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CLIENT'S COPY

GOTTLIEB, FLEKIER & CO., P.A.
12721 METCALF AVENUE, SUITE 201
OVERLAND PARK, KS 66213

CLIENT: SUN200
OCTOBER 29, 2010

SUNFLOWER HOUSE, INC.
15440 W. 65TH STREET
SHAWNEE, KS 66217

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2009
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE C, POLITICAL CAMPAIGN/LOBBYING ACTIVITY
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT
SCHEDULE M, NONCASH CONTRIBUTIONS
SCHEDULE O, SUPPLEMENTAL INFORMATION
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION
CURRENT YEAR DEPRECIATION REPORT
NEXT YEAR DEPRECIATION REPORT

TAX PREPARATION FEE

GOTTLIEB, FLEKIER & CO., P.A.
12721 METCALF AVENUE, SUITE 201
OVERLAND PARK, KS 66213

OCTOBER 21, 2010

SUNFLOWER HOUSE, INC.
15440 W. 65TH STREET
SHAWNEE, KS 66217

SUNFLOWER HOUSE, INC.:

ENCLOSED IS THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2010.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

GOTTLIEB, FLEKIER & CO., P.A.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	SUNFLOWER HOUSE, INC. 15440 W. 65TH STREET SHAWNEE, KS 66217
Prepared by	GOTTLIEB, FLEKIER & CO., P.A. 12721 METCALF AVENUE, SUITE 201 OVERLAND PARK, KS 66213
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization</p> <p>SUNFLOWER HOUSE, INC.</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>15440 W. 65TH STREET</p> <p>City or town, state or country, and ZIP + 4</p> <p>SHAWNEE, KS 66217</p>	<p>D Employer identification number</p> <p>48-0918698</p> <p>E Telephone number</p> <p>913-631-5800</p> <p>G Gross receipts \$ 1,509,502.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>F Name and address of principal officer:</p>	
<p>J Website: ▶ SUNFLOWERHOUSE.ORG</p>		<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>	
		<p>L Year of formation: 1977</p>	<p>M State of legal domicile: KS</p>

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROTECT CHILDREN IN OUR COMMUNITY FROM PHYSICAL AND SEXUAL ABUSE THROUGH EDUCATION,		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,700,002.	1,322,212.
9	Program service revenue (Part VIII, line 2g)	-143,928.	148,302.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,696.	1,488.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-65,332.	-72,761.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,503,438.	1,399,241.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	977,307.	907,800.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 298,588.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	790,592.	621,157.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,767,899.	1,528,957.
19	Revenue less expenses. Subtract line 18 from line 12	-264,461.	-129,716.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,074,158.	3,079,542.
21	Total liabilities (Part X, line 26)	77,794.	212,894.
22	Net assets or fund balances. Subtract line 21 from line 20	2,996,364.	2,866,648.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer's Use Only	<p>Preparer's signature ▶ STEVE FLEKIER</p> <p>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</p>	<p>Date 10/21/10</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's identifying number (see instructions)</p> <p>EIN ▶ _____</p> <p>Phone no. ▶ (913) 491-6655</p>
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO PROTECT CHILDREN IN OUR COMMUNITY FROM PHYSICAL AND SEXUAL ABUSE THROUGH EDUCATION, ADVOCACY, FORENSIC AND MEDICAL SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 344,450. including grants of \$) (Revenue \$) EDUCATION PROGRAM

SUNFLOWER HOUSE PARTNERS WITH MORE THAN 185 JOHNSON AND WYANDOTTE COUNTY SCHOOLS AND PRESCHOOLS TO PROVIDE PERSONAL SAFETY AND PREVENTION PROGRAMS. MORE THAN 27,000 CHILDREN, PARENTS, AND PROFESSIONALS ARE EDUCATED ABOUT CHILD ABUSE EACH YEAR. THROUGH OUR FLAGSHIP PROGRAM P.S. IT'S MY BODY!, INCLUDING THE P.S. HAPPY BEAR PLAY, OUR EDUCATORS TEACH CHILDREN TO RECOGNIZE, RESIST AND REPORT CHILD ABUSE TO A TRUSTED ADULT. WE ALSO PROVIDED MANDATED REPORTER TRAINING TO MORE THAN 1,800 PROFESSIONALS LEGALLY MANDATED TO REPORT SUSPICIONS OF CHILD ABUSE AND NEGLECT. MANDATED REPORTER TRAINING INSTRUCTS EDUCATION PROFESSIONALS TO RECOGNIZE THE SIGNS OF MALTREATMENT AND TO UNDERSTAND THE REPORTING PROCESSES AND LAWS. OTHER EDUCATION PROGRAMS AVAILABLE THROUGH

4b (Code:) (Expenses \$ 720,746. including grants of \$) (Revenue \$) CHILD ASSESSMENT PROGRAM

FORENSIC INTERVIEWS OFFER A CHILD-SENSITIVE, SAFE ENVIRONMENT WHERE CHILDREN MAY SHARE DETAILS OF THEIR ABUSE WITH A SPECIALLY TRAINED FORENSIC INTERVIEWER. LAW ENFORCEMENT AND CHILD PROTECTIVE SERVICE AGENCIES REFER CHILDREN, AGES 3 THROUGH 17, TO SUNFLOWER HOUSE FOR FORENSIC INTERVIEWS AFTER A REPORT OF CHILD SEXUAL ABUSE OR PHYSICAL ABUSE IS MADE OR AFTER A CHILD ALLEGEDLY WITNESSES A VIOLENT CRIME. EACH YEAR, APPROXIMATELY 400 CHILDREN RECEIVE FORENSIC INTERVIEWS. EACH CHILDS FORENSIC INTERVIEW IS ELECTRONICALLY RECORDED WHILE SUNFLOWER HOUSE STAFF, THE DETECTIVE, AND THE CHILD PROTECTIVE SERVICE SOCIAL WORKER OBSERVE THE INTERVIEW BY CLOSED-CIRCUIT TELEVISION. WE PARTNER WITH LAW ENFORCEMENT, CHILD PROTECTIVE SERVICES, PROSECUTORS,

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,065,196.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MICHELLE HERMAN - 913-631-5800**
15440 W. 65TH STREET, SHAWNEE, KS 66217

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA SMITH EXECUTIVE DIRECTOR	37.50			X			87,475.	0.	0.	
LT DAN TENNIS PROGRAM ASSESSMENT VICE		X					0.	0.	0.	
CHRIS HANSEN RESOURCE DEVELOPMENT VIC		X					0.	0.	0.	
JOHN SULLIVAN DIRECTOR		X					0.	0.	0.	
BETH BROWN DIRECTOR		X					0.	0.	0.	
RANDY DAVIS DIRECTOR		X					0.	0.	0.	
JOE GADBERRY DIRECTOR		X					0.	0.	0.	
SUE BOND DIRECTOR		X					0.	0.	0.	
MICHAEL RUSSELL DIRECTOR		X					0.	0.	0.	
D'LAINIE RUTLEDGE DIRECTOR		X					0.	0.	0.	
CHRIS MCMULLIN DIRECTOR		X					0.	0.	0.	
KARLA LEIBHAN DIRECTOR		X					0.	0.	0.	
TONY ROCK DIRECTOR		X					0.	0.	0.	
SHIRLEY MITCHELL DIRECTOR		X					0.	0.	0.	
PAT WARREN DIRECTOR		X					0.	0.	0.	
ROBERT BJERG BOARD CHAIR		X					0.	0.	0.	
BRIAN MILLER TREASURER				X			0.	0.	0.	

