► **1,170,670.**

Form 990 (2006)

Part IV Balance Sheets (See the instructions)**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	149,156.	45	141,402.
	46 Savings and temporary cash investments	86,720.	46	74,161.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a	150,026.	
	b Less allowance for doubtful accounts	48b	27,500.	48c
	49 Grants receivable		39,309.	49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	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		2,898.	53
	54 a Investments - publicly-traded securities	☐ Cost ☐ FMV		54a
	b Investments - other securities	☐ Cost ☐ FMV		54b
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	2,966,548.		
b Less accumulated depreciation STMT 7	57b	673,605.	57c	
58 Other assets, including program-related investments (describe ☐ SEE STATEMENT 8)		686,060.	58	
59 Total assets (must equal line 74) Add lines 45 through 58		3,644,348.	59	
Liabilities	60 Accounts payable and accrued expenses		26,182.	60
	61 Grants payable			61
	62 Deferred revenue		21,835.	62
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities			64a
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ☐ SEE STATEMENT 9)		140,064.	65
66 Total liabilities. Add lines 60 through 65		188,081.	66	
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		2,367,295.	67
	68 Temporarily restricted		442,188.	68
	69 Permanently restricted		646,784.	69
	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 and column (B) must equal line 21)		3,456,267.	73
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,644,348.	74

Part IV-Ae Total revenue**Part IV-B**e Total exp

Part V-A

Part V-A

Yes	No
-----	----

21

75b

X

75c

X

75d

X

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76

X

77

X

78a

x

78a

X

N/A

78b

79

x

80a

X

N/A

€

10

Nonexempt

81a

0

81b

X

Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed <u>KS</u>			
b	Number of employees employed in the pay period that includes March 12, 2006	90b	18	
91 a	The books are in care of <u>CYNTHIA SMITH</u> Telephone no. <u>913-631-5800</u> Located at <u>15440 W. 65TH STREET, SHAWNEE, KS, SHAWNEE, KS</u> ZIP + 4 <u>66217</u>			
b	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

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					32,790.
b					
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	25,733.	
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	31,820.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	149,731.	
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.		207,284.	32,790.
105 Total (add line 104, columns (B), (D), and (E))					240,074.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(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 the instructions)

(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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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.

Please Sign Here: *Cynthia L. Smith* Signature of officer Date: **11-13-07**

Paid Preparer's Use Only: Preparer's signature: **STEVE FLEKIER** Date: **11/12/07** Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen Inst X): **EIN**

Firm's name (or yours if self-employed), address, and ZIP + 4: **GOTTLIEB, FLEKIER & CO., P.A.
12721 METCALF AVENUE, SUITE 201
OVERLAND PARK, KS 66213** Phone no.: **(913) 491-6655**

Form 990 (2006)

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 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

2006

Name of the organization

SUNFLOWER HOUSE

Employer identification number

48 0918698

Part I

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

(See page 2 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
AMY BOYDSTON	VP PROGRAMS 37.50	56,001.		
Total number of other employees paid over \$50,000 ▶		0		

Part II-A

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 II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

1 **X**

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.

- 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 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a **X**

b Did the organization have a section 403(b) annuity plan for its employees?

3b **X**

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c **X**

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d **X**

- 4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a **X**

b Did the organization make any taxable distributions under section 4966?

4b **X**

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c **X**

d Enter the total number of donor advised funds owned at the end of the tax year

► **0**

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► **0.**

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► **0.**

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

► **0.**

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	986,616.	1,114,872.	1,075,353.	2,793,790.	5,970,631.
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	59,756.	32,271.	17,582.	7,717.	117,326.
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	17,485.	13,519.	21,655.	11,570.	64,229.
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	1,063,857.	1,160,662.	1,114,590.	2,813,077.	6,152,186.
24 Line 23 minus line 17	1,004,101.	1,128,391.	1,097,008.	2,805,360.	6,034,860.
25 Enter 1% of line 23	10,639.	11,607.	11,146.	28,131.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					120,697.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					6,034,860.
d Add: Amounts from column (e) for lines: 18 64,229. 19 22 26b					64,229.
e Public support (line 26c minus line 26d total)					5,970,631.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.9357%
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					
(2005) (2004) (2003) (2002)					
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 11b, 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					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

Part V Private School Questionnaire (See page 9 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
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?	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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 -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount 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	41	
If the amount on line 40 is -	The lobbying nontaxable amount 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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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.)

