Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A		e 2010 calendar year, or tax year beginning and ending and ending				
B	Check if	c Name of organization	D Employer identification number			
Ĺ	_	es change				
	Nam	change GRANT PROFESSIONALS FOUNDATION	20-5697550			
Ē	lnıtla	letum , , , , , , , , , , , , , , , , , , ,	E Telephone number			
Ĺ	Term		913-	788-3000		
Ĺ	Ame		F Group Exer			
Ţ	Applic	ton pending KANSAS CITY, KS 66102	Number -			
G	Accour		H Check	X if the organization is not		
I	Websi		required to	attach Schedule B		
	_	empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527		990-EZ, or 990-PF)		
K		► X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not				
	Form 9	90 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization of	hooses to file	a return, be sure to file a		
		e return				
L		is 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	Ι,	01 056		
F==	e	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	21,056.		
LP	art I		ctions for Pari	(1)		
		Check if the organization used Schedule O to respond to any question in this Part I		21 056		
	1	Contributions, gifts, grants, and similar amounts received	1	21,056.		
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3			
	4	Investment income	4			
	5a	Gross amount from sale of assets other than inventory 5a 5a	_			
	þ	Less cost or other basis and sales expenses 5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and fundraising events				
ş	a	Gross income from gaming (attach Schedule G if greater than				
Revenue		\$15,000)				
Re	b	Gross income from fundraising events (not including \$ of contributions				
		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)				
	C	Less direct expenses from gaming and fundraising events				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	7a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	··		
	8	Other revenue (describe in Schedule O)	8	01 056		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	21,056.		
	10	Grants and similar amounts paid (list in Schedule O)	10			
	11	Benefits paid to or for members	11			
es	12	Salaries, other compensation, and employee benefits CEIVED	12	14 041		
:6: :6:	13	Professional fees and other payments to independent contractors	13	14,841.		
Ēxbenses	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance AUG 1 5 2011 Printing, publications, postage, and shipping	14	2 626		
<u>~~</u>	15		15	2,676.		
(16	Other expenses (describe in Schedule O)	16	2,182.		
	17	Total expenses. Add lines 10 through 16 OGDEN, UT	▶ 17	19,699.		
Ę.	18	Excess or (deficit) for the year (Subtract ^l ime 17 from line 9)	18	1,357.		
šé,	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
Į.		(must agree with end-of-year figure reported on prior year's return)	19	3,648.		
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.		
SCTAINNETS Settle	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	5,005.		
لالع	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)		
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Page 2

Ρ.	art II Balance Sneets. (see the instructions for Part II)	5				
	Check if the organization used Schedule O to respond to any question		A) Beginning of year		(B) F	nd of year
22	Cash, savings, and investments	-	3,648	- 22	<u> </u>	5,005.
23				23	1	
24	Other assets (describe in Schedule O)			24		
25	Total assets		3,648		<u> </u>	5,005.
26		ļ	2 640	26	}	F 00F
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishme		3,648	- 27	ļ	5,005.
P	Check if the organization used Schedule O to respond to any question		i rail iii j	X		penses for section
Wh:	at is the organization's primary exempt purpose? SEE SCHEDULE (and 501(c)(4) ons and section
	scribe what was achieved in carrying out the organization's exempt pu		cise manner, descri	be	4947(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other releva	nt information for each pro	ogram title.		for others)
28	RAISED AWARENESS OF THE FOUNDATION					
	INDIVIDUALS AND ORGANIZATIONS TO SU		TIES THAT			
	ENHANCE THE ROLE OF GRANT PROFESSION					16 022
00	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	28a	16,022.
29						
	(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30						
			·			
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	ليا	30a	
31	Other program services (describe in Schedule O)		_			
20	(Grants \$) If this amount includes foreign	grants, check here		 	31a	16,022.
	Total program service expenses (add lines 28a through 31a) art W List of Officers, Directors, Trustees, and Key I	Employees, List each one	even if not companyated. (see the	32	
	Check if the organization used Schedule O to respond to any question		even in not compensated to	sec are	madactions i	ω, γ ω .(ν ,
		(b) Title and average hours	(c) Compensation		ontnbutions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	employee efit plans &	account and
		position	-0)		leferred npensation	other allowances
DA	NNY BLITCH	⊣	IRECTOR		•	
DE	TOWN DO MIDNED	3.00	0.		0.	0.
DE	RNARD TURNER	TREASURER & 1	0.		0.	0.
SU	E PARDEE	SECRETARY & I	 			
	2 111040	2.00	0.		0.	0.
SA	NDRA JORDAN	VICE-CHAIRMAN	N & DIRECT	OR		
		2.00	_ 0.		0.	0.
ΚI	MBERLY HAYS	DIRECTOR				
		1.00	0.		0.	0.
LІ	SA CHUTJIAN	DIRECTOR			•	
СП	EVE HARRINGTON	1.00 DIRECTOR	0.		0.	0.
<u> </u>	EVE HARRINGION	1.00	0.		0.	0.
GA	IL VERTZ	BOARD EX-OFF				
	Y DICE	2.00	0.		0.	0.
		1	<u> </u>			
		4				
		-				
		i	1			

