

# Return of Organization Exempt From Income Tax

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

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

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1805 S OHIO</b> City or town, state or country, and ZIP + 4 <b>SALINA, KS 67401</b> <b>F Name and address of principal officer: LES SPERLING</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>48-0729691</b> <b>E Telephone number</b> <b>7858256224</b> <b>G Gross receipts \$</b> <b>3,123,969.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.C-K-F.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1967</b> <b>M State of legal domicile:</b> <b>KS</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO MAINTAIN AN ALCOHOLISM REHABILITATION AND INFORMATION CENTER. TO INCREASE UNDERSTANDING OF</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b>	<b>82</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	793,361.	672,329.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	2,318,889.	2,162,456.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	384.	-41,104.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	56,947.	235,989.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	3,169,581.	3,029,670.
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	2,115,928.	2,128,982.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	1,050,231.	902,902.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	3,166,159.	3,031,884.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	3,422.	-2,214.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	1,730,033.	1,653,479.
	<b>21</b> Total liabilities (Part X, line 26) .....	477,722.	403,402.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	1,252,311.	1,250,077.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>LES SPERLING, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA MUNTZ</b>	Preparer's signature <b>AMANDA MUNTZ</b>
	Firm's name ▶ <b>VARNEY &amp; ASSOCIATES, CPAS, LLC</b>	Firm's EIN ▶
	Firm's address ▶ <b>120 NORTH JULIETTE MANHATTAN, KS 66502-6092</b>	Phone no. <b>785-537-2202</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MAINTAIN AN ALCOHOLISM REHABILITATION AND INFORMATION CENTER. TO INCREASE UNDERSTANDING OF ALCOHOLISM, TO EDUCATE THE COMMUNITY ON ALCOHOLISM DISEASE AND TO PROMOTE ADEQUATE FACILITIES AND SERVICES FOR THE DIAGNOSIS AND TREATMENT OF PERSONS WITH ALCOHOLISM

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

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

4a (Code: ) (Expenses \$ 2,767,647. including grants of \$ ) (Revenue \$ 2,356,989. ) COUNSELING SERVICES FOR CHEMICAL AND SUBSTANCE ABUSERS AND OTHER COUNSELING SERVICES.

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

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 2,767,647.

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page **3**

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

Form **990** (2010)

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page 4

**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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Form 990 (2010)

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page 5

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page **6**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....	<b>1a</b>	11	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....	<b>1b</b>	11	
<b>2</b> 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? .....	<b>2</b>		X
<b>3</b> 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? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Does the organization have members or stockholders? .....	<b>6</b>		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X	
<b>9</b> 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 .....	<b>9</b>		X

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? .....	<b>10a</b>		X
<b>b</b> 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? .....	<b>10b</b>		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>		X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	<b>12c</b>		X
<b>13</b> Does the organization have a written whistleblower policy? .....	<b>13</b>	X	
<b>14</b> Does the organization have a written document retention and destruction policy? .....	<b>14</b>	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) .....			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		X
<b>b</b> 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? .....	<b>16b</b>		

**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: ▶ \_\_\_\_\_  
**CENTRAL KANSAS FOUNDATION EMPLOYEES - 7858256224**  
**1805 S OHIO, SALINA, KS 67401**

Form **990** (2010)

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT SEIRER PRESIDENT	1.00	X		X			0.	0.	0.	
LARRY DAY VICE PRESIDENT	1.00	X		X			0.	0.	0.	
ALAN JILKA SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
LINDA BENJAMIN BOARD MEMBER	1.00	X					0.	0.	0.	
VICKY BONILLA BOARD MEMBER	1.00	X					0.	0.	0.	
DENNIS HILL BOARD MEMBER	1.00	X					0.	0.	0.	
ED MARKS BOARD MEMBER	1.00	X					0.	0.	0.	
MILLIE MOYE BOARD MEMBER	1.00	X					0.	0.	0.	
NORTH MCARTHUR BOARD MEMBER	1.00	X					0.	0.	0.	
FR. KERRY NINEMIRRE BOARD MEMBER	1.00	X					0.	0.	0.	
GERALD SHAF'T BOARD MEMBER	1.00	X					0.	0.	0.	



**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page **9**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	520,993.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	151,336.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			672,329.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>COUNSELING CENTER</u> .....	Business Code 624310	2,157,746.	2,157,746.		
<b>b</b> <u>SEMINAR REVENUE</u> .....		624310	4,710.	4,710.			
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				2,162,456.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		352.			352.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other		52,843.			
		<b>b</b> Less: cost or other basis and sales expenses .....			94,299.		
		<b>c</b> Gain or (loss) .....		-41,456.			
	<b>d</b> Net gain or (loss) .....			-41,456.	-41,456.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
<b>11 a</b> <u>OTHER INCOME: MISCELLAN</u> .....	624310	132,199.	132,199.				
<b>b</b> <u>OTHER INCOME: FIRESIDE</u> .....	624310	90,200.	90,200.				
<b>c</b> <u>OTHER INCOME: MILLER TR</u> .....	624310	11,806.	11,806.				
<b>d</b> All other revenue .....	624310	1,784.	1,784.				
<b>e Total.</b> Add lines 11a-11d .....			235,989.				
<b>12 Total revenue.</b> See instructions. ....			3,029,670.	2,356,989.	0.	352.	

032009 12-21-10

Form **990** (2010)

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page 10

**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 .....				
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 .....	1,759,955.	1,214,992.	544,963.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	184,337.	137,945.	46,392.	
10 Payroll taxes .....	184,690.	125,056.	59,634.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	4,751.		4,751.	
c Accounting .....	13,470.	1,470.	12,000.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	69,336.	43,475.	25,861.	
12 Advertising and promotion .....	10,462.	10,462.		
13 Office expenses .....	92,076.	61,661.	30,415.	
14 Information technology .....	10,504.	10,504.		
15 Royalties .....				
16 Occupancy .....	119,110.	93,338.	25,772.	
17 Travel .....	42,528.	35,426.	7,102.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	44,082.	35,267.	8,815.	
20 Interest .....	17,467.	17,467.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	120,209.	102,178.	18,031.	
23 Insurance .....	32,540.		32,540.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>SUPPLIES</b> .....	161,775.	130,626.	31,149.	
b <b>OTHER IMPACT EXPENSES</b> .....	31,099.	31,099.		
c <b>BAD DEBT EXPENSE</b> .....	30,434.	28,293.	2,141.	
d <b>ADMINISTRATIVE SERVICE</b> .....	28,418.	619,972.	-591,554.	
e .....				
f All other expenses .....	74,641.	68,416.	6,225.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	3,031,884.	2,767,647.	264,237.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		1		
	<b>2</b> Savings and temporary cash investments .....	129,253.	2	115,240.	
	<b>3</b> Pledges and grants receivable, net .....	114,142.	3	71,454.	
	<b>4</b> Accounts receivable, net .....	132,141.	4	141,572.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....				6
	<b>7</b> Notes and loans receivable, net .....				7
	<b>8</b> Inventories for sale or use .....				8
	<b>9</b> Prepaid expenses and deferred charges .....	3,615.	9	1,500.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,245,467.			
	<b>b</b> Less: accumulated depreciation .....	937,960.			
		1,336,763.	10c	1,307,507.	
	<b>11</b> Investments - publicly traded securities .....				11
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	14,119.	12	16,206.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....				13
	<b>14</b> Intangible assets .....				14
<b>15</b> Other assets. See Part IV, line 11 .....				15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,730,033.	16	1,653,479.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	87,449.	17	93,412.	
	<b>18</b> Grants payable .....				18
	<b>19</b> Deferred revenue .....				19
	<b>20</b> Tax-exempt bond liabilities .....				20
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....				21
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....				22
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	390,273.	23	309,990.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....				24
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....				25
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	477,722.	26	403,402.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,177,195.	27	1,175,125.	
	<b>28</b> Temporarily restricted net assets .....	164.	28	0.	
	<b>29</b> Permanently restricted net assets .....	74,952.	29	74,952.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....				30
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....				31
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....				32
	<b>33</b> Total net assets or fund balances .....	1,252,311.	33	1,250,077.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,730,033.	34	1,653,479.		