Yes	No	Amount
		0.

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

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
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Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
20	BUILDING	080102SL		39.00	16	2,026,140.			2,026,140.	177,503.		51,952.
	* 990 PAGE 2 TOTAL											
	BUILDINGS					2,026,140.		0.	2,026,140.	177,503.	0.	51,952.
	LAND											
21	2002 LAND IMPROVEMENTS	062802SL		39.00	16	4,609.			4,609.	413.		118.
62	LAND 2001	123101L		39.00		358,403.			358,403.			0.
	* 990 PAGE 2 TOTAL											
	LAND					363,012.		0.	363,012.	413.	0.	118.
	OTHER											
1	UTILITY CABINET	012997200DB		7.00	17	156.			156.	156.		0.
2	OFFICE MAX MARKER BOARD, SCREEN	011698200DB		7.00	17	337.			337.	337.		0.
3	CONFERENCE ROOM FURNITURE (SQA MARSHAL)	022598200DB		7.00	17	1,500.			1,500.	1,500.		0.
4	CONF. ROOM TABLE	030398200DB		7.00	17	207.			207.	207.		0.
5	2 TV/VCR COMBOS	042998200DB		5.00	17	681.			681.	681.		0.
6	CONFERENCE ROOM CHAIRS	051598200DB		7.00	17	1,316.			1,316.	1,316.		0.
7	COMPUTER SERVER	062899200DB		5.00	17	7,692.			7,692.	7,692.		0.
8	SOFTWARE (BLACKBAUD)	090299		36M	43	11,170.			11,170.	11,170.		0.
9	FILE CABINET FURNITURE (RAINEN)	092999200DB		7.00	17	309.			309.	297.		12.
10	BUSINESS INTE)	122099200DB		7.00	17	2,007.			2,007.	1,918.		89.

428102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	SOFTWARE (BLACKBAUD) - TWENT-FIRST CENTURY -	090299	200DB	5.00	17	2,300.			2,300.	2,300.		0.
12	COMPUTER EQUIPMENT AT&T UNIVERSAL	042500	200DB	5.00	17	1,257.			1,257.	1,257.		0.
13	BUSINESS - EQUIPMENT JOHN MARSHALL CO -	071000	200DB	5.00	17	2,441.			2,441.	2,441.		0.
14	FURNITURE	072800	200DB	7.00	17	1,895.			1,895.	1,641.		169.
15	OFFICE EQUIPMENT COMPUTER-NOBILIS	010101	200DB	5.00	17	1,070.			1,070.	1,056.		14.
16	SERIES BASE SYSTEM	072001	200DB	5.00	17	3,980.			3,980.	3,699.		281.
17	COMPUTER & 17" MONITOR SOFTWARE (RAISER'S	092401	200DB	5.00	17	1,074.			1,074.	997.		77.
18	EDGE)	103001		36M	43	2,565.			2,565.	2,565.		0.
19	COMPTER- CASE TRACKING SERVER	122101	200DB	5.00	17	6,625.			6,625.	5,991.		634.
22	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	011502	200DB	5.00	17	2,478.			2,478.	2,050.		285.
23	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	020102	200DB	5.00	17	1,075.			1,075.	889.		124.
24	COMP USA - EQUIPMENT PARADISE AQUATICS	030402	200DB	5.00	17	1,530.			1,530.	1,266.		176.
25	AQUARIUM	050302	200DB	7.00	17	1,500.			1,500.	1,030.		134.
26	CITIBUSINESS CARDS	052302	200DB	5.00	17	560.			560.	464.		65.
27	INTER-TEL TECHNOLOGY	060302	200DB	7.00	17	10,400.			10,400.	7,151.		929.
28	AUDIOVISUAL	062802	200DB	7.00	17	76,074.			76,074.	52,309.		6,793.
29	COOPER SURGICAL MIDWEST MEDICAL	062802	200DB	7.00	17	31,273.			31,273.	21,504.		2,793.
30	SUPPLIES	062802	200DB	7.00	17	19,138.			19,138.	13,159.		1,709.