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	213,890.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	451,468.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	656,854.			
	g Noncash contributions included in lines 1a-1f: \$		187,800.			
	h Total. Add lines 1a-1f		1,322,212.			
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 900099	38,659.	38,659.	
b INSURANCE REIMBURSEMENT		900099	36,869.	36,869.		
c						
d						
e						
f All other program service revenue		900099	72,774.		72,774.	
g Total. Add lines 2a-2f			148,302.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,488.		1,488.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 213,890. of contributions reported on line 1c). See Part IV, line 18	a	37,500.			
b Less: direct expenses		b	110,261.			
c Net income or (loss) from fundraising events			-72,761.		-72,761.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,399,241.	75,528.	0.	1,501.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	87,475.	43,739.	21,868.	21,868.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	690,514.	521,782.	45,682.	123,050.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	71,926.	39,589.	24,646.	7,691.
10 Payroll taxes	57,885.	43,579.	3,186.	11,120.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	38,929.	21,060.	7,342.	10,527.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	18,228.	15,397.	550.	2,281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,492.		1,492.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,192.	71,561.	5,112.	8,519.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL SERVICES	158,956.	133,438.	20,959.	4,559.
b VOLUNTEERS	89,548.	42,409.	600.	46,539.
c MAINTENANCE	46,055.	37,693.	1,990.	6,372.
d INSURANCE	36,361.	22,974.	10,697.	2,690.
e UTILITIES	24,758.	21,043.	1,239.	2,476.
f All other expenses	121,638.	50,932.	19,810.	50,896.
25 Total functional expenses. Add lines 1 through 24f	1,528,957.	1,065,196.	165,173.	298,588.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	159,101.	1	83,213.	
	2 Savings and temporary cash investments	46,020.	2	313,815.	
	3 Pledges and grants receivable, net	535,576.	3	600,214.	
	4 Accounts receivable, net		4	2,311.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,800.	9	2,125.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,958,613.			
	b Less: accumulated depreciation	10b 886,302.	2,126,332.	10c	2,072,311.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	204,329.	15	5,553.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,074,158.	16	3,079,542.		
Liabilities	17 Accounts payable and accrued expenses	22,065.	17	63,533.	
	18 Grants payable		18		
	19 Deferred revenue	4,000.	19	15,938.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	51,729.	25	133,423.	
	26 Total liabilities. Add lines 17 through 25	77,794.	26	212,894.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,864,945.	27	1,859,718.	
	28 Temporarily restricted net assets	937,872.	28	818,383.	
	29 Permanently restricted net assets	193,547.	29	188,547.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	2,996,364.	33	2,866,648.	
34 Total liabilities and net assets/fund balances	3,074,158.	34	3,079,542.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

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

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

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

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

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

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

Separate basis Consolidated basis Both consolidated and separate basis

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization **SUNFLOWER HOUSE, INC.** Employer identification number **48-0918698**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	986,616.	1,050,657.	1,429,116.	1,700,002.	1,322,212.	6,488,603.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	986,616.	1,050,657.	1,429,116.	1,700,002.	1,322,212.	6,488,603.
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.						6,488,603.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	986,616.	1,050,657.	1,429,116.	1,700,002.	1,322,212.	6,488,603.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,485.	57,553.	50,471.	12,696.	1,488.	139,693.
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						6,628,296.

12 Gross receipts from related activities, etc. (see instructions) 12 121,164.

13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97.89 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 97.64 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p align="center">SUNFLOWER HOUSE, INC.</p>	Employer identification number <p align="center">48-0918698</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)? ..			
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 similar means?			
i Other activities? If "Yes," describe in Part IV	X		
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

MAILINGS ARE SENT TO LEGISLATORS AND THE PUBLIC TO HEIGHTEN AWARENESS OF CHILD ABUSE AND NEGLECT.

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SUNFLOWER HOUSE, INC.

Employer identification number

48-0918698

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1238690.	1252922.			
b Contributions	599,990.	788,785.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	724,479.	803,017.			
f Administrative expenses					
g End of year balance	1114201.	1238690.			

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

- a Board designated or quasi-endowment 9.00 %
- b Permanent endowment 75.00 %
- c Term endowment 16.00 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		345,520.		345,520.
b Buildings		2,068,756.	390,594.	1,678,162.
c Leasehold improvements				
d Equipment		544,337.	495,708.	48,629.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,072,311.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,399,241.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,528,957.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-129,716.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-129,716.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,509,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,509,502.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-110,261.
c	Add lines 4a and 4b	4c	-110,261.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,399,241.

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

1	Total expenses and losses per audited financial statements	1	1,639,218.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,639,218.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-110,261.
c	Add lines 4a and 4b	4c	-110,261.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,528,957.

Part XIV Supplemental Information

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

PART V, LINE 4: BOARD DESIGNATED FUNDS CAN BE USED FOR ANY EXPENSES

THAT THE BOARD OF DIRECTORS DEEMS NECESSARY. PERMANENT ENDOWMENT FUNDS

ARE REQUIRED TO BE INVESTED INTO PERPETUITY. THE INCOME FROM SUCH

INVESTMENTS IS UNRESTRICTED. TERM ENDOWMENT FUNDS AS OF 12/31/09 ARE FOR

THE CAPITAL CAMPAIGN, CHILD ASSESSMENT PROGRAM, PS ITS MY BODY, EQUIPMENT

& SUPPLIES FOR CHILD ASSESSMENT, NEWSLETTER, EDUCATION, LIFE COACHING,

PEER REVIEW CALLS, AND KEEPING KIDS SAFE ONLINE.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES- GALA

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES- GALA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VALENTINE GALA		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	223,009.			223,009.
	2 Less: Charitable contributions	185,509.			185,509.
	3 Gross income (line 1 minus line 2)	37,500.			37,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	110,261.			110,261.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(110,261)
	11 Net income summary. Combine line 3, column (d), and line 10				-72,761.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SUNFLOWER HOUSE, INC.** Employer identification number **48-0918698**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SPEEDWAY SUIT</u>)	X	0	95,000.	MARKET VALUE
26 Other ▶ (<u>AUCTION ITEMS</u>)	X	0	35,000.	MARKET VALUE
27 Other ▶ (<u>OFFICE SUPPLI</u>)	X	0	24,000.	ESTIMATE
28 Other ▶ (<u>LABORATORY SE</u>)	X	0	22,000.	ESTIMATE

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

PRINTING

(A) CHECK IF APPLICABLE = **X**

(B) NUMBER OF CONTRIBUTORS = **0**

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ **8000.**

(D) METHOD OF DETERMINING REVENUE: **ESTIMATE**

LEGAL SERVICES

(A) CHECK IF APPLICABLE = **X**

(B) NUMBER OF CONTRIBUTORS = **0**

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ **3800.**

(D) METHOD OF DETERMINING REVENUE: **ESTIMATE**

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SUNFLOWER HOUSE, INC.