Form **990-EZ** (2010)

Form	1 990-EZ (2010) GRANT PROFESSIONALS FOUNDATION 20-5697	550		Page 3				
Pε	Other Information (Note the statement requirements in the instructions for Part V)							
	Check if the organization used Schedule O to respond to any question in this Part V			X				
			Yes	No				
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in							
	Schedule O	33		X				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended							
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х				
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not							
-	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T							
2	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or							
٠	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?							
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b	N/	A				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"							
50	complete applicable parts of Schedule N	36		X				
3 73	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		,,,					
	Did the organization file Form 1120-POL for this year?	37ь		Х				
	Did the organization hie roin 1120-r of this year. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		··········					
30 a	In a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х				
L								
	The total complete controller the total and							
	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 N/A							
	27/7	!						
	dross receipts, included on time 9, for public use of club facilities	1 !						
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under Section 4911 O • Section 4912 O • Section 4955 O •							
	300001143117							
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			1				
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	405		x				
	If "Yes," complete Schedule L, Part I	40b		^				
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers							
	or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the							
	organization •0.							
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
	transaction? If "Yes," complete Form 8886-T	40e		X				
41	List the states with which a copy of this return is filed NONE		~~~					
42 a	The organization's books are in care of ► GAIL VERTZ Telephone no ► 913-78	<u> </u>	000	1				
	Located at ► 1333 MEADOWLARK LANE, SUITE 105, KANSAS CITY, KS ZIP+4 ► 6	9010	2					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		r					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes					
	account)?	42b		<u>X</u>				
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	X				
	If "Yes," enter the name of the foreign country			_				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>					
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·					
			Yes	No				
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of							
	Form 990-EZ	44a		X				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead							
	of Form 990-EZ	44b		X				
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X				

Form 990-EZ (2010)

ın Schedule O

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

	(2010) GRANT	PROFESSIONALS FOUN	DATION		<u> 20-56975</u>	50	Page 4		
						Yes			
45 Is any re	lated organization a contr	olled entity of the organization within the	e meaning of section 512(b)	(13)?	<u>_</u>	45	X		
a Did the o	organization receive any p	ayment from or engage in any transaction v	vith a controlled entity within th	e meaning of section	512(b)(13)?		х		
If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ									
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?									
	complete Schedule C, Par					46	X		
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section									
	-	n 4947(a)(1) nonexempt charitable trusts n		and 52, and complete	e the tables for line	s 50 and 5	1		
Check if the organization used Schedule O to respond to any question in this Part VI									
					<u></u>		No		
		bying activities? If "Yes," complete Sch			_	47	X		
		scribed in section 170(b)(1)(A)(ii)? If "Yes			-	48	X		
	= -	nsfers to an exempt non-charitable related of	organization?		 - 	19a	 ^ -		
	-	on a section 527 organization?			_	19b	<u> </u>		
	-	zation's five highest compensated employed	•	s, trustees and key er	nployees) who ead	h received	more		
than \$10	0,000 of compensation fr	rom the organization. If there is none, enter		(1) 0	(d) =	(-) 5			
			(b) Title and average hours per week devoted to	(c) Compensation	(d) Contributions to employee	(e) Exp			
		of each employee paid more \$100,000 NONE	position		benefit plans & deferred	other allo			
		\$100,000 NONE	 		compensation				
									