628102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	SENTRY SECURITY	062802	200DB	7.00	17	6,168.			6,168.	4,241.		551.
32	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	062802	200DB	5.00	17	23,719.			23,719.	19,620.		2,732.
33	SOUTHWESTERN BELL	070902	200DB	7.00	17	2,101.			2,101.	1,444.		188.
34	COMP USA - EQUIPMENT	071502	200DB	5.00	17	510.			510.	422.		59.
35	AMERICAN EXPRESS	080602	200DB	7.00	17	623.			623.	429.		56.
36	COMP USA - EQUIPMENT	080602	200DB	5.00	17	900.			900.	745.		104.
37	INTER-TEL TECHNOLOGY MIDWEST MEDICAL	080602	200DB	5.00	17	21,603.			21,603.	17,871.		2,489.
38	SUPPLIES	080602	200DB	7.00	17	872.			872.	601.		78.
39	OFFICE MAX - EQUIPMENT	080602	200DB	7.00	17	749.			749.	515.		67.
40	COMP USA - EQUIPMENT	082702	200DB	5.00	17	505.			505.	418.		58.
41	ALL NATIONS FLAG PARADISE AQUATICS	082802	200DB	7.00	17	1,479.			1,479.	1,017.		132.
42	AQUARIUM	082802	200DB	7.00	17	2,061.			2,061.	1,417.		184.
43	SOUTHWESTERN BELL	090502	200DB	7.00	17	1,440.			1,440.	991.		129.
44	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	100202	200DB	5.00	17	3,426.			3,426.	2,834.		395.
45	SCOTT RICE OFFICE WORKS	100302	200DB	7.00	17	881.			881.	606.		79.
46	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	102402	200DB	5.00	17	735.			735.	608.		85.
47	AUDIOVISUAL	111502	200DB	7.00	17	4,163.			4,163.	2,863.		372.
48	GE-ERC APPLIANCES	111502	200DB	7.00	17	3,023.			3,023.	2,079.		270.

828102
07-28-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	AMERICAN EXPRESS PARADISE AQUATICS	11/21/02	200DB	7.00	17	2,705.			2,705.	1,860.		242.
50	AQUARIUM	12/19/02	200DB	7.00	17	375.			375.	259.		33.
51	TEAM OFFICE EQUIPMENT	05/22/02	200DB	7.00	17	94,000.			94,000.	64,636.		8,394.
52	PEOPLE FRIENDLY PALCES	06/28/02	200DB	7.00	17	1,152.			1,152.	792.		103.
53	TEAM OFFICE EQUIPMENT HEGARTY OFFICE	06/28/02	200DB	7.00	17	106,217.			106,217.	73,035.		9,485.
54	EQUIPMENT	08/27/02	200DB	7.00	17	2,575.			2,575.	1,771.		230.
55	TEAM OFFICE EQUIPMENT	08/27/02	200DB	7.00	17	792.			792.	545.		71.
56	BYERLEY EQUIPMENT	09/27/02	200DB	7.00	17	1,765.			1,765.	1,213.		158.
57	TEAM OFFICE EQUIPMENT	10/24/02	200DB	7.00	17	8,415.			8,415.	5,787.		751.
58	TEAM OFFICE EQUIPMENT	11/15/02	200DB	7.00	17	4,865.			4,865.	3,345.		434.
59	TEAM OFFICE EQUIPMENT	12/04/02	200DB	7.00	17	13,710.			13,710.	9,427.		1,224.
60	VIC GRAF GALLERY	12/19/02	200DB	7.00	17	450.			450.	309.		40.
61	TEAM OFFICE EQUIPMENT	12/30/02	200DB	7.00	17	721.			721.	496.		64.
63	OFFICE EQUIPMENT	02/04/03	200DB	7.00	17	842.			842.	473.		105.
64	OFFICE EQUIPMENT	02/14/03	200DB	7.00	17	620.			620.	349.		77.
65	RICE TWENT-FIRST CENTURY - OFFICE EQUIPMENT-SCOTT	03/04/03	200DB	7.00	17	878.			878.	494.		110.
66	COMPUTER EQUIPMENT TWENT-FIRST CENTURY -	04/22/03	200DB	5.00	17	1,737.			1,737.	1,237.		200.
67	COMPUTER EQUIPMENT	07/14/03	200DB	7.00	17	810.			810.	456.		101.