Form 990 (2010)

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Form 990 (2010)

48-0729691 Page 12

**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	3,029,670.
2 Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	3,031,884.
3 Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-2,214.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	1,252,311.
5 Other changes in net assets or fund balances (explain in Schedule O) .....	<b>5</b>	-20.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .....	<b>6</b>	1,250,077.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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>2a</b>		<b>X</b>
b Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
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? .....	<b>2c</b>	<b>X</b>	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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>3a</b>	<b>X</b>	
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. ....	<b>3b</b>	<b>X</b>	

Form 990 (2010)

**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

**2010**

Open to Public Inspection

Name of the organization **CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY**

Employer identification number  
**48-0729691**

**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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- 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	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	631,913.	505,210.	507,101.	793,361.	745,874.	3183459.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	631,913.	505,210.	507,101.	793,361.	745,874.	3183459.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3183459.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	631,913.	505,210.	507,101.	793,361.	745,874.	3183459.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,364.	1,131.	-3,962.	384.	352.	269.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....				6,477.	162,444.	168,921.
<b>11 Total support.</b> Add lines 7 through 10						3352649.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,667,591.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.95	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	99.77	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GAIN ON SALE OF FIXED ASSETS

OTHER INCOME

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Employer identification number

48-0729691

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

<b>Name of organization</b> CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY	<b>Employer identification number</b> 48-0729691
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF SALINA <hr/> 300 W ASH <hr/> SALINA, KS 67401	\$ 88,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KDHE TOBACCO USE PREVENTION PROGRAM <hr/> 900 SW JACKSON, STE 901N <hr/> TOPEKA, KS 66612	\$ 111,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF KANSAS <hr/> 300 SW OAKLEY 2ND FLOOR BIDDLE BLDG <hr/> TOPEKA, KS 66606	\$ 295,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNITED WAY <hr/> 128 N SANTA FE AVE <hr/> SALINA, KS 67401	\$ 59,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY	<b>Employer identification number</b> 48-0729691
---	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b> CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY	<b>Employer identification number</b> 48-0729691
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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

**2010**

Open to Public Inspection

Name of the organization **CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY**

Employer identification number  
**48-0729691**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	1	
2 Aggregate contributions to (during year) .....	0.	
3 Aggregate grants from (during year) .....	516.	
4 Aggregate value at end of year .....	74,592.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

**Part 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.

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

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

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

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

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

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

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

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

**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 the 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		45,000.		45,000.
<b>b</b> Buildings .....		1,657,678.	558,732.	1,098,946.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		385,662.	343,380.	42,282.
<b>e</b> Other .....		157,127.	35,848.	121,279.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				1,307,507.

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Schedule D (Form 990) 2010

48-0729691 Page **3**

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

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

**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	3,029,670.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,031,884.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,214.
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	-20.
9	Total adjustments (net). Add lines 4 through 8	9	-20.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,234.

**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	3,029,670.
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	3,029,670.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,029,670.

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

1	Total expenses and losses per audited financial statements	1	3,031,904.
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	20.
e	Add lines 2a through 2d	2e	20.
3	Subtract line 2e from line 1	3	3,031,884.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,031,884.

**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 XI, LINE 8 - OTHER ADJUSTMENTS:**

OTHER -20.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

OTHER 20.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization	CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY	Employer identification number	48-0729691
--------------------------	---	--------------------------------	------------

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ALCOHOLISM, TO EDUCATE THE COMMUNITY ON ALCOHOLISM DISEASE AND TO  
PROMOTE ADEQUATE FACILITIES AND SERVICES FOR THE DIAGNOSIS AND  
TREATMENT OF PERSONS WITH ALCOHOLISM

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990 IS GIVEN TO THE  
MANAGEMENT AND IT IS PRESENTED TO THE BOARD AT THE APRIL BOARD MEETING.  
AFTER APPROVAL OF THE DRAFT BY THE BOARD IT IS E-FILED.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO AND ALL MANAGEMENT  
POSITIONS COMPLETE SELF EVALUATIONS OF PERFORMANCE. THE MANAGEMENT  
EVALUATIONS ARE GIVEN TO THE CEO WHO APPROVES THEM AND THEN DISCUSSES WITH  
THE BOARD AND THE BOARD AGREES ON COMPENSATION. THE CEO'S EVALUATION IS  
REVIEWED DIRECTLY BY THE BOARD AND THEY DETERMINE THE AMOUNT OF  
COMPENSATION BASED ON HIS PERFORMANCE DURING THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THEY ARE AVAILABLE UPON REQUEST AT  
THE CENTRAL KANSAS FOUNDATION SALINA OFFICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

OTHER

-20.