Employer identification number

48-0918698

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY, FORENSIC AND MEDICAL SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUNFLOWER HOUSE INCLUDE: ABUSIVE HEAD TRAUMA PREVENTION, KEEPING KIDS
SAFE ONLINE, AND STEWARDS OF CHILDREN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL STAFF AND MENTAL HEALTH PROFESSIONALS TO REDUCE CHILDREN'S
TRAUMA AND HELP BEGIN THE RECOVERY PROCESS. SUNFLOWER HOUSE ALSO
PROVIDES COMPREHENSIVE FORENSIC MEDICAL EVALUATIONS FOR CHILDREN, AGES
BIRTH TO 17, RESIDING IN EITHER WYANDOTTE OR JOHNSON COUNTIES IN
KANSAS. EVALUATIONS ARE PROVIDED FREE OF CHARGE TO CHILDREN SUSPECTED
OF BEING A VICTIM OF ABUSE. THE PURPOSE OF THE FORENSIC MEDICAL
EVALUATION IS TO PROVIDE A COMPLETE ASSESSMENT OF THE PHYSICAL,
EMOTIONAL AND DEVELOPMENTAL HEALTH OF THE CHILD.

FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION TAKES A BOARD
VOTE ON WHETHER ANY SHORT OR LONG TERM BUSINESS CONTACT OR BOARD SERVICE
WILL CONSTITUTE A CONFLICT OF INTEREST. ANY BOARD MEMBERS WHO PROVIDE
VENDOR SERVICES ARE NOTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWED TWO SURVEYS.

ONE DONE BY THE ORGANIZATIONS NATIONAL ACCREDITED ORGANIZATION WHO SURVEY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SUNFLOWER HOUSE, INC.

Employer identification number

48-0918698

ALL CHILD ADVOCACY CENTERS IN THE COUNTRY. THE OTHER SALARY WAS DONE BY
THE CENTER FOR NON-PROFIT MANAGEMENT AT THE BLOCH SCHOOL OF BUSINESS AT THE
UNIVERSITY OF MISSOURI KANSAS CITY.

FORM 990, PART VI, SECTION C, LINE 19: ALL FINANCIALS ARE POSTED AT THE
GREATER KANSAS CITY COMMUNITY FOUNDATION DONOR'S EDGE WEBSITE. FINANCIALS
ARE ALSO AVAILABLE FOR ANYONE AT SUNFLOWER HOUSE BY REQUEST. THE CONFLICT
OF INTEREST POLICIES ARE IN EACH EMPLOYEE HANDBOOK AND BOARD HANDBOOKS ON
SITE.

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
17	BUILDING	08/01/02	SL	39.00	MM	16	2,026,140.				2,026,140.	333,359.		51,952.	385,311.
18	2002 LAND IMPROVEMENTS	06/28/02	SL	39.00	MM	16	4,609.				4,609.	767.		118.	885.
61	BUILDING-FINAL CONSTRUCTION PMT	02/28/03	SL	39.00	MM	17	19,826.				19,826.	2,985.		508.	3,493.
62	BUILDING-IMPROVEMENTS	01/21/03	SL	39.00	MM	17	1,019.				1,019.	155.		26.	181.
63	BUILDING-IMPROVEMENTS	04/04/03	SL	39.00	MM	17	1,220.				1,220.	177.		31.	208.
64	BUILDING-IMPROVEMENTS	06/30/03	SL	39.00	MM	17	2,633.				2,633.	377.		68.	445.
65	BUILDING-IMPROVEMENTS	07/30/03	SL	39.00	MM	17	426.				426.	60.		11.	71.
	* 990 PAGE 10 TOTAL BUILDINGS						2,055,873.				2,055,873.	337,880.		52,714.	390,594.
	MACHINERY & EQUIPMENT														
1	UTILITY CABINET	01/29/97	200DB	7.00	HY	17	156.				156.	156.		0.	156.
2	OFFICE MAX MARKER BOARD, SCREEN	01/16/98	200DB	7.00	HY	17	337.				337.	337.		0.	337.
3	CONFERENCE ROOM FURNITURE (SQA MARSHALL)	02/25/98	200DB	7.00	HY	17	1,500.				1,500.	1,500.		0.	1,500.
4	CONF. ROOM TABLE	03/03/98	200DB	7.00	HY	17	207.				207.	207.		0.	207.
5	2 TV/VCR COMBOS	04/29/98	200DB	5.00	HY	17	681.				681.	681.		0.	681.
6	CONFERENCE ROOM CHAIRS	05/15/98	200DB	7.00	HY	17	1,316.				1,316.	1,316.		0.	1,316.
7	SOFTWARE (BLACKBAUD)	09/02/99		36M	HY	43	11,170.				11,170.	11,170.		0.	11,170.
8	FILE CABINET	09/29/99	200DB	7.00	HY	17	309.				309.	309.		0.	309.