628102
07-28-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	OFFICE EQUIPMENT	061603	200DB	7.00	17	2,176.			2,176.	1,225.		272.
69	OFFICE EQUIPMENT BUILDING-FINAL	071403	200DB	7.00	17	704.			704.	396.		88.
70	CONSTRUCTION PMT	022803	SL	39.00	17	19,826.			19,826.	1,461.		508.
71	BUILDING-IMPROVEMENTS	012103	SL	39.00	17	1,019.			1,019.	77.		26.
72	BUILDING-IMPROVEMENTS	040403	SL	39.00	17	1,220.			1,220.	84.		31.
73	BUILDING-IMPROVEMENTS	063003	SL	39.00	17	2,633.			2,633.	173.		68.
74	BUILDING-IMPROVEMENTS	073003	SL	39.00	17	426.			426.	27.		11.
75	SOUNDMASKING EQUIPMENT & INSTALL	030303	200DB	5.00	17	769.			769.	548.		89.
76	PHILLIPS DVD RECORDER	030303	200DB	5.00	17	838.			838.	597.		97.
77	AQUARIUM & SUPPLIES	031203	200DB	7.00	17	228.			228.	129.		28.
78	MEDICAL CABINETS	031203	200DB	7.00	17	4,600.			4,600.	2,589.		575.
79	TACKBOARD FOR OBS ROOM	012103	200DB	7.00	17	1,326.			1,326.	746.		166.
80	ARMOIRES & MORE (IN KIND GIFT)	022803	200DB	7.00	17	1,199.			1,199.	675.		150.
81	CHILD ASSESSMENT MURAL	030403	200DB	7.00	17	4,000.			4,000.	2,252.		500.
82	OFFICE EQUIPMENT	052303	200DB	7.00	17	503.			503.	283.		63.
83	PICTURES FOR NEW OFFICE	100603	200DB	7.00	17	688.			688.	386.		86.
84	PC & MONITOR MEDICAL NURSE	010804	200DB	5.00	17	875.			875.	455.		168.
85	PC & MONITOR DEVELOPMENT	010804	200DB	5.00	17	814.			814.	423.		156.

828102
07-28-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
86	COMPUTER- WINDOWS XP & OFFICE 2003-MEDICAL	031704	200DB	5.00	17	635.			635.	330.		122.
87	SOFTWARE LICENSE	083004	200DB	3.00	17	1,000.			1,000.	778.		148.
88	LAPTOP -EDUCATION	092904	200DB	5.00	17	1,113.			1,113.	579.		214.
89	LAPTOP -EDUCATION	092904	200DB	5.00	17	1,113.			1,113.	579.		214.
90	PROJECTOR- EDUCATION	092904	200DB	5.00	17	1,118.			1,118.	582.		215.
91	COMPUTER SERVER	092904	200DB	5.00	17	4,545.			4,545.	2,363.		873.
92	COMPUTER-ADMIN	101904	200DB	5.00	17	555.			555.	289.		107.
93	COMPUTER-PAYROLL	101904	200DB	5.00	17	555.			555.	289.		107.
94	CAMERA LENS	121504	200DB	5.00	17	768.			768.	400.		147.
95	TABLE- MEDICAL	022704	200DB	7.00	17	963.			963.	374.		168.
96	FILE CABINET-MEDICAL	030104	200DB	7.00	17	705.			705.	274.		123.
97	DRYER-MEDICAL	091704	200DB	5.00	17	427.			427.	222.		82.
98	WASHER-MEDICAL	091704	200DB	5.00	17	481.			481.	250.		92.
99	FRENCH DOORS SOFTWARE CASH	090706	200DB	7.00	19C	3,207.			3,207.			458.
100	MANAGEMENT	081406	200DB	3.00	19A	3,750.			3,750.			1,250.
* 990 PAGE 2 TOTAL						574,976.						
OTHER						2,964,128.						
* GRAND TOTAL 990 PAGE 2 DEPR & AMORT								0.	574,976.	392,083.	0.	51,536.
								0.	2,964,128.	569,999.	0.	103,606.