THE AUDIT IS PRESENTED TO THE BOARD OF DIRECTORS WHO THEN APPROVES IT.  
THE BOARD OF DIRECTORS ALSO HAS THE AUTHORITY TO CHOSE THE INDEPENDENT  
AUDITOR AND DOES SO AT THE END OF EACH ENGAGEMENT PERIOD.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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														
5	BUILDING-S OHIO	11/01/89	SL	31.50	HY	17	239,590.				239,590.	155,986.		7,606.	163,592.
6	BUILDING-S OHIO-GIRL SCOUT OFFICE	08/06/02	SL	39.00	MM	17	235,963.				235,963.	44,619.		6,050.	50,669.
7	BUILDING-1804 GLENDALE	07/28/04	SL	39.00	MM	17	482,918.				482,918.	67,590.		12,383.	79,973.
8	(D)BUILDING-COLBY-180 W 6TH	05/29/08	SL	39.00	MM	17	54,689.				54,689.	2,278.		993.	
9	ROOF-S OHIO BLDG	06/29/90	SL	31.50	HY	17	26,416.				26,416.	16,395.		839.	17,234.
10	BLDG RENOVATION-S OHIO	12/31/90	SL	31.50	HY	17	15,886.				15,886.	9,597.		504.	10,101.
11	TESTING ROOM ADDITION	01/11/91	SL	31.50	HY	17	963.				963.	588.		31.	619.
12	PARKING LOT EXPANSION	07/30/91	SL	31.50	HY	17	9,441.				9,441.	5,537.		300.	5,837.
13	SEMINAR ROOM IMPROVEMENTS	11/15/92	SL	7.00	HY	17	12,732.				12,732.	12,732.		0.	12,732.
14	BUILDING SIGN	04/07/94	SL	7.00	HY	17	2,373.				2,373.	2,373.		0.	2,373.
15	SOUND BARRIER/OVERHANG	05/17/94	SL	7.00	HY	17	2,747.				2,747.	2,747.		0.	2,747.
16	CONCRETE WORK	08/31/95	SL	15.00	HY	17	700.				700.	682.		18.	700.
17	REMODEL OFFICES	09/30/95	SL	39.00	MM	17	4,753.				4,753.	1,744.		122.	1,866.
18	SHELVING-FILE ROOM	11/30/95	SL	7.00	HY	17	632.				632.	632.		0.	632.
19	PATIO/CONCRETE SLAB	11/11/96	SL	15.00	HY	17	3,422.				3,422.	2,993.		228.	3,221.
20	SECURITY SYSTEM	12/31/96	SL	5.00	HY	17	2,033.				2,033.	2,033.		0.	2,033.
21	BLDG IMPROVEMENT-DETOX	03/01/97	SL	39.00	MM	17	136,973.				136,973.	44,924.		3,512.	48,436.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
22	BUILDING REMODEL	08/03/99	SL	39.00	MM	17	85,932.				85,932.	22,856.		2,203.	25,059.
23	NEW SHED	08/03/99	SL	7.00	HY	17	24,279.				24,279.	24,279.		0.	24,279.
24	3 HEAT EXCHANGERS	10/31/01	SL	7.00	HY	17	6,014.				6,014.	6,014.		0.	6,014.
25	CARPET	09/30/02	SL	7.00	HY	17	4,799.				4,799.	4,799.		0.	4,799.
26	KITCHEN IMPROVEMENTS	04/01/03	SL	39.00	MM	17	3,041.				3,041.	523.		78.	601.
27	KITCHEN REMODEL	05/27/04	SL	39.00	MM	17	34,643.				34,643.	4,995.		888.	5,883.
28	CARPET-1804 GLENDALE	09/02/04	SL	7.00	HY	17	8,446.				8,446.	6,638.		1,207.	7,845.
29	ROOF-1805 S OHIO	09/20/04	SL	7.00	HY	17	12,764.				12,764.	10,027.		1,823.	11,850.
30	ROOF-1809 S OHIO-ANNEX	09/20/04	SL	7.00	HY	17	1,778.				1,778.	1,397.		254.	1,651.
31	SIDING	09/30/04	SL	7.00	HY	17	10,256.				10,256.	8,058.		1,465.	9,523.
32	CARPET INSTALL-1804 GLENDALE	10/06/04	SL	7.00	HY	17	2,327.				2,327.	1,826.		332.	2,158.
33	4 SIGNS-DOWN PMT	11/16/04	SL	7.00	HY	17	3,301.				3,301.	2,399.		472.	2,871.
34	CARPET-1804 GLENDALE	12/02/04	SL	7.00	HY	17	1,159.				1,159.	913.		166.	1,079.
35	5' ALUMINUM SIGN-1805 S OHIO	01/25/05	SL	7.00	HY	17	8,145.				8,145.	5,238.		1,164.	6,402.
36	BLDG IMPRVTS-1804 GLENDALE	02/01/05	SL	39.00	MM	17	22,356.				22,356.	2,794.		573.	3,367.
37	WIRING FOR 3 OFFICES	02/02/05	SL	7.00	HY	17	573.				573.	369.		82.	451.
38	PAINTING-1804 GLENDALE	02/14/05	SL	7.00	HY	17	2,373.				2,373.	1,526.		339.	1,865.
39	NEW CYLINDER LOCKS & KEYS	02/21/05	SL	7.00	HY	17	844.				844.	544.		121.	665.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
40	REPAIR FRONT DOOR-1805 S OHIO	02/22/05	SL	7.00		HY17	353.				353.	225.		50.	275.
41	NEW BRONZE DOOR	03/15/05	SL	7.00		HY17	1,188.				1,188.	765.		170.	935.
42	ROOF REPAIR-1804 GLENDALE	03/29/05	SL	7.00		HY17	2,141.				2,141.	1,377.		306.	1,683.
43	RENOVATION-1804 GLENDALE	06/01/05	SL	39.00		MM17	75,849.				75,849.	8,833.		1,945.	10,778.
44	MEN'S RR MODIFICATIONS	06/14/05	SL	7.00		HY17	1,517.				1,517.	976.		217.	1,193.
45	BLDG RENOVATION-1805 S OHIO	06/22/05	SL	39.00		MM17	44,554.				44,554.	5,187.		1,142.	6,329.
46	ARCHITECT FEE-KITCHEN	06/22/05	SL	7.00		HY17	885.				885.	567.		126.	693.
47	ARCHITECT FEE-OFFICE & GROUP ROOMS	06/22/05	SL	7.00		HY17	2,255.				2,255.	1,449.		322.	1,771.
48	ARCHITECT FEE-RES TREATMENT PROGRAM	06/22/05	SL	7.00		HY17	2,675.				2,675.	1,719.		382.	2,101.
49	CARPET INSTALLATION-1804 GLENDALE	06/30/05	SL	7.00		HY17	1,884.				1,884.	1,211.		269.	1,480.
50	DRIVEWAY-1804 GLENDALE	03/20/06	SL	15.00		HY17	4,476.				4,476.	1,043.		298.	1,341.
51	TERMITE MONITORING STATIONS	07/25/06	SL	7.00		HY17	2,924.				2,924.	1,463.		418.	1,881.
52	BALLASTS-1805 GLENDALE	08/31/06	SL	7.00		HY17	520.				520.	259.		74.	333.
53	NEW ROOF-1804 GLENDALE	09/15/06	SL	7.00		HY17	2,066.				2,066.	1,033.		295.	1,328.
54	PLAYGROUND AREA	09/22/06	SL	7.00		HY17	647.				647.	322.		92.	414.
55	REPAIR CEILING TILE	11/01/06	SL	7.00		HY17	5,845.				5,845.	2,923.		835.	3,758.
56	GRIND FLOOR-HALLWAY/LOUNGE-OHIO	05/21/08	SL	7.00		HY17	803.				803.	172.		115.	287.
57	(D)COMPUTER & PRINTERS/WIRING-COLBY	05/23/08	SL	5.00		HY17	2,132.				2,132.	639.		213.	