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	FURNITURE (RAINEN BUSINESS INTE)	12/20/99	200DB	7.00		HY17	2,007.				2,007.	2,007.		0.	2,007.
10	SOFTWARE (BLACKBAUD)	09/02/99	200DB	5.00		HY17	2,300.				2,300.	2,300.		0.	2,300.
11	(D)TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	04/25/00	200DB	5.00		HY17	1,257.				1,257.	1,257.		0.	
12	AT&T UNIVERSAL BUSINESS - EQUIPMENT	07/10/00	200DB	5.00		HY17	2,441.				2,441.	2,441.		0.	2,441.
13	JOHN MARSHALL CO - FURNITURE	07/28/00	200DB	7.00		HY17	1,895.				1,895.	1,895.		0.	1,895.
14	(D)COMPUTER-NOBILIS SERIES BASE SYSTEM	07/20/01	200DB	5.00		MQ17	3,980.				3,980.	3,980.		0.	
15	SOFTWARE (RAISER'S EDGE)	10/30/01		36M		HY43	2,565.				2,565.	2,565.		0.	2,565.
16	(D)COMPTER- CASE TRACKING SERVER	12/21/01	200DB	5.00		MQ17	6,625.				6,625.	6,625.		0.	
19	COMP USA - EQUIPMENT	03/04/02	200DB	5.00		HY17	1,530.				1,530.	1,530.		0.	1,530.
20	PARADISE AQUATICS AQUARIUM	05/03/02	200DB	7.00		HY17	1,500.				1,500.	1,432.		68.	1,499.
21	CITIBUSINESS CARDS	05/23/02	200DB	5.00		HY17	560.				560.	560.		0.	560.
22	INTER-TEL TECHNOLOGY	06/03/02	200DB	7.00		HY17	10,400.				10,400.	9,937.		463.	10,400.
23	AUDIOVISUAL	06/28/02	200DB	7.00		HY17	76,074.				76,074.	72,681.		3,393.	76,074.
24	COOPER SURGICAL	06/28/02	200DB	7.00		HY17	31,273.				31,273.	29,880.		1,393.	31,273.
25	MIDWEST MEDICAL SUPPLIES	06/28/02	200DB	7.00		HY17	19,138.				19,138.	18,284.		854.	19,138.
26	(D)SENTRY SECURITY	06/28/02	200DB	7.00		HY17	6,168.				6,168.	5,893.		138.	
27	SOUTHWESTERN BELL	07/09/02	200DB	7.00		HY17	2,101.				2,101.	2,007.		94.	2,101.
28	(D)COMP USA - EQUIPMENT	07/15/02	200DB	5.00		HY17	510.				510.	510.		0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	AMERICAN EXPRESS	08/06/02	200DB	7.00		HY17	623.				623.	597.		26.	623.
30	(D)COMP USA - EQUIPMENT	08/06/02	200DB	5.00		HY17	900.				900.	900.		0.	
31	INTER-TEL TECHNOLOGY	08/06/02	200DB	5.00		HY17	21,603.				21,603.	21,603.		0.	21,603.
32	MIDWEST MEDICAL SUPPLIES	08/06/02	200DB	7.00		HY17	872.				872.	835.		37.	872.
33	(D)OFFICE MAX - EQUIPMENT	08/06/02	200DB	7.00		HY17	749.				749.	716.		17.	
34	(D)COMP USA - EQUIPMENT	08/27/02	200DB	5.00		HY17	505.				505.	505.		0.	
35	ALL NATIONS FLAG	08/28/02	200DB	7.00		HY17	1,479.				1,479.	1,413.		66.	1,479.
36	PARADISE AQUATICS AQUARIUM	08/28/02	200DB	7.00		HY17	2,061.				2,061.	1,969.		92.	2,061.
37	SOUTHWESTERN BELL	09/05/02	200DB	7.00		HY17	1,440.				1,440.	1,377.		63.	1,440.
38	(D)TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	10/02/02	200DB	5.00		HY17	3,426.				3,426.	3,426.		0.	
39	SCOTT RICE OFFICE WORKS	10/03/02	200DB	7.00		HY17	881.				881.	843.		38.	881.
40	AUDIOVISUAL	11/15/02	200DB	7.00		HY17	4,163.				4,163.	3,978.		185.	4,163.
41	GE-ERC APPLIANCES	11/15/02	200DB	7.00		HY17	3,023.				3,023.	2,889.		134.	3,023.
42	AMERICAN EXPRESS	11/21/02	200DB	7.00		HY17	2,705.				2,705.	2,585.		120.	2,705.
43	PARADISE AQUATICS AQUARIUM	12/19/02	200DB	7.00		HY17	375.				375.	358.		17.	375.
44	TEAM OFFICE EQUIPMENT	05/22/02	200DB	7.00		HY17	94,000.				94,000.	89,809.		4,191.	94,000.
45	PEOPLE FRIENDLY PALCES	06/28/02	200DB	7.00		HY17	1,152.				1,152.	1,101.		51.	1,152.
46	TEAM OFFICE EQUIPMENT	06/28/02	200DB	7.00		HY17	106,217.				106,217.	101,480.		4,737.	106,217.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
47	HEGARTY OFFICE EQUIPMENT	08/27/02	200DB	7.00			2,575.				2,575.	2,461.		114.	2,575.
48	(D)TEAM OFFICE EQUIPMENT	08/27/02	200DB	7.00			792.				792.	758.		17.	
49	BYERLEY EQUIPMENT	09/27/02	200DB	7.00			1,765.				1,765.	1,686.		79.	1,765.
50	TEAM OFFICE EQUIPMENT	10/24/02	200DB	7.00			8,415.				8,415.	8,040.		375.	8,415.
51	TEAM OFFICE EQUIPMENT	11/15/02	200DB	7.00			4,865.				4,865.	4,647.		218.	4,864.
52	TEAM OFFICE EQUIPMENT	12/04/02	200DB	7.00			13,710.				13,710.	13,098.		612.	13,709.
53	VIC GRAF GALLERY	12/19/02	200DB	7.00			450.				450.	429.		21.	449.
54	(D)TEAM OFFICE EQUIPMENT	12/30/02	200DB	7.00			721.				721.	688.		16.	
56	(D)OFFICE EQUIPMENT	02/04/03	200DB	7.00			842.				842.	728.		38.	
57	(D)OFFICE EQUIPMENT	02/14/03	200DB	7.00			620.				620.	536.		28.	
58	OFFICE EQUIPMENT-SCOTT RICE	03/04/03	200DB	7.00			878.				878.	760.		78.	838.
59	(D)OFFICE EQUIPMENT	06/16/03	200DB	7.00			2,176.				2,176.	1,885.		97.	
60	(D)OFFICE EQUIPMENT	07/14/03	200DB	7.00			704.				704.	610.		31.	
66	SOUNDMASKING EQUIPMENT & INSTALL	03/03/03	200DB	5.00			769.				769.	769.		0.	769.
67	AQUARIUM & SUPPLIES	03/12/03	200DB	7.00			228.				228.	197.		20.	217.
68	MEDICAL CABINETS	03/12/03	200DB	7.00			4,600.				4,600.	3,985.		411.	4,396.
69	TACKBOARD FOR OBS ROOM & DISPLAY CASE	01/21/03	200DB	7.00			1,326.				1,326.	1,148.		118.	1,266.
70	ARMOIRES & MORE(IN KIND GIFT)	02/28/03	200DB	7.00			1,199.				1,199.	1,039.		107.	1,146.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
71	CHILD ASSESSMENT MURAL	03/04/03	200DB	7.00		HY17	4,000.				4,000.	3,466.		357.	3,823.
72	COMPUTER 13 (ECS)	05/23/03	200DB	7.00		HY17	503.				503.	436.		45.	481.
73	COMPUTER 5 (ECS)	01/08/04	200DB	5.00		HY17	814.				814.	767.		47.	814.
74	COMPUTER- WINDOWS XP & OFFICE 2003-MEDICAL	03/17/04	200DB	5.00		HY17	635.				635.	598.		37.	635.
75	(D)SOFTWARE LICENSE	08/30/04	200DB	3.00		HY17	1,000.				1,000.	1,000.		0.	
76	LAPTOP 2 (ECS)	09/29/04	200DB	5.00		HY17	1,113.				1,113.	1,049.		64.	1,113.
77	LAPTOP 4 (ECS)	09/29/04	200DB	5.00		HY17	1,113.				1,113.	1,049.		64.	1,113.
78	PROJECTOR- EDUCATION	09/29/04	200DB	5.00		HY17	1,118.				1,118.	1,055.		63.	1,118.
79	(D)COMPUTER SERVER	09/29/04	200DB	5.00		HY17	4,545.				4,545.	4,284.		131.	
80	TABLE- MEDICAL	02/27/04	200DB	7.00		HY17	963.				963.	748.		86.	834.
81	FILE CABINET-MEDICAL	03/01/04	200DB	7.00		HY17	705.				705.	548.		63.	611.
82	DRYER-MEDICAL	09/17/04	200DB	5.00		HY17	427.				427.	402.		25.	427.
83	WASHER-MEDICAL	09/17/04	200DB	5.00		HY17	481.				481.	452.		29.	480.
84	FRENCH DOORS	09/07/06	200DB	7.00		HY17	3,207.				3,207.	1,804.		401.	2,205.
85	(D)SOFTWARE CASH MANAGEMENT	08/14/06	200DB	3.00		HY17	3,750.				3,750.	3,472.		139.	
86	NEW CAMERA & IMAGING FOR CHILD ASSESS	03/19/07	200DB	5.00		MQ17	4,412.				4,412.	2,691.		688.	3,379.
87	DVD RECORDER AND VOICE EQUILIZERS	05/15/07	200DB	5.00		MQ17	1,105.				1,105.	608.		199.	807.
88	LAPTOP 11, 12 (TOSHIBA, NOVALIS)	06/04/07	200DB	5.00		MQ17	4,881.				4,881.	2,684.		879.	3,563.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
89	COMPUTER 6 - 12 (ECS)	08/22/07	200DB	5.00	MQ	17	8,464.				8,464.	4,148.		1,727.	5,875.
90	COMPUTER 14 (ECS)	09/30/07	200DB	5.00	MQ	17	2,098.				2,098.	1,028.		428.	1,456.
91	LAPTOPS 6 - 10 (ECS)	10/05/07	200DB	5.00	MQ	17	8,837.				8,837.	3,800.		2,015.	5,815.
92	LAMINATOR	10/25/07	200DB	5.00	MQ	17	1,230.				1,230.	529.		280.	809.
93	2 PORTABLE TRADE SHOW DISPLAYS	11/05/07	200DB	5.00	MQ	17	1,706.				1,706.	733.		389.	1,122.
94	COMPUTERS 1 - 3 (ECS)	11/13/07	200DB	5.00	MQ	17	3,873.				3,873.	1,666.		883.	2,549.
95	LAPTOP - CHILD ASSESSMENT DEPT	12/18/07	200DB	5.00	MQ	17	1,039.				1,039.	447.		237.	684.
96	LDC PROJECTOR CHILD ASSESSMENT DEPT	12/19/07	200DB	5.00	MQ	17	1,110.				1,110.	478.		253.	731.
97	LAPTOP 3 (ECS)	12/27/07	200DB	5.00	MQ	17	1,802.				1,802.	775.		411.	1,186.
98	LAPTOP 1 (ECS)	12/28/07	200DB	5.00	MQ	17	2,072.				2,072.	891.		472.	1,363.
99	(D)XEON SERVER FROM AJE 2006 ADD 2007	01/01/07	200DB	5.00	MQ	17	2,422.				2,422.	1,478.		236.	
100	(D)REBUILD SERVER	04/04/08	200DB	5.00	MQ	17	5,464.				5,464.	1,366.		1,025.	
101	LAPTOP 5 (MAC/APPLE)	08/03/09	SL	5.00	HY	16	1,969.				1,969.			164.	164.
102	SECURITY SYSTEM	09/17/09	SL	7.00	HY	16	16,182.				16,182.			578.	578.
103	PHONE SYSTEM REPAIRS	06/25/09	SL	5.00	HY	16	2,098.				2,098.			210.	210.
104	NEW SERVER	07/20/09	SL	5.00	HY	16	13,355.				13,355.			1,113.	1,113.
105	COMPUTER 4 (APPLE)	07/24/09	SL	5.00	HY	16	2,193.				2,193.			183.	183.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						591,495.				591,495.	505,760.		32,478.	495,703.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization SUNFLOWER HOUSE, INC.	Employer identification number 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.