428102
07-28-06

(D) Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VALENTINE GALA	251,014.		251,014.	101283.	149,731.
TO FM 990, PART I, LINE 9	251,014.		251,014.	101283.	149,731.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
DESCRIPTION		AMOUNT
AUDIT PRIOR PERIOD ADJUSTMENT		-15,627.
TOTAL TO FORM 990, PART I, LINE 20		-15,627.

FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	25,949.	21,772.	1,565.	2,612.
STAFF DEVELOPMENT	17,372.	14,161.	1,180.	2,031.
VOLUNTEERS	10,333.	6,867.	699.	2,767.
PROFESSIONAL SERVICES	269,137.	184,234.	38,662.	46,241.
AFFILIATION PAYMENT	3,442.	2,085.	665.	692.
MEDIA PURCHASE	5,455.	645.	171.	4,639.
MILEAGE EXPENSES	13,253.	10,945.	162.	2,146.
MISC.	15,492.	4,381.	840.	10,271.
DATA PROCESSING	18,344.	15,139.	724.	2,481.
PUBLIC RELATIONS	1,218.	613.	92.	513.
UTILITIES	30,020.	25,118.	1,811.	3,091.
MAINTENANCE	54,224.	45,339.	3,556.	5,329.
BAD DEBT EXPENSE	15,000.			15,000.
LIONHEART MEALS	6,600.	4,950.		1,650.
PASS THRU GRANTS	22,054.	13,250.	8,804.	
TOTAL TO FM 990, LN 43	507,893.	349,499.	58,931.	99,463.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CYNTHIA SMITH	83,093.			83,093.
A. PROGRAM SERVICES	49,856.			49,856.
B. MANAGEMENT AND GENERAL	16,619.			16,619.
C. FUNDRAISING	16,618.			16,618.
TOTAL PROGRAM SERVICES				49,856.
TOTAL MANAGEMENT AND GENERAL				16,619.
TOTAL FUNDRAISING				16,618.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				83,093.

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		1,170,670.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

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

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
UTILITY CABINET	156.	156.	0.
OFFICE MAX MARKER BOARD, SCREEN	337.	337.	0.
CONFERENCE ROOM FURNITURE (SQA MARSHALL)	1,500.	1,500.	0.
CONF. ROOM TABLE	207.	207.	0.
2 TV/VCR COMBOS	681.	681.	0.
CONFERENCE ROOM CHAIRS	1,316.	1,316.	0.
COMPUTER SERVER	7,692.	7,692.	0.
SOFTWARE (BLACKBAUD)	11,170.	11,170.	0.
FILE CABINET	309.	309.	0.
FURNITURE (RAINEN BUSINESS INTE)	2,007.	2,007.	0.