			 						
			4						
									
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51 Complete	this table for the organiz								
	tion If there is none, ente	r "None " NONE	ent contractors who each recer	· · · · · · · · · · · · · · · · · · ·	 ,				
	tion If there is none, ente			ved more than \$100, (b) Type of ser	 ,	Compensa			
	tion If there is none, ente	r "None " NONE		· · · · · · · · · · · · · · · · · · ·	 ,				
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	tion If there is none, ente	r "None " NONE		· · · · · · · · · · · · · · · · · · ·	 ,		ation		
organizat	tion If there is none, ente	r "None " NONE	han \$100,000	· · · · · · · · · · · · · · · · · · ·	 ,				
organizat	tion If there is none, ente (a) Name and address mber of other independen	r "None " NONE of each independent contractor paid more	than \$100,000	(b) Type of ser	 ,		otion 0		
d Total nun 52 Did the o	mber of other independen	r "None " NONE of each independent contractor paid more it contractors each receiving over \$100,000 nedule A? Note: All section 501(c)(3) organ	rivations and 4947(a)(1) nonexe	(b) Type of ser	vice (c)	Compensa	ation		
d Total nun 52 Did the o	mber of other independen	r "None" NONE of each independent contractor paid more it contractors each receiving over \$100,000 aredule A? Note: All section 501(c)(3) organ	rivations and 4947(a)(1) nonexe	(b) Type of ser	vice (c)	Compensa	otion 0		
d Total num 52 Did the o	mber of other independen rganization complete Schoreret, and complete Declaration complete according to the complete according to the complete declaration complete declarations.	r "None " NONE of each independent contractor paid more it contractors each receiving over \$100,000 nedule A? Note: All section 501(c)(3) organ	rivations and 4947(a)(1) nonexe	(b) Type of ser	vice (c) knowledge and belie	Compensa	otion 0		
d Total nun 52 Did the o	mber of other independen	of each independent contractor paid more of each receiving over \$100,000 pedule A? Note: All section 501(c)(3) organ inpleted Schedule A clare that I have expanded this return, including action of preparer (organical than office the seed on all in	zations and 4947(a)(1) nonexe companying schedules and statementormation of which preparer has any	(b) Type of ser	vice (c)	Compensa	otion 0		
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d Total num 52 Did the o charitable Sign Here	mber of other independen rganization complete Schetrusts must attach a cor inder penalties penilty, I de orrect, and complete teclara Signature of officer	r "None" NONE of each independent contractor paid more it contractors each receiving over \$100,000 nedule A? Note: All section 501(c)(3) organ impleted Schedule A clare that I have expanded this return, including action of preparer (order than office the based on all in	zations and 4947(a)(1) nonexe companying schedules and statementormation of which preparer has any	mpt Check self- emplo	vice (c) X knowledge and belie Date	Compensa	otion 0		
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d Total num 52 Did the o charitable Sign Here Paid Preparer Use Only	mber of other independen regarization complete Schorect, and complete declaration complete declaration of officer Type or print name and title Print/Type preparer's not print to the print of the print to the print of the pri	r "None" NONE of each independent contractor paid more at contractors each receiving over \$100,000 nedule A? Note: All section 501(c)(3) organ mpleted Schedule A colare that I have expanded this return, including action of preparer (order than officers to seed on all in RCHNER, INC. 202 LUCILE LANE	zations and 4947(a)(1) nonexe companying schedules and statementormation of which preparer has any	mpt ts, and to the best of my knowledge Check self- emplo	vice (c) X X X X X X X X X	Yes this true,	O No		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