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
58	(D)COLBY RENOVATIONS	06/30/08	SL	7.00		HY17	2,450.				2,450.	525.		175.	
59	VINYL TILE-HALL/DINING ROOM-OHIO	06/08/08	SL	7.00		HY17	1,054.				1,054.	226.		151.	377.
60	INSTALL TILE-HALL/DINING-OHIO	06/16/08	SL	7.00		HY17	1,665.				1,665.	357.		238.	595.
61	(D)CARPET & TILE-COLBY	06/25/08	SL	7.00		HY17	7,186.				7,186.	1,540.		513.	
271	(D)COLBY NEW ROOF	09/30/10	SL	39.00		HY19I	23,968.				23,968.			0.	
272	OFFICE REMODEL	03/03/10	SL	39.00		MM19I	54,114.				54,114.			1,098.	1,098.
273	DURO LAST NEW ROOF	04/05/10	SL	39.00		MM19I	30,490.				30,490.			554.	554.
274	SIDEWALK REPLACEMENT	07/28/10	SL	15.00		HY19E	6,741.				6,741.			225.	225.
275	PATHFINDER DOOR	09/28/10	SL	7.00		HY19C	2,460.				2,460.			176.	176.
	* 990 PAGE 10 TOTAL BUILDINGS						1,748,103.				1,748,103.	511,456.		54,152.	558,732.
	FURNITURE & FIXTURES														
62	DESK	12/29/89	SL	7.00		HY17	526.				526.	526.		0.	526.
63	OFFICE FURNITURE	12/31/89	SL	7.00		HY17	17,304.				17,304.	17,304.		0.	17,304.
64	DESK & CHAIRS	10/25/90	SL	7.00		HY17	2,960.				2,960.	2,960.		0.	2,960.
65	LECTERN	10/05/91	SL	7.00		HY17	558.				558.	558.		0.	558.
66	FOLDING TABLES	01/20/97	SL	7.00		HY17	1,136.				1,136.	1,136.		0.	1,136.
67	CHAIRS & TABLES	02/14/97	SL	7.00		HY17	2,106.				2,106.	2,106.		0.	2,106.
68	SIGNS	05/16/97	SL	7.00		HY17	2,680.				2,680.	2,680.		0.	2,680.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
69	CONF TABLE/6 CHAIRS	01/13/98	SL	7.00		HY17	1,658.				1,658.	1,658.		0.	1,658.
70	VINYL ROADINGS	01/21/98	SL	7.00		HY17	623.				623.	623.		0.	623.
71	STACKING SIDE CHAIRS	01/21/98	SL	7.00		HY17	553.				553.	553.		0.	553.
72	4-DR LATERAL FILE CABINET	01/21/98	SL	7.00		HY17	532.				532.	532.		0.	532.
73	SQUARE TABLE/4 CHAIRS	01/21/98	SL	7.00		HY17	736.				736.	736.		0.	736.
74	3-DR LATERAL CABINET	10/21/98	SL	7.00		HY17	503.				503.	503.		0.	503.
75	2 DESKS	04/19/99	SL	7.00		HY17	929.				929.	929.		0.	929.
76	(D)WHIRLPOOL WASHER/DRYER	12/31/01	SL	7.00		HY17	1,066.				1,066.	1,066.		0.	
77	DESK	04/17/02	SL	7.00		HY17	140.				140.	140.		0.	140.
78	CHAIR	04/17/02	SL	7.00		HY17	63.				63.	63.		0.	63.
79	CHAIRS	09/17/02	SL	7.00		HY17	2,549.				2,549.	2,549.		0.	2,549.
80	FOLDING TABLES	10/07/02	SL	7.00		HY17	917.				917.	917.		0.	917.
81	DESK, CREDENZA, COMPUTER CRED	03/01/04	SL	7.00		HY17	835.				835.	655.		119.	774.
82	RESIDENTIAL OUTSIDE FURNITURE	04/13/04	SL	7.00		HY17	689.				689.	539.		98.	637.
83	8 4' TABLES	04/23/04	SL	7.00		HY17	299.				299.	236.		43.	279.
84	7 4' TABLES	04/23/04	SL	7.00		HY17	635.				635.	500.		91.	591.
85	WASHER	05/31/04	SL	7.00		HY17	125.				125.	99.		18.	117.
86	37 STACK CHAIRS	09/14/04	SL	7.00		HY17	786.				786.	616.		112.	728.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
87	3 DESKS	09/30/04	SL	7.00		HY17	1,451.				1,451.	1,139.		207.	1,346.
88	1 DESK	10/28/04	SL	7.00		HY17	553.				553.	435.		79.	514.
89	HAND TOWEL DISPENSER/SOAP DISH	11/01/04	SL	7.00		HY17	1,452.				1,452.	1,139.		207.	1,346.
90	3 6' TABLES	12/28/04	SL	7.00		HY17	144.				144.	115.		21.	136.
91	18 STACK CHAIRS	12/28/04	SL	7.00		HY17	382.				382.	302.		55.	357.
92	20 STACKABLE GRAY CHAIRS	01/18/05	SL	7.00		HY17	425.				425.	274.		61.	335.
93	8 DESKS	01/31/05	SL	7.00		HY17	2,801.				2,801.	1,800.		400.	2,200.
94	SMOKE RECEPTACLES/CHAIRS	02/01/05	SL	7.00		HY17	605.				605.	387.		86.	473.
95	24 ITEM LITERATURE RACKS	02/01/05	SL	7.00		HY17	463.				463.	297.		66.	363.
96	2 GUEST CHAIRS	02/28/05	SL	7.00		HY17	300.				300.	193.		43.	236.
97	69 STACKING CHAIRS	03/11/05	SL	7.00		HY17	1,444.				1,444.	927.		206.	1,133.
98	25 CHAIRS	03/15/05	SL	7.00		HY17	531.				531.	342.		76.	418.
99	DESK	04/11/05	SL	7.00		HY17	241.				241.	153.		34.	187.
100	DESK	04/13/05	SL	7.00		HY17	407.				407.	261.		58.	319.
101	27 BEDS	05/02/05	SL	7.00		HY17	3,680.				3,680.	2,367.		526.	2,893.
102	3 UNITS OF K-LOG PARTITIONS	05/02/05	SL	7.00		HY17	5,059.				5,059.	3,253.		723.	3,976.
103	11 OAK WARDROBE UNITS	05/04/05	SL	7.00		HY17	2,519.				2,519.	1,620.		360.	1,980.
104	BUNK BEDS	06/01/05	SL	7.00		HY17	1,850.				1,850.	1,188.		264.	1,452.