SUNFLOWER HOUSE

48-0918698

SOFTWARE (BLACKBAUD)	2,300.	2,300.	0.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	1,257.	1,257.	0.
AT&T UNIVERSAL BUSINESS - EQUIPMENT	2,441.	2,441.	0.
JOHN MARSHALL CO - FURNITURE	1,895.	1,810.	85.
OFFICE EQUIPMENT	1,070.	1,070.	0.
COMPUTER-NOBILIS SERIES BASE SYSTEM	3,980.	3,980.	0.
COMPUTER & 17"MONITOR	1,074.	1,074.	0.
SOFTWARE (RAISER'S EDGE)	2,565.	2,565.	0.
COMPTER- CASE TRACKING SERVER	6,625.	6,625.	0.
BUILDING	2,026,140.	229,455.	1,796,685.
2002 LAND IMPROVEMENTS	4,609.	531.	4,078.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	2,478.	2,335.	143.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	1,075.	1,013.	62.
COMP USA - EQUIPMENT	1,530.	1,442.	88.
PARADISE AQUATICS AQUARIUM	1,500.	1,164.	336.
CITIBUSINESS CARDS	560.	529.	31.
INTER-TEL TECHNOLOGY	10,400.	8,080.	2,320.
AUDIOVISUAL	76,074.	59,102.	16,972.
COOPER SURGICAL	31,273.	24,297.	6,976.
MIDWEST MEDICAL SUPPLIES	19,138.	14,868.	4,270.
SENTRY SECURITY	6,168.	4,792.	1,376.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	23,719.	22,352.	1,367.
SOUTHWESTERN BELL	2,101.	1,632.	469.
COMP USA - EQUIPMENT	510.	481.	29.
AMERICAN EXPRESS	623.	485.	138.
COMP USA - EQUIPMENT	900.	849.	51.
INTER-TEL TECHNOLOGY	21,603.	20,360.	1,243.
MIDWEST MEDICAL SUPPLIES	872.	679.	193.
OFFICE MAX - EQUIPMENT	749.	582.	167.
COMP USA - EQUIPMENT	505.	476.	29.
ALL NATIONS FLAG	1,479.	1,149.	330.
PARADISE AQUATICS AQUARIUM	2,061.	1,601.	460.
SOUTHWESTERN BELL	1,440.	1,120.	320.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	3,426.	3,229.	197.
SCOTT RICE OFFICE WORKS	881.	685.	196.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	735.	693.	42.
AUDIOVISUAL	4,163.	3,235.	928.
GE-ERC APPLIANCES	3,023.	2,349.	674.
AMERICAN EXPRESS	2,705.	2,102.	603.
PARADISE AQUATICS AQUARIUM	375.	292.	83.
TEAM OFFICE EQUIPMENT	94,000.	73,030.	20,970.
PEOPLE FRIENDLY PALCES	1,152.	895.	257.
TEAM OFFICE EQUIPMENT	106,217.	82,520.	23,697.
HEGARTY OFFICE EQUIPMENT	2,575.	2,001.	574.
TEAM OFFICE EQUIPMENT	792.	616.	176.