GRANT PROFESSIONALS FOUNDATION

Employer identification number 20-5697550

Pa	rt l	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1		A church, co	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital'	s name) ,
		city, and stat	te										
5		An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental unit	t described	d ın sectio	n 170(b)(1)(A)(v).					
7	X	An organizat	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	nbed in	
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9		An organizat	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershij	o fees, and	d gross red	eipts fr	rom
		activities rela	ited to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvestn	nent
		income and i	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	0, 1975	5.
		See section	509(a)(2). (Complete	e Part III.)									
10				perated exclusively to tes									
11		An organizat	ion organized and or	perated exclusively for th	ne benefit o	of, to perfo	rm the fur	nctions of,	or to carry	out the p	ourposes o	f one o	r
		more publicly	y supported organiza	ations described in section	on 509(a)(1	1) or sectio	n 509(a)(2	?) See sec	tion 509(a	a)(3). Che	ck the box	that	
		describes the	e type of supporti <u>ng</u>	organization and comple									
		а Туре		_ ••		e III - Func	-	-			Type III - C		
е	Ш			at the organization is not)
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	itions desi	cribed in s	ection 509	8(a)(1) or s	ection 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									
g				organization accepted ar									
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıi) and (III) below,		Yes	No
		the gov	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)	-	
		(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)		
h		Provide the f	ollowing information	about the supported org	ganızatıon	(s).							
				1			1				-		
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) is organization	the	(vii) Am	ount of	
	orga	anization		/		sted in your document?			l(i) organiz	ed in the	sup	port	
				above or IRC section	<u> </u>	,							
				(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA	For F	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedul	e A (Form	1 990 or 99	0-EZ) 2	2010

032021 12-21-10

Form 990 or 990-EZ.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		7,230.	1,947.	3,980.	21,056.	34,213.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			į			
	furnished by a governmental unit to						
	the organization without charge					0.5.05.6	- 24 212
4	Total. Add lines 1 through 3	***************************************	7,230.	1,947.	3,980.	21,056.	34,213.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4						34,213.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		7,230.	1,947.	3,980.	21,056.	34,213.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					i	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
. •	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						34,213.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•		d. fourth, or fifth tax	x vear as a section		
	organization, check this box and stor		5 mot, 5555,	.,			$\triangleright X$
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (olumn (f))		14	%
	Public support percentage from 2009					15	%
	33 1/3% support test - 2010.If the o			line 13, and line 14	4 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies			·			ightharpoons
ŀ	33 1/3% support test - 2009.If the o			ne 13 or 16a, and l	ne 15 is 33 1/3%	or more, check thi	s box
_	and stop here. The organization qual						ightharpoons
17:	10% -facts-and-circumstances tes				13. 16a. or 16b. a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes	_				7a, and line 15 is 1	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
							: H
40	Private foundation. If the organization	a did not chook a	hay on line 12 15	3 16h 17a ar 17h	. check this hav s	nd see instructions	ş ▶

032022 12-21-10

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	Se	ction A. Public Support							
membarship fear reaswed. (Do not include any "unusual grants".) 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempl purpose of Gross receipts from admissions and the services of the organization's tax-exempl purpose organization's breath are not an unrelated trade or business under services of realistics for the organization's breath are not an unrelated trade or business under services or facilities furnished by a governmental unit to the organization without charge 5 Total. Add lines 1 through 5 7 A mounts included on hims 1, 2 and 3 received from discussified persons by the services of facilities for the persons that caused the grants of 15,000 or 19 of 9 to winds to the 15 for the year of the facilities of 15 for	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
Include any Yunusual grants.*) Closes receipts from admissions, freechandise sold or services performed, or facilities furnished in any activity that is related to the organization's trave-samply purpose. 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues leved for the organization is severed produced in the paid to or expended on fits behalf. 5. The value of services or facilities. Furnished by a governmental unit to the organization without charge. 6. Total. Add lines 1 through 5. 7. a Amounts included on lines 1, 2, and 3. received from temperature in the paid to ore expended on the paid to the paid to ore expended on the	1	Gifts, grants, contributions, and		1					
2. Gross receipts from admissions, preferendendes and or services performed, or facilities furnished in any activity that is related to the originatation's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues leveral for the originarization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the originatation without charge of Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts reluted to lines 1, 2, and 3 received from disqualified persons by Amounts reluted to lines 1, 2, and 3 received from disqualified persons by Amounts reluted to lines 1, 2, and 3 received from market sequent persons of the second sequent persons in the sequent persons in the sequent persons in the second sequent persons in the sequen		membership fees received. (Do not		1					
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's travelement purpose organization is serviced for the organization's benefit and either paid to ore expended on fits behalf or expend		include any "unusual grants.")							
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32023 12-21-10 Schedule A (Form 990 or 990-EZ) 20			1 did not check a	DOX OR line 14, 19	a, or 190, check t				2 200 57 221