028111  
05-01-10

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
105	2 CHAIRS & 1 BOOKCASE	06/09/05	SL	7.00	HY17	633.				633.	405.		90.	495.
106	9 MATTRESSES	06/10/05	SL	7.00	HY17	1,021.				1,021.	657.		146.	803.
107	SOFA TABLE & 2 END TABLES	06/10/05	SL	7.00	HY17	640.				640.	410.		91.	501.
108	2 20" TV'S WITH DVD'S	06/17/05	SL	7.00	HY17	353.				353.	225.		50.	275.
109	DESKS & TABLES	06/23/05	SL	7.00	HY17	900.				900.	580.		129.	709.
110	(D)LAZY BOY SOFA	06/28/05	SL	7.00	HY17	747.				747.	481.		53.	
111	(D)REC SOFA	06/28/05	SL	7.00	HY17	694.				694.	446.		50.	
112	2 LOVESEATS	06/28/05	SL	7.00	HY17	1,248.				1,248.	801.		178.	979.
113	TABLE & CHAIR	06/28/05	SL	7.00	HY17	1,017.				1,017.	653.		145.	798.
114	FURNITURE	08/26/05	SL	7.00	HY17	553.				553.	356.		79.	435.
115	CARPET INSTALLATION-1804 GLENDALE	12/01/05	SL	7.00	HY17	2,584.				2,584.	1,661.		369.	2,030.
116	PARTITIONS FOR PA OFFICE	05/12/06	SL	7.00	HY17	445.				445.	224.		64.	288.
117	3 MOBILE FILES	06/01/06	SL	7.00	HY17	1,028.				1,028.	514.		147.	661.
118	FURNITURE-LES OFFICE	09/07/06	SL	7.00	HY17	2,195.				2,195.	1,099.		314.	1,413.
119	3 COUCHES, 2 CHAIRS, OTTOMAN	09/20/06	SL	7.00	HY17	4,094.				4,094.	2,047.		585.	2,632.
120	AREA RUG-RESIDENTIAL	09/22/06	SL	7.00	HY17	233.				233.	116.		33.	149.
121	AREA RUG-RUNNER	09/22/06	SL	7.00	HY17	349.				349.	175.		50.	225.
122	DESKS	10/10/06	SL	7.00	HY17	1,327.				1,327.	665.		190.	855.