MICHELLE HERMAN

• The books are in the care of **15440 W. 65TH STREET - SHAWNEE, KS 66217**
 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, 2010**.

5 For calendar year **2009**, 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 Date

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

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											
17	BUILDING 2002 LAND	080102	SL	39.00	16	2,026,140.			2,026,140.	333,359.		51,952.
18	IMPROVEMENTS BUILDING-FINAL	062802	SL	39.00	16	4,609.			4,609.	767.		118.
61	CONSTRUCTION PMT BUILDING-IMPROVEMEN	022803	SL	39.00	17	19,826.			19,826.	2,985.		508.
62	TS BUILDING-IMPROVEMEN	012103	SL	39.00	17	1,019.			1,019.	155.		26.
63	TS BUILDING-IMPROVEMEN	040403	SL	39.00	17	1,220.			1,220.	177.		31.
64	TS BUILDING-IMPROVEMEN	063003	SL	39.00	17	2,633.			2,633.	377.		68.
65	TS * 990 PAGE 10 TOTAL	073003	SL	39.00	17	426.			426.	60.		11.
	BUILDINGS					2,055,873.			2,055,873.	337,880.		52,714.
	MACHINERY & EQUIPMENT											
1	UTILITY CABINET OFFICE MAX MARKER	012997	200DB	7.00	17	156.			156.	156.		0.
2	BOARD, SCREEN CONFERENCE ROOM	011698	200DB	7.00	17	337.			337.	337.		0.
3	FURNITURE (SQA MARS	022598	200DB	7.00	17	1,500.			1,500.	1,500.		0.
4	CONF. ROOM TABLE	030398	200DB	7.00	17	207.			207.	207.		0.
5	2 TV/VCR COMBOS CONFERENCE ROOM	042998	200DB	5.00	17	681.			681.	681.		0.
6	CHAIRS SOFTWARE	051598	200DB	7.00	17	1,316.			1,316.	1,316.		0.
7	(BLACKBAUD)	090299		36M	43	11,170.			11,170.	11,170.		0.
8	FILE CABINET	092999	200DB	7.00	17	309.			309.	309.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