SUNFLOWER HOUSE

48-0918698

BYERLEY EQUIPMENT	1,765.	1,371.	394.
TEAM OFFICE EQUIPMENT	8,415.	6,538.	1,877.
TEAM OFFICE EQUIPMENT	4,865.	3,779.	1,086.
TEAM OFFICE EQUIPMENT	13,710.	10,651.	3,059.
VIC GRAF GALLERY	450.	349.	101.
TEAM OFFICE EQUIPMENT	721.	560.	161.
LAND 2001	358,403.	0.	358,403.
OFFICE EQUIPMENT	842.	578.	264.
OFFICE EQUIPMENT	620.	426.	194.
OFFICE EQUIPMENT-SCOTT RICE	878.	604.	274.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	1,737.	1,437.	300.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	810.	557.	253.
OFFICE EQUIPMENT	2,176.	1,497.	679.
OFFICE EQUIPMENT	704.	484.	220.
BUILDING-FINAL CONSTRUCTION PMT	19,826.	1,969.	17,857.
BUILDING-IMPROVEMENTS	1,019.	103.	916.
BUILDING-IMPROVEMENTS	1,220.	115.	1,105.
BUILDING-IMPROVEMENTS	2,633.	241.	2,392.
BUILDING-IMPROVEMENTS	426.	38.	388.
SOUNDMASKING EQUIPMENT & INSTALL	769.	637.	132.
PHILLIPS DVD RECORDER	838.	694.	144.
AQUARIUM & SUPPLIES	228.	157.	71.
MEDICAL CABINETS	4,600.	3,164.	1,436.
TACKBOARD FOR OBS ROOM & DISPLAY CASE	1,326.	912.	414.
ARMOIRES & MORE(IN KIND GIFT)	1,199.	825.	374.
CHILD ASSESSMENT MURAL	4,000.	2,752.	1,248.
OFFICE EQUIPMENT	503.	346.	157.
PICTURES FOR NEW OFFICE	688.	472.	216.
PC & MONITOR MEDICAL NURSE	875.	623.	252.
PC & MONITOR DEVELOPMENT	814.	579.	235.
COMPUTER- WINDOWS XP & OFFICE			
2003-MEDICAL	635.	452.	183.
SOFTWARE LICENSE	1,000.	926.	74.
LAPTOP -EDUCATION	1,113.	793.	320.
LAPTOP -EDUCATION	1,113.	793.	320.
PROJECTOR- EDUCATION	1,118.	797.	321.
COMPUTER SERVER	4,545.	3,236.	1,309.
COMPUTER-ADMIN	555.	396.	159.
COMPUTER-PAYROLL	555.	396.	159.
CAMERA LENS	768.	547.	221.
TABLE- MEDICAL	963.	542.	421.
FILE CABINET-MEDICAL	705.	397.	308.
DRYER-MEDICAL	427.	304.	123.
WASHER-MEDICAL	481.	342.	139.
FRENCH DOORS	3,207.	458.	2,749.
SOFTWARE CASH MANAGEMENT	3,750.	1,250.	2,500.
TOTAL TO FORM 990, PART IV, LN 57	2,964,128.	673,605.	2,290,523.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
INVESTMENTS-PERMANENTLY RESTRICTED	492,678.
MISCELLANEOUS RECEIVABLE	7,500.
AUCTION INVENTORY	8,980.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	509,158.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT
ACCRUED VACATION PAYABLE	33,835.
ACCRUED PAYROLL LIABILITIES	6,583.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	40,418.

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2006Attachment
Sequence No 67**SUNFLOWER HOUSE****FORM 990 PAGE 2****48-0918698****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 the instructions for a higher limit for certain businesses	1	108,000.
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	430,000.
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 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 2005 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 2007 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	52,070.

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 2006	17	49,828.
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		

Section B - Assets Placed in Service During 2006 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		3,750.	3 YRS.	HY	200DB	1,250.
b 5-year property						
c 7-year property		3,207.	7 YRS.	HY	200DB	458.
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 2006 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	103,606.
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 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year 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

	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?		

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 2006 tax year					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

• 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. You must file original and one copy.	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	SUNFLOWER HOUSE		48-0918698
	Number, street, and room or suite no. If a P.O. box, see instructions. 15440 W. 65TH STREET		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SHAWNEE, KS 66217		

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.

• The books are in the care of **CYNTHIA SMITH**

Telephone No. **913-631-5800**

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 **NOVEMBER 15, 2007**.

5 For calendar year **2006**, 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

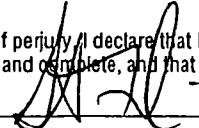
7 State in detail why you need the extension

**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.	8a	\$
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	\$
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.	8c	\$ 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 **JUL 25 2007**

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 a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

Director

By

Date

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 GOTTLIEB, FLEKIER & CO., P.A.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 12721 METCALF AVE., SUITE 201
	City or town, province or state, and country (including postal or ZIP code) OVERLAND PARK, KS 66213

**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 ☒
- 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.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c)(3) corporations 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.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	SUNFLOWER HOUSE	48-0918698
	Number, street, and room or suite no. If a P.O. box, see instructions. 15440 W. 65TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHAWNEE, KS 66217	

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 |

- The books are in the care of ▶ **CYNTHIA SMITH**

Telephone No. ▶ **913-631-5800**

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 will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ ☒ calendar year **2006** 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.	3a	\$
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.	3b	\$
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.	3c	\$ N/A

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.