028111  
05-01-10

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
123	X-LONG TWIN BED	11/07/06	SL	7.00	HY17	278.				278.	140.		40.	180.
124	2 4-DRAWER LOCKING FILES	12/05/06	SL	7.00	HY17	318.				318.	158.		45.	203.
125	1 KEYBOARD	12/05/06	SL	5.00	HY17	61.				61.	42.		12.	54.
126	5-SHELF BOOKCASE	12/05/06	SL	7.00	HY17	60.				60.	31.		9.	40.
127	12 CHAIRS	02/06/07	SL	7.00	HY17	255.				255.	90.		36.	126.
128	UPRIGHT FREEZER	04/26/07	SL	7.00	HY17	432.				432.	155.		62.	217.
129	3 COMPARTMENT SINK	05/18/07	SL	7.00	HY17	1,258.				1,258.	450.		180.	630.
130	6 BUNK BED LADDERS	05/23/07	SL	7.00	HY17	161.				161.	57.		23.	80.
131	STORAGE BUILDING	06/12/07	SL	7.00	HY17	747.				747.	267.		107.	374.
132	OFFICE PARTITIONS-JC	08/01/07	SL	7.00	HY17	2,039.				2,039.	728.		291.	1,019.
133	RECEPTION PANELS-GLENDALE	05/09/08	SL	7.00	HY17	2,348.				2,348.	503.		335.	838.
134	4 HON UPHOLSTERED CHAIRS-COLBY	06/01/08	SL	7.00	HY17	1,051.				1,051.	225.		150.	375.
135	5 HON GUEST CHAIRS-COLBY	06/01/08	SL	7.00	HY17	1,093.				1,093.	234.		156.	390.
136	2 HON CORNER TABLES-COLBY	06/01/08	SL	7.00	HY17	373.				373.	80.		53.	133.
137	COMPUTER DESK/SHELF-COLBY	06/01/08	SL	7.00	HY17	408.				408.	87.		58.	145.
138	2 HON VERTICAL FILES-COLBY	06/01/08	SL	7.00	HY17	403.				403.	87.		58.	145.
139	2 6X4' ALUMINUM FRAMES-COLBY	06/01/08	SL	7.00	HY17	612.				612.	131.		87.	218.
140	4 ICEBERG TABLES-COLBY	06/01/08	SL	7.00	HY17	524.				524.	112.		75.	187.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
141	SAMSUNG SF560 LASER/FAX-COLBY	06/01/08	SL	5.00		HY17	425.				425.	128.		85.	213.
142	4 ICEBERG TABLES-COLBY	06/01/08	SL	7.00		HY17	524.				524.	112.		75.	187.
143	(D)SIGN-COLBY	06/19/08	SL	7.00		HY17	426.				426.	91.		30.	
144	HON CHAIR & TABLE-COLBY	07/31/08	SL	7.00		HY17	394.				394.	84.		56.	140.
145	(D)NORTH DOOR 3070/EXIT DEVICE-COLBY	12/16/08	SL	7.00		HY17	1,682.				1,682.	360.		120.	
268	FURNITURE & FIXTURES FROM FIRESIDE	02/20/09	SL	7.00		HY17	20,269.				20,269.	17,137.		2,896.	20,033.
277	DETOX SOFIA	10/05/10	SL	5.00		HY19B	1,390.				1,390.			139.	139.
278	PATHFINDER SIGNS	08/24/10	SL	7.00		HY19C	3,963.				3,963.			283.	283.
279	NEW AWNING	08/30/10	SL	7.00		HY19C	847.				847.			61.	61.
280	FURNITURE	08/19/10	SL	7.00		HY19C	2,822.				2,822.			202.	202.
281	PARTITIONS FOR CLERICAL	09/24/10	SL	7.00		HY19C	862.				862.			62.	62.
292	PATHFINDER FURNITURE	08/18/10	SL	5.00		HY19B	6,307.				6,307.			631.	631.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						137,608.				137,608.	89,380.		13,133.	99,816.
	MACHINERY & EQUIPMENT														
146	DISPLAY EQUIPMENT	11/01/86	SL	5.00		HY16	673.				673.	673.		0.	673.
147	OVERHEAD PROJECTOR	09/24/90	SL	5.00		HY17	614.				614.	614.		0.	614.
148	SOUND EQUIPMENT	03/01/91	SL	5.00		HY17	835.				835.	835.		0.	835.
149	EASELS	01/15/92	SL	7.00		HY17	721.				721.	721.		0.	721.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
150	CANON FT5000 TYPEWRITER	10/15/92	SL	5.00	HY17	849.				849.	849.		0.	849.
151	SHARP PROJECTOR	12/15/92	SL	5.00	HY17	3,495.				3,495.	3,495.		0.	3,495.
152	(D)COMPUTER FILE STG SYSTEM	12/15/92	SL	5.00	HY17	15,656.				15,656.	15,656.		0.	
153	(D)VCR	04/13/93	SL	5.00	HY17	513.				513.	513.		0.	
154	WIPE BOARD/TABLE	04/27/93	SL	7.00	HY17	502.				502.	502.		0.	502.
155	(D)COMPUTER EQUIPMENT	05/11/93	SL	5.00	HY17	668.				668.	668.		0.	
156	(D)BUNN COFFEEMAKER	06/01/93	SL	7.00	HY17	802.				802.	802.		0.	
157	WASHER/DRYER/STOVE/DISHWASHER	12/03/96	SL	7.00	HY17	1,477.				1,477.	1,477.		0.	1,477.
158	INTERIOR SIGN	12/31/97	SL	7.00	HY17	1,318.				1,318.	1,318.		0.	1,318.
159	DBS 32-PORT CABINET	01/14/98	SL	7.00	HY17	1,093.				1,093.	1,093.		0.	1,093.
160	FORD MODEL 600 TRACTOR	06/12/00	SL	7.00	HY17	3,000.				3,000.	3,000.		0.	3,000.
161	(D)PENTIUM III COMPUTER	12/07/01	SL	5.00	HY17	1,664.				1,664.	1,664.		0.	
162	EH22 FREEZER	01/28/02	SL	7.00	HY17	448.				448.	448.		0.	448.
163	18 DELL COMPUTERS	01/29/03	SL	5.00	HY17	14,148.				14,148.	14,148.		0.	14,148.
164	WATER HEATER/50 GALLON	02/11/03	SL	7.00	HY17	959.				959.	890.		69.	959.
165	WHIRLPOOL RANGE	03/17/03	SL	7.00	HY17	460.				460.	429.		31.	460.
166	DELL 200 GHZ COMPUTER-JAN-FILE ROOM	03/24/03	SL	5.00	HY17	1,163.				1,163.	1,163.		0.	1,163.
167	RHEEM A/C & HEATER-ROOFTOP	07/30/03	SL	7.00	HY17	4,556.				4,556.	4,231.		325.	4,556.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
168	2 PENTIUM 4 COMPUTERS	03/01/04	SL	5.00		HY17	1,914.				1,914.	1,914.		0.	1,914.
169	COMPUTER	03/28/04	SL	5.00		HY17	888.				888.	888.		0.	888.
170	1 INTEL CELERON	04/22/04	SL	5.00		HY17	931.				931.	931.		0.	931.
171	DELL JUKEBOX	04/27/04	SL	7.00		HY17	2,012.				2,012.	1,579.		287.	1,866.
172	WALK-IN FREEZER	06/11/04	SL	7.00		HY17	4,282.				4,282.	3,366.		612.	3,978.
173	RHEEM ROOF TOP UNIT	06/16/04	SL	7.00		HY17	4,556.				4,556.	3,580.		651.	4,231.
174	LAPTOP COMPUTER	08/11/04	SL	5.00		HY17	874.				874.	874.		0.	874.
175	INSTALLATION FREEZER	10/01/04	SL	7.00		HY17	5,738.				5,738.	4,510.		820.	5,330.
176	DRAIN LINE	10/01/04	SL	7.00		HY17	707.				707.	555.		101.	656.
177	WATER HTR/2 TOILETS-1804 GLENDALE	10/14/04	SL	7.00		HY17	819.				819.	644.		117.	761.
178	INSTALL FREEZER	10/17/04	SL	7.00		HY17	1,915.				1,915.	1,507.		274.	1,781.
179	4 INTEL CELERONS	10/29/04	SL	5.00		HY17	3,648.				3,648.	3,648.		0.	3,648.
180	LASER JET PRINTER 1012	11/01/04	SL	5.00		HY17	225.				225.	225.		0.	225.
181	LASER JET PRINTER 1012	11/01/04	SL	5.00		HY17	182.				182.	182.		0.	182.
182	WASHER & INSTALLATION	11/22/04	SL	7.00		HY17	1,178.				1,178.	924.		168.	1,092.
183	DRYER & INSTALLATION	11/22/04	SL	7.00		HY17	978.				978.	770.		140.	910.
184	LASER JET PRINTER 1012	12/06/04	SL	5.00		HY17	182.				182.	182.		0.	182.
185	CDW.COM	01/04/05	SL	5.00		HY17	517.				517.	464.		53.	517.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
186	DELL INSPIRON 1150 COMPUTER	02/23/05	SL	5.00		HY17	1,104.				1,104.	994.		110.	1,104.
187	DELL DIMENSION 3000	02/23/05	SL	5.00		HY17	1,255.				1,255.	1,129.		126.	1,255.
188	DELL DIMENSION 3000	02/23/05	SL	5.00		HY17	1,255.				1,255.	1,129.		126.	1,255.
189	VIKING SHREDDER	03/01/05	SL	7.00		HY17	195.				195.	126.		28.	154.
190	FILE EXTING-1804 GLENDALE	03/01/05	SL	7.00		HY17	548.				548.	351.		78.	429.
191	LAWN MOWER	04/13/05	SL	7.00		HY17	351.				351.	225.		50.	275.
192	COMPUTERS	05/11/05	SL	5.00		HY17	2,711.				2,711.	2,439.		272.	2,711.
193	HARDWARD POWEREDGE SERVER	06/01/05	SL	5.00		HY17	2,710.				2,710.	2,439.		271.	2,710.
194	RESIDENTIAL PHONES	06/02/05	SL	7.00		HY17	1,658.				1,658.	1,066.		237.	1,303.
195	ALARM SYSTEM	06/06/05	SL	7.00		HY17	5,365.				5,365.	3,447.		766.	4,213.
196	MODEL E36L RANGE & WIRING	07/29/05	SL	7.00		HY17	5,668.				5,668.	3,645.		810.	4,455.
197	T-35 REFRIGERATOR	08/11/05	SL	7.00		HY17	2,457.				2,457.	1,579.		351.	1,930.
198	DELL LAPTOP COMPUTER	08/21/05	SL	5.00		HY17	874.				874.	787.		87.	874.
199	SONY AID TAPE DRIVE	09/02/05	SL	5.00		HY17	693.				693.	625.		68.	693.
200	ACER FLAT PANEL DISPLAYS	09/02/05	SL	5.00		HY17	6,801.				6,801.	6,120.		681.	6,801.
201	EXERCISE EQUIPMENT	09/13/05	SL	7.00		HY17	3,158.				3,158.	2,030.		451.	2,481.
202	COMPUTER MONITOR-COUNSELING	09/26/05	SL	5.00		HY17	277.				277.	248.		29.	277.
203	2 DELL COMPUTERS - COUNSELING	10/05/05	SL	5.00		HY17	2,141.				2,141.	1,926.		215.	2,141.