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
9	FURNITURE (RAINEN BUSINESS INTE)	122099	200DB	7.00	17	2,007.			2,007.	2,007.		0.
10	SOFTWARE (BLACKBAUD)	090299	200DB	5.00	17	2,300.			2,300.	2,300.		0.
11	(D)TWENT-FIRST CENTURY - COMPUTER	042500	200DB	5.00	17	1,257.			1,257.	1,257.		0.
12	AT&T UNIVERSAL BUSINESS - EQUIPMEN	071000	200DB	5.00	17	2,441.			2,441.	2,441.		0.
13	JOHN MARSHALL CO - FURNITURE	072800	200DB	7.00	17	1,895.			1,895.	1,895.		0.
14	(D)COMPUTER-NOBILIS SERIES BASE SYSTEM	072001	200DB	5.00	17	3,980.			3,980.	3,980.		0.
15	SOFTWARE (RAISER'S EDGE)	103001		36M	43	2,565.			2,565.	2,565.		0.
16	(D)COMPTER- CASE TRACKING SERVER	122101	200DB	5.00	17	6,625.			6,625.	6,625.		0.
19	COMP USA - EQUIPMENT	030402	200DB	5.00	17	1,530.			1,530.	1,530.		0.
20	PARADISE AQUATICS AQUARIUM	050302	200DB	7.00	17	1,500.			1,500.	1,432.		68.
21	CITIBUSINESS CARDS	052302	200DB	5.00	17	560.			560.	560.		0.
22	INTER-TEL TECHNOLOGY	060302	200DB	7.00	17	10,400.			10,400.	9,937.		463.
23	AUDIOVISUAL	062802	200DB	7.00	17	76,074.			76,074.	72,681.		3,393.
24	COOPER SURGICAL	062802	200DB	7.00	17	31,273.			31,273.	29,880.		1,393.
25	MIDWEST MEDICAL SUPPLIES	062802	200DB	7.00	17	19,138.			19,138.	18,284.		854.
26	(D)SENTRY SECURITY	062802	200DB	7.00	17	6,168.			6,168.	5,893.		138.
27	SOUTHWESTERN BELL	070902	200DB	7.00	17	2,101.			2,101.	2,007.		94.
28	(D)COMP USA - EQUIPMENT	071502	200DB	5.00	17	510.			510.	510.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

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
29	AMERICAN EXPRESS (D)COMP USA -	080602	200DB	7.00	17	623.			623.	597.		26.
30	EQUIPMENT INTER-TEL	080602	200DB	5.00	17	900.			900.	900.		0.
31	TECHNOLOGY MIDWEST MEDICAL	080602	200DB	5.00	17	21,603.			21,603.	21,603.		0.
32	SUPPLIES (D)OFFICE MAX -	080602	200DB	7.00	17	872.			872.	835.		37.
33	EQUIPMENT (D)COMP USA -	080602	200DB	7.00	17	749.			749.	716.		17.
34	EQUIPMENT	082702	200DB	5.00	17	505.			505.	505.		0.
35	ALL NATIONS FLAG PARADISE AQUATICS	082802	200DB	7.00	17	1,479.			1,479.	1,413.		66.
36	AQUARIUM	082802	200DB	7.00	17	2,061.			2,061.	1,969.		92.
37	SOUTHWESTERN BELL (D)TWENT-FIRST	090502	200DB	7.00	17	1,440.			1,440.	1,377.		63.
38	CENTURY - COMPUTER SCOTT RICE OFFICE	100202	200DB	5.00	17	3,426.			3,426.	3,426.		0.
39	WORKS	100302	200DB	7.00	17	881.			881.	843.		38.
40	AUDIOVISUAL	111502	200DB	7.00	17	4,163.			4,163.	3,978.		185.
41	GE-ERC APPLIANCES	111502	200DB	7.00	17	3,023.			3,023.	2,889.		134.
42	AMERICAN EXPRESS PARADISE AQUATICS	112102	200DB	7.00	17	2,705.			2,705.	2,585.		120.
43	AQUARIUM TEAM OFFICE	121902	200DB	7.00	17	375.			375.	358.		17.
44	EQUIPMENT PEOPLE FRIENDLY	052202	200DB	7.00	17	94,000.			94,000.	89,809.		4,191.
45	PALCES TEAM OFFICE	062802	200DB	7.00	17	1,152.			1,152.	1,101.		51.
46	EQUIPMENT	062802	200DB	7.00	17	106,217.			106,217.	101,480.		4,737.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

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
47	HEGARTY OFFICE EQUIPMENT (D)TEAM OFFICE	082702	200DB	7.00	17	2,575.			2,575.	2,461.		114.
48	EQUIPMENT	082702	200DB	7.00	17	792.			792.	758.		17.
49	BYERLEY EQUIPMENT TEAM OFFICE	092702	200DB	7.00	17	1,765.			1,765.	1,686.		79.
50	EQUIPMENT TEAM OFFICE	102402	200DB	7.00	17	8,415.			8,415.	8,040.		375.
51	EQUIPMENT TEAM OFFICE	111502	200DB	7.00	17	4,865.			4,865.	4,647.		218.
52	EQUIPMENT	120402	200DB	7.00	17	13,710.			13,710.	13,098.		612.
53	VIC GRAF GALLERY (D)TEAM OFFICE	121902	200DB	7.00	17	450.			450.	429.		21.
54	EQUIPMENT	123002	200DB	7.00	17	721.			721.	688.		16.
56	(D)OFFICE EQUIPMENT	020403	200DB	7.00	17	842.			842.	728.		38.
57	(D)OFFICE EQUIPMENT OFFICE	021403	200DB	7.00	17	620.			620.	536.		28.
58	EQUIPMENT-SCOTT RIC	030403	200DB	7.00	17	878.			878.	760.		78.
59	(D)OFFICE EQUIPMENT	061603	200DB	7.00	17	2,176.			2,176.	1,885.		97.
60	(D)OFFICE EQUIPMENT SOUNDMASKING	071403	200DB	7.00	17	704.			704.	610.		31.
66	EQUIPMENT & INSTALL	030303	200DB	5.00	17	769.			769.	769.		0.
67	AQUARIUM & SUPPLIES	031203	200DB	7.00	17	228.			228.	197.		20.
68	MEDICAL CABINETS TACKBOARD FOR OBS	031203	200DB	7.00	17	4,600.			4,600.	3,985.		411.
69	ROOM & DISPLAY CASE ARMOIRES & MORE (IN	012103	200DB	7.00	17	1,326.			1,326.	1,148.		118.
70	KIND GIFT)	022803	200DB	7.00	17	1,199.			1,199.	1,039.		107.