		2006-2007 Board Contact Information			
Name	Home Address	Business Address			
Sue Bond (Richard)	9823 Nall Avenue Overland Park, Kansas	Community Volunteer			
Robert Bjerg (Kathi)	440 Lakeshore Drive West Lake Quivira, Ks 66217	Law Office of Robert J. Bjerg, P A 11551 Granada Ste 100 Overland Park, Ks 66211			
Admin Asst					
Elizabeth Brown (John Litton)	411 West 46th Terr #302 Kansas City, Mo 64112	The Private Bank at Bank of America MO8-060-14-01 P. O. Box 219119 Kansas City, Missouri 64121-9119			
Admin Asst		Barbara Burns			
Sally Bukaty (John)	11129 Sloan Avenue Kansas City, Ks 66109	Community Volunteer			
Irene Caudillo (Ryan)	2425 North 72nd Place Kansas City, Ks 66109	Catholic Charities 2220 Central Avenue Kansas City, Ks 66102			
Admin Asst					
Randy Davis (Amy)	6900 West 180th St Stillwell, Ks 66085	Inspiring Moms 6900 West 180th St Stillwell, Ks 66085			
Admin Asst					
Joseph Gadberry (Betty)	9868 West 101st St Overland Park, Ks 66212	Johnson County Community College 12345 College Blvd Overland Park, Ks 66210			
Admin Asst		Lois Hardenbrook			
Chris Hansen (Janis)	5710 West 128th St Overland Park, Ks 66209	Senior Vice President University of Kansas Hospital 2330 Shawnee Mission Pkwy #300 Westwood, Kansas 66205			
Admin Asst		Tyona Rushing			
Janelle Hegarty (Mark)	9703 West 144th Terr Overland Park, Ks. 66221	Executive Director Warden Triplett Grier 9401 Indian Creek Pkwy #1100 Overland Park, Ks. 66210			
Admin Asst.					
Tony Jackson	9308 Mohawk Lane Leawood, Ks 66206	VP Mgmt/Customer Strategy & Insight Sprint KSOPHJO202-2B851 6130 Sprint Parkway Overland Park, Ks 66251			

		2006-2007 Board Contact Information			
Name	Home Address	Business Address			
Admin Asst		Diane Davis			
Brian Miller	1103 James Creek Circle	Director Audit Operations			
(Stacy)	Raymore, Mo 64083	EMBARQ			
		5454 West 110th St			
		Overland Park, Ks. 66211			
Admin. Asst		Chekotah de Cor			
Shirley Mitchell	6603 West 125th Terr	Human Resource Manager			
	Leawood, Ks. 66209	Baker Sterchi Cowden & Rice			
		2400 Pershing Rd Ste 500			
		Kansas City, Mo 64108-2533			
Admin Asst					
Michael Russell	10938 Oak Drive	Chief Deputy District Attorney			
(Carla)	Kansas City, Ks 66109	Wyandotte County Criminal Justice Complex			
		710 North 7th Street			
		Kansas City, Ks 66101-3051			
Admin Asst					
Donna Severance	6509 West 49th St	Education Consultant			
	Mission, Kansas 66202				
John Sullivan	11203 West 140th Terr	Sr. Vice President			
(Jan)	Overland Park, Ks 66221	Hallmark Cards			
		P O. Box 419580, Mail Drop 502			
		Kansas City, Missouri 64141			
Admin Asst		Vicki Ferlisi			
Sgt. Dan Tennis	22007 West 64th Terr	Police Sergeant			
(Shen)	Shawnee, Ks 66226	Shawnee Police Dept			
		6535 Quivira Road			
		Shawnee, Kansas 66216			
Admin Asst		Jessica Lemons			
Cheryl Tolbert	7344 McCoy	Community Collaboration Consultant			
Spouse/	Shawnee, Ks 66227	SRS - KC Metro Region			
		8915 Lenexa Drive			
		Overland Park, Kansas 66214			
Admin Asst					
Karen Torline	23902 West 50th Terr	Prosecutor			
(Paul)	Shawnee, Ks. 66226	City of Shawnee			
		111101 Johnson Drive			
		Shawnee, Kansas 66203			