028111  
05-01-10

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
204	ACER COMPUTER MONITOR	11/04/05	SL	5.00		HY17	959.				959.	864.		95.	959.
205	3 MONITORS	12/01/05	SL	5.00		HY17	925.				925.	832.		93.	925.
206	2 FAX MACHINES	12/19/05	SL	5.00		HY17	343.				343.	310.		33.	343.
207	4 COMPUTER MONITORS	01/01/06	SL	5.00		HY17	1,345.				1,345.	941.		269.	1,210.
208	RORTINA COMPUTER-RESIDENTAL	01/06/06	SL	5.00		HY17	1,002.				1,002.	700.		200.	900.
209	SHREDDER	02/14/06	SL	5.00		HY17	1,980.				1,980.	1,386.		396.	1,782.
210	2 COMPUTERS - MCPHERSON	02/18/06	SL	5.00		HY17	2,261.				2,261.	1,582.		452.	2,034.
211	WIRING-MCPHERSON	03/07/06	SL	5.00		HY17	1,515.				1,515.	1,061.		303.	1,364.
212	PLAYGROUND EQMT-GLENDALE	05/01/06	SL	7.00		HY17	700.				700.	350.		100.	450.
213	TELECONFERENCE EQMT & INSTALL	06/01/06	SL	5.00		HY17	50,475.				50,475.	35,332.		10,095.	45,427.
214	AC-1804 GLENDALE	06/28/06	SL	39.00		MM17	12,082.				12,082.	1,098.		310.	1,408.
215	2 HP COMPAQ PROCESSORS	09/20/06	SL	5.00		HY17	994.				994.	696.		199.	895.
216	NEW BOX	12/06/06	SL	7.00		HY17	400.				400.	200.		57.	257.
217	SONIC OPTQUEST	12/12/06	SL	7.00		HY17	960.				960.	480.		137.	617.
218	WASHER & DRYER	12/18/06	SL	7.00		HY17	1,831.				1,831.	917.		262.	1,179.
219	COMPUTER/FLAT PANEL	01/26/07	SL	5.00		HY17	803.				803.	402.		161.	563.
220	(D)WATER HEATER/FIRESIDE	02/12/07	SL	7.00		HY17	665.				665.	237.		48.	
221	WIRING/JC	03/21/07	SL	7.00		HY17	3,256.				3,256.	1,163.		465.	1,628.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
222	LAPTOP & DOCKING STATION	03/30/07	SL	5.00		HY17	1,068.				1,068.	535.		214.	749.
223	PROJECTOR	03/30/07	SL	5.00		HY17	727.				727.	363.		145.	508.
224	COFFEEMAKER	07/09/07	SL	7.00		HY17	712.				712.	255.		102.	357.
225	LAPTOP & 3 YEAR WARRANTY	09/21/07	SL	5.00		HY17	646.				646.	323.		129.	452.
226	CDW-ASI COMPUTER	01/29/08	SL	5.00		HY17	501.				501.	150.		100.	250.
227	CDW-COUNSELING COMPUTER	01/29/08	SL	5.00		HY17	501.				501.	150.		100.	250.
228	5 PC'S & 4 MONITORS	04/01/08	SL	5.00		HY17	3,826.				3,826.	1,148.		765.	1,913.
229	MEDICINE CART	05/01/08	SL	7.00		HY17	900.				900.	193.		129.	322.
230	5 PC'S & 4 19" MONITORS	05/01/08	SL	5.00		HY17	3,628.				3,628.	1,089.		726.	1,815.
231	CISCO 2801-HSEC SECURITY	05/30/08	SL	5.00		HY17	3,007.				3,007.	902.		601.	1,503.
232	(D)WATER HEATER-COLBY	06/01/08	SL	7.00		HY17	700.				700.	150.		50.	
233	HDWE-SMARTNET MNT	07/01/08	SL	5.00		HY17	1,311.				1,311.	393.		262.	655.
234	(D)COLBY OFFICE SETUP	07/01/08	SL	7.00		HY17	2,732.				2,732.	585.		195.	
235	PC & 19" MONITOR - DAVID O'NEIL	07/03/08	SL	7.00		HY17	823.				823.	177.		118.	295.
236	2 19" FLAT PANEL DISPLAYS	07/21/08	SL	5.00		HY17	512.				512.	153.		102.	255.
237	WASHER/DRYER	07/25/08	SL	7.00		HY17	1,259.				1,259.	270.		180.	450.
238	COMPUTER EQUIPMENT	07/31/08	SL	5.00		HY17	3,314.				3,314.	994.		663.	1,657.
239	42" MAGNAVOX LCD TV-COLBY	08/13/08	SL	7.00		HY17	940.				940.	201.		134.	335.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
240	WALMART 26" LCD TV-ABILENE	08/21/08	SL	7.00		HY17	425.				425.	91.		61.	152.
241	TROY BILT SNOW BLOWER	12/17/08	SL	7.00		HY17	577.				577.	123.		82.	205.
256	PROLIANT SERVER	04/08/09	SL	5.00		HY17	15,847.				15,847.	1,585.		3,169.	4,754.
257	EXHAUST FAN & INSTALLATION	04/28/09	SL	7.00		HY17	812.				812.	58.		116.	174.
259	BELL & SPERLING COMPUTERS	06/05/09	SL	5.00		HY17	1,197.				1,197.	120.		239.	359.
260	COUNSELING COMPUTERS	08/03/09	SL	5.00		HY17	1,141.				1,141.	114.		228.	342.
262	2 PCS	08/14/09	SL	5.00		HY17	954.				954.	95.		191.	286.
263	HP PROBOOK 4710S-CORE 2 DUO P8700	09/01/09	SL	5.00		HY17	1,351.				1,351.	135.		270.	405.
264	3 HP COMPAQ PC'S/WARRANTIES	09/14/09	SL	5.00		HY17	1,549.				1,549.	155.		310.	465.
265	COMPUTER EQUIPMENT-RPC/ADM	10/14/09	SL	5.00		HY17	5,034.				5,034.	503.		1,007.	1,510.
266	TAPE DRIVE	11/04/09	SL	5.00		HY17	1,709.				1,709.	171.		342.	513.
267	PHONE SYSTEM	11/16/09	SL	5.00		HY17	9,813.				9,813.	981.		1,963.	2,944.
276	3 HP PRO 3005 COMPUTERS	08/24/10	SL	5.00		HY19B	1,671.				1,671.			167.	167.
282	COMPUTER EQUIPMENT	01/05/10	SL	5.00		HY19B	1,856.				1,856.			186.	186.
283	COMPUTER EQUIPMENT	03/19/10	SL	5.00		HY19B	3,338.				3,338.			334.	334.
284	LAWN MOWER	04/01/10	SL	5.00		HY19B	1,894.				1,894.			189.	189.
285	ROOF TOP UNIT CARRIER	04/20/10	SL	7.00		HY19C	3,852.				3,852.			275.	275.
286	WASHER FOR DETOX	05/05/10	SL	7.00		HY19C	2,412.				2,412.			172.	172.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
287	COMPUTER EQUIPMENT	10/18/10	SL	5.00		HY19B	4,090.				4,090.			409.	409.
288	ROOFTOP UNIT REPLACEMENT	06/25/10	SL	7.00		HY19C	5,009.				5,009.			358.	358.
289	REGULATOR	07/22/10	SL	7.00		HY19C	845.				845.			60.	60.
290	RUDD RTU UNIT	12/06/10	SL	7.00		HY19C	4,492.				4,492.			321.	321.
291	GREESE TRAP INTERCEPTOR	12/31/10	SL	7.00		HY19C	2,234.				2,234.			160.	160.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						308,086.				308,086.	172,950.		37,403.	189,785.
	TRANSPORTATION EQUIPMENT														
242	2003 FORD TAURUS	04/26/03	SL	5.00		HY17	22,535.				22,535.	19,324.		0.	19,324.
243	2005 FORD FREESTAR	03/01/06	SL	5.00		HY17	16,004.				16,004.	10,852.		3,201.	14,053.
244	2006 FORD TAURUS	03/01/06	SL	5.00		HY17	15,517.				15,517.	10,608.		3,103.	13,711.
245	FORD FREESTAR VAN	03/30/07	SL	5.00		HY17	14,678.				14,678.	7,340.		2,936.	10,276.
246	2007 FORD TAURUS	11/27/07	SL	5.00		HY17	12,626.				12,626.	6,313.		2,525.	8,838.
270	2007 MERCURY MILAN	06/17/10	SL	5.00		HY19B	19,616.				19,616.			1,962.	1,962.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						100,976.				100,976.	54,437.		13,727.	68,164.
	LAND														
1	LAND-S OHIO	11/01/89	L			HY	15,000.				15,000.			0.	
2	LAND-S OHIO-GIRL SCOUT OFFICE	08/06/02	L			HY	10,000.				10,000.			0.	
3	LAND-1804 GLENDALE	07/28/04	L			HY	20,000.				20,000.			0.	