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- CURRENT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

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
71	CHILD ASSESSMENT MURAL	03/04/03	200DB	7.00	17	4,000.			4,000.	3,466.		357.
72	COMPUTER 13 (ECS)	05/23/03	200DB	7.00	17	503.			503.	436.		45.
73	COMPUTER 5 (ECS)	01/08/04	200DB	5.00	17	814.			814.	767.		47.
74	COMPUTER- WINDOWS XP & OFFICE 2003-ME	03/17/04	200DB	5.00	17	635.			635.	598.		37.
75	(D)SOFTWARE LICENSE	08/30/04	200DB	3.00	17	1,000.			1,000.	1,000.		0.
76	LAPTOP 2 (ECS)	09/29/04	200DB	5.00	17	1,113.			1,113.	1,049.		64.
77	LAPTOP 4 (ECS)	09/29/04	200DB	5.00	17	1,113.			1,113.	1,049.		64.
78	PROJECTOR- EDUCATION	09/29/04	200DB	5.00	17	1,118.			1,118.	1,055.		63.
79	(D)COMPUTER SERVER	09/29/04	200DB	5.00	17	4,545.			4,545.	4,284.		131.
80	TABLE- MEDICAL FILE	02/27/04	200DB	7.00	17	963.			963.	748.		86.
81	CABINET-MEDICAL	03/01/04	200DB	7.00	17	705.			705.	548.		63.
82	DRYER-MEDICAL	09/17/04	200DB	5.00	17	427.			427.	402.		25.
83	WASHER-MEDICAL	09/17/04	200DB	5.00	17	481.			481.	452.		29.
84	FRENCH DOORS	09/07/06	200DB	7.00	17	3,207.			3,207.	1,804.		401.
85	(D)SOFTWARE CASH MANAGEMENT	08/14/06	200DB	3.00	17	3,750.			3,750.	3,472.		139.
86	NEW CAMERA & IMAGING FOR CHILD A	03/19/07	200DB	5.00	17	4,412.			4,412.	2,691.		688.
87	DVD RECORDER AND VOICE EQUILIZERS	05/15/07	200DB	5.00	17	1,105.			1,105.	608.		199.
88	LAPTOP 11, 12 (TOSHIBA, NOVALIS)	06/04/07	200DB	5.00	17	4,881.			4,881.	2,684.		879.

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- CURRENT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

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
89	COMPUTER 6 - 12 (ECS)	082207	200DB	5.00	17	8,464.			8,464.	4,148.		1,727.
90	COMPUTER 14 (ECS)	093007	200DB	5.00	17	2,098.			2,098.	1,028.		428.
91	LAPTOPS 6 - 10 (ECS)	100507	200DB	5.00	17	8,837.			8,837.	3,800.		2,015.
92	LAMINATOR	102507	200DB	5.00	17	1,230.			1,230.	529.		280.
93	2 PORTABLE TRADE SHOW DISPLAYS	110507	200DB	5.00	17	1,706.			1,706.	733.		389.
94	COMPUTERS 1 - 3 (ECS)	111307	200DB	5.00	17	3,873.			3,873.	1,666.		883.
95	LAPTOP - CHILD ASSESSMENT DEPT	121807	200DB	5.00	17	1,039.			1,039.	447.		237.
96	LDC PROJECTOR CHILD ASSESSMENT DEPT	121907	200DB	5.00	17	1,110.			1,110.	478.		253.
97	LAPTOP 3 (ECS)	122707	200DB	5.00	17	1,802.			1,802.	775.		411.
98	LAPTOP 1 (ECS)	122807	200DB	5.00	17	2,072.			2,072.	891.		472.
99	(D)XEON SERVER FROM AJE 2006 ADD 2007	010107	200DB	5.00	17	2,422.			2,422.	1,478.		236.
100	(D)REBUILD SERVER LAPTOP 5	040408	200DB	5.00	17	5,464.			5,464.	1,366.		1,025.
101	(MAC/APPLE)	080309	SL	5.00	16	1,969.			1,969.			164.
102	SECURITY SYSTEM	091709	SL	7.00	16	16,182.			16,182.			578.
103	PHONE SYSTEM REPAIRS	062509	SL	5.00	16	2,098.			2,098.			210.
104	NEW SERVER	072009	SL	5.00	16	13,355.			13,355.			1,113.
105	COMPUTER 4 (APPLE)	072409	SL	5.00	16	2,193.			2,193.			183.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					591,495.			591,495.	505,760.		32,478.

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- NEXT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
17	BUILDING	080102	SL	39.00	2,026,140.		2,026,140.	385,311.	51,952.
18	2002 LAND IMPROVEMENTS	062802	SL	39.00	4,609.		4,609.	885.	118.
61	BUILDING-FINAL CONSTRUCTION PMT	022803	SL	39.00	19,826.		19,826.	3,493.	508.
62	BUILDING-IMPROVEMENTS	012103	SL	39.00	1,019.		1,019.	181.	26.
63	BUILDING-IMPROVEMENTS	040403	SL	39.00	1,220.		1,220.	208.	31.
64	BUILDING-IMPROVEMENTS	063003	SL	39.00	2,633.		2,633.	445.	68.
65	BUILDING-IMPROVEMENTS	073003	SL	39.00	426.		426.	71.	11.
	* 990 PAGE 10 TOTAL BUILDINGS				2,055,873.		2,055,873.	390,594.	52,714.
	MACHINERY & EQUIPMENT								
1	UTILITY CABINET	012997	200DB	7.00	156.		156.	156.	0.
2	OFFICE MAX MARKER BOARD, SCREEN CONFERENCE ROOM FURNITURE (SQA	011698	200DB	7.00	337.		337.	337.	0.
3	MARSHALL)	022598	200DB	7.00	1,500.		1,500.	1,500.	0.
4	CONF. ROOM TABLE	030398	200DB	7.00	207.		207.	207.	0.
5	2 TV/VCR COMBOS	042998	200DB	5.00	681.		681.	681.	0.
6	CONFERENCE ROOM CHAIRS	051598	200DB	7.00	1,316.		1,316.	1,316.	0.
7	SOFTWARE (BLACKBAUD)	090299		36M	11,170.		11,170.	11,170.	0.
8	FILE CABINET	092999	200DB	7.00	309.		309.	309.	0.
9	FURNITURE (RAINEN BUSINESS INTE)	122099	200DB	7.00	2,007.		2,007.	2,007.	0.
10	SOFTWARE (BLACKBAUD)	090299	200DB	5.00	2,300.		2,300.	2,300.	0.
12	AT&T UNIVERSAL BUSINESS - EQUIPMENT	071000	200DB	5.00	2,441.		2,441.	2,441.	0.
13	JOHN MARSHALL CO - FURNITURE	072800	200DB	7.00	1,895.		1,895.	1,895.	0.
15	SOFTWARE (RAISER'S EDGE)	103001		36M	2,565.		2,565.	2,565.	0.
19	COMP USA - EQUIPMENT	030402	200DB	5.00	1,530.		1,530.	1,530.	0.
20	PARADISE AQUATICS AQUARIUM	050302	200DB	7.00	1,500.		1,500.	1,499.	0.
21	CITIBUSINESS CARDS	052302	200DB	5.00	560.		560.	560.	0.
22	INTER-TEL TECHNOLOGY	060302	200DB	7.00	10,400.		10,400.	10,400.	0.
23	AUDIOVISUAL	062802	200DB	7.00	76,074.		76,074.	76,074.	0.
24	COOPER SURGICAL	062802	200DB	7.00	31,273.		31,273.	31,273.	0.
25	MIDWEST MEDICAL SUPPLIES	062802	200DB	7.00	19,138.		19,138.	19,138.	0.
27	SOUTHWESTERN BELL	070902	200DB	7.00	2,101.		2,101.	2,101.	0.
29	AMERICAN EXPRESS	080602	200DB	7.00	623.		623.	623.	0.
31	INTER-TEL TECHNOLOGY	080602	200DB	5.00	21,603.		21,603.	21,603.	0.