SCHEDULE O (Form 990 or 990-EZ)

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Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2010
Open to Public inspection

Name of the organization Employer identification number 20-5697550 GRANT PROFESSIONALS FOUNDATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: SCHOLARSHIPS 800. 36. BANK SERVICE CHARGES MEALS & MEETING EXPENSES 1,346. TOTAL TO FORM 990-EZ, LINE 16 2,182. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER AND PROMOTE THE HIGHEST ETHICAL AND PROFESSIONAL STANDARDS FOR GRANT PROFESSIONALS THROUGH SUPPORT OF EDUCATIONAL AND MEMBERSHIP ACTIVITES. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868** (Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	X
	are filing for an Additional (Not Automatic) 3-Month Ex	_		form).		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led For	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time to	o file (6	months for a corpo	oration
required	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	xtension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Trans	sfers A	Associated With Cer	rtaın
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	he elec	tronic filing of this f	orm,
	w irs gov/efile and click on e-file for Charities & Nonprofits	<u>. </u>				
Part						
-	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete	_	
Part I o	•		-			
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or print	Name of exempt organization			Empl	loyer identification	number
File by the	GRANT PROFESSIONALS FOUNDAY			2	0-5697550	
due date f filing your return Sec	1333 MEADOWLARK LANE, SUITI		tions.			
instruction		oreign add	lress, see instructions.			
Enter th	e Return code for the return that this application is for (file	a senara	te application for each return)			0 3
		, a copara	· · · · · · · · · · · · · · · · · · ·		···	
Applica	ition	Return	Application			Return Code
ls For	<u> </u>	Code	Code Is For			
Form 99		01	Form 990-T (corporation)			
Form 99		02	2 Form 1041-A			
Form 99		03	Form 4720			10
Form 99		04	Form 5227			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 99	90-T (trust other than above)	06	Form 8870			12
	GAIL VERTZ		D CUITME 105 MANCA	c 0	TMV VC 66	100
	books are in the care of \triangleright 1333 MEADOWLARI	K LAM	E, SUITE 103 - KANSA FAX No. ▶ 913-788-3398		111, KS 00	102
	ohone No. ► 913-788-3000			· 		
	e organization does not have an office or place of business					
_	s is for a Group Return, enter the organization's four digit	- ·			r the whole group, c	
box ▶					ers the extension is	TOT
• 11	request an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exemp	-			The enderson	
_	for the organization's return for:	it organiza	ition return for the organization named a	toove	The extension	
	X calendar year 2010 or					
	tax year beginning	00	ad ending			
_	tax year beginning	, an	d ending		_ ·	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return Fina	al retur	n	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions			3a	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made. Include any prior year overp			3ь	\$	0.
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,			
b	y using EFTPS (Electronic Federal Tax Payment System)	See instru	ctions.	3c	\$	0.
Caution	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions

20-5697550

Home | Contact | FAQs



Thinking

Starting

Maintaining

Closing

Business Entity Search

Date: 08/01/2011

Business Information

Current Entity Name

Business Entity ID Number

GRANT PROFESSIONALS FOUNDATION

3844933

File Name Change Online

Previous Names:

AMERICAN ASSOCIATION OF GRANT PROFESSIONALS FOUNDATION

Current Mailing Address: GAIL VERTZ - 1333 Meadowlark Lane Suite 105, KANSAS CITY, KS 66102

Update

Business Entity Type: KANSAS NOT FOR PROFIT CORPORATION

Date of Formation in Kansas: 09/30/2005

State of Organization: KS