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- NEXT YEAR FEDERAL - SUNFLOWER HOUSE, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
32	MIDWEST MEDICAL SUPPLIES	080602	200DB	7.00	872.		872.	872.	0.
35	ALL NATIONS FLAG	082802	200DB	7.00	1,479.		1,479.	1,479.	0.
36	PARADISE AQUATICS AQUARIUM	082802	200DB	7.00	2,061.		2,061.	2,061.	0.
37	SOUTHWESTERN BELL	090502	200DB	7.00	1,440.		1,440.	1,440.	0.
39	SCOTT RICE OFFICE WORKS	100302	200DB	7.00	881.		881.	881.	0.
40	AUDIOVISUAL	111502	200DB	7.00	4,163.		4,163.	4,163.	0.
41	GE-ERC APPLIANCES	111502	200DB	7.00	3,023.		3,023.	3,023.	0.
42	AMERICAN EXPRESS	112102	200DB	7.00	2,705.		2,705.	2,705.	0.
43	PARADISE AQUATICS AQUARIUM	121902	200DB	7.00	375.		375.	375.	0.
44	TEAM OFFICE EQUIPMENT	052202	200DB	7.00	94,000.		94,000.	94,000.	0.
45	PEOPLE FRIENDLY PALCES	062802	200DB	7.00	1,152.		1,152.	1,152.	0.
46	TEAM OFFICE EQUIPMENT	062802	200DB	7.00	106,217.		106,217.	106,217.	0.
47	HEGARTY OFFICE EQUIPMENT	082702	200DB	7.00	2,575.		2,575.	2,575.	0.
49	BYERLEY EQUIPMENT	092702	200DB	7.00	1,765.		1,765.	1,765.	0.
50	TEAM OFFICE EQUIPMENT	102402	200DB	7.00	8,415.		8,415.	8,415.	0.
51	TEAM OFFICE EQUIPMENT	111502	200DB	7.00	4,865.		4,865.	4,864.	0.
52	TEAM OFFICE EQUIPMENT	120402	200DB	7.00	13,710.		13,710.	13,709.	0.
53	VIC GRAF GALLERY	121902	200DB	7.00	450.		450.	449.	0.
58	OFFICE EQUIPMENT-SCOTT RICE	030403	200DB	7.00	878.		878.	838.	39.
66	SOUNDMASKING EQUIPMENT & INSTALL	030303	200DB	5.00	769.		769.	769.	0.
67	AQUARIUM & SUPPLIES	031203	200DB	7.00	228.		228.	217.	10.
68	MEDICAL CABINETS	031203	200DB	7.00	4,600.		4,600.	4,396.	204.
	TACKBOARD FOR OBS ROOM & DISPLAY								
69	CASE	012103	200DB	7.00	1,326.		1,326.	1,266.	59.
70	ARMOIRES & MORE (IN KIND GIFT)	022803	200DB	7.00	1,199.		1,199.	1,146.	53.
71	CHILD ASSESSMENT MURAL	030403	200DB	7.00	4,000.		4,000.	3,823.	177.
72	COMPUTER 13 (ECS)	052303	200DB	7.00	503.		503.	481.	22.
73	COMPUTER 5 (ECS)	010804	200DB	5.00	814.		814.	814.	0.
	COMPUTER- WINDOWS XP & OFFICE								
74	2003-MEDICAL	031704	200DB	5.00	635.		635.	635.	0.
76	LAPTOP 2 (ECS)	092904	200DB	5.00	1,113.		1,113.	1,113.	0.
77	LAPTOP 4 (ECS)	092904	200DB	5.00	1,113.		1,113.	1,113.	0.
78	PROJECTOR- EDUCATION	092904	200DB	5.00	1,118.		1,118.	1,118.	0.
80	TABLE- MEDICAL	022704	200DB	7.00	963.		963.	834.	86.

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Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
81	FILE CABINET-MEDICAL	030104	200DB	7.00	705.		705.	611.	63.
82	DRYER-MEDICAL	091704	200DB	5.00	427.		427.	427.	0.
83	WASHER-MEDICAL	091704	200DB	5.00	481.		481.	480.	0.
84	FRENCH DOORS	090706	200DB	7.00	3,207.		3,207.	2,205.	286.
	NEW CAMERA & IMAGING FOR CHILD								
86	ASSESS	031907	200DB	5.00	4,412.		4,412.	3,379.	486.
87	DVD RECORDER AND VOICE EQUILIZERS	051507	200DB	5.00	1,105.		1,105.	807.	126.
88	LAPTOP 11, 12 (TOSHIBA, NOVALIS)	060407	200DB	5.00	4,881.		4,881.	3,563.	555.
89	COMPUTER 6 - 12 (ECS)	082207	200DB	5.00	8,464.		8,464.	5,875.	1,036.
90	COMPUTER 14 (ECS)	093007	200DB	5.00	2,098.		2,098.	1,456.	257.
91	LAPTOPS 6 - 10 (ECS)	100507	200DB	5.00	8,837.		8,837.	5,815.	1,209.
92	LAMINATOR	102507	200DB	5.00	1,230.		1,230.	809.	168.
93	2 PORTABLE TRADE SHOW DISPLAYS	110507	200DB	5.00	1,706.		1,706.	1,122.	233.
94	COMPUTERS 1 - 3 (ECS)	111307	200DB	5.00	3,873.		3,873.	2,549.	530.
95	LAPTOP - CHILD ASSESSMENT DEPT	121807	200DB	5.00	1,039.		1,039.	684.	142.
96	LDC PROJECTOR CHILD ASSESSMENT DEPT	121907	200DB	5.00	1,110.		1,110.	731.	152.
97	LAPTOP 3 (ECS)	122707	200DB	5.00	1,802.		1,802.	1,186.	247.
98	LAPTOP 1 (ECS)	122807	200DB	5.00	2,072.		2,072.	1,363.	283.
101	LAPTOP 5 (MAC/APPLE)	080309	SL	5.00	1,969.		1,969.	164.	394.
102	SECURITY SYSTEM	091709	SL	7.00	16,182.		16,182.	578.	2,312.
103	PHONE SYSTEM REPAIRS	062509	SL	5.00	2,098.		2,098.	210.	420.
104	NEW SERVER	072009	SL	5.00	13,355.		13,355.	1,113.	2,671.
105	COMPUTER 4 (APPLE)	072409	SL	5.00	2,193.		2,193.	183.	439.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				544,339.		544,339.	495,703.	12,659.
	LAND								
55	LAND 2001	123101	L		358,403.		358,403.		0.
	* 990 PAGE 10 TOTAL LAND				358,403.		358,403.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				2,958,615.		2,958,615.	886,297.	65,373.