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
4	(D)LAND-COLBY-180 W 6TH	05/02/08	L				6,000.				6,000.			0.	
	* 990 PAGE 10 TOTAL LAND						51,000.				51,000.	0.		0.	0.
	OTHER														
247	THERASCRIBE SOFTWARE	07/01/03	SL	3.00		HY17	6,778.				6,778.	6,778.		0.	6,778.
248	RAID-1 PROTECTED ATHLON XP	06/08/04	SL	3.00		HY17	1,786.				1,786.	1,786.		0.	1,786.
249	POWEREDGE SERVER INTEL	03/19/05	SL	3.00		HY17	1,355.				1,355.	1,355.		0.	1,355.
250	QB ENTERPRISE 6.0 SOFTWARE	12/07/05	SL	3.00		HY17	6,172.				6,172.	6,172.		0.	6,172.
251	THERASCRIBE	01/12/06	SL	3.00		HY17	375.				375.	375.		0.	375.
252	QB ENTERPRISE SOLUTION	08/30/06	SL	3.00		HY17	1,084.				1,084.	1,084.		0.	1,084.
253	SYMANTEC BACKUP FOR MX	08/30/06	SL	3.00		HY17	847.				847.	847.		0.	847.
254	COMPUTER SOFTWARE	11/01/06	SL	3.00		HY17	353.				353.	353.		0.	353.
255	(D)QUEST TIMEFORCE SOFTWARE	11/09/06	SL	3.00		HY17	2,000.				2,000.	2,000.		0.	
258	SOFTWARE	11/10/09	SL	3.00		HY17	2,650.				2,650.	442.		883.	1,325.
269	QUICKBOOKS 2009	09/01/09	SL	3.00		HY17	2,734.				2,734.	456.		911.	1,367.
	* 990 PAGE 10 TOTAL OTHER						26,134.				26,134.	21,648.		1,794.	21,442.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,371,907.				2,371,907.	849,871.		120,209.	937,939.

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

**2010**

Attachment  
 Sequence No. **67**

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

Name(s) shown on return <b>CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>48-0729691</b>
---	--	---

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

1 Maximum amount (see instructions) .....	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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

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

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

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010 .....	<b>17</b>	112,185.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		40,162.	5 YRS.	HY	SL	4,017.
<b>c</b> 7-year property		29,798.	7 YRS.	HY	SL	2,130.
<b>d</b> 10-year property						
<b>e</b> 15-year property		6,741.	15 YRS.	HY	SL	225.
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	03 /10	54,114.	39 yrs.	MM	S/L	1,098.
	04 /10	30,490.	39.0 YRS	MM	S/L	554.

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

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	120,209.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

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

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

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

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

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

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

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

**Part VI Amortization**

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

**CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY**

Employer identification number

**48-0729691**

Name and title of officer

**LES SPERLING  
CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3029670</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize VARNEY & ASSOCIATES, CPAS, LLC to enter my PIN 29691  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**48050472202**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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											
5	BUILDING-S OHIO BUILDING-S	110189	SL	31.50	17	239,590.			239,590.	155,986.		7,606.
6	OHIO-GIRL SCOUT OFF BUILDING-1804	080602	SL	39.00	17	235,963.			235,963.	44,619.		6,050.
7	GLENDALE (D)BUILDING-COLBY-1	072804	SL	39.00	17	482,918.			482,918.	67,590.		12,383.
8	880 W 6TH	052908	SL	39.00	17	54,689.			54,689.	2,278.		993.
9	ROOF-S OHIO BLDG BLDG RENOVATION-S	062990	SL	31.50	17	26,416.			26,416.	16,395.		839.
10	OHIO TESTING ROOM	123190	SL	31.50	17	15,886.			15,886.	9,597.		504.
11	ADDITION PARKING LOT	011191	SL	31.50	17	963.			963.	588.		31.
12	EXPANSION SEMINAR ROOM	073091	SL	31.50	17	9,441.			9,441.	5,537.		300.
13	IMPROVEMENTS	111592	SL	7.00	17	12,732.			12,732.	12,732.		0.
14	BUILDING SIGN SOUND	040794	SL	7.00	17	2,373.			2,373.	2,373.		0.
15	BARRIER/OVERHANG	051794	SL	7.00	17	2,747.			2,747.	2,747.		0.
16	CONCRETE WORK	083195	SL	15.00	17	700.			700.	682.		18.
17	REMODEL OFFICES	093095	SL	39.00	17	4,753.			4,753.	1,744.		122.
18	SHELVING-FILE ROOM	113095	SL	7.00	17	632.			632.	632.		0.
19	PATIO/CONCRETE SLAB	111196	SL	15.00	17	3,422.			3,422.	2,993.		228.
20	SECURITY SYSTEM BLDG	123196	SL	5.00	17	2,033.			2,033.	2,033.		0.
21	IMPROVEMENT-DETOX	030197	SL	39.00	17	136,973.			136,973.	44,924.		3,512.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
22	BUILDING REMODEL	080399	SL	39.00	17	85,932.			85,932.	22,856.		2,203.
23	NEW SHED	080399	SL	7.00	17	24,279.			24,279.	24,279.		0.
24	3 HEAT EXCHANGERS	103101	SL	7.00	17	6,014.			6,014.	6,014.		0.
25	CARPET KITCHEN	093002	SL	7.00	17	4,799.			4,799.	4,799.		0.
26	IMPROVEMENTS	040103	SL	39.00	17	3,041.			3,041.	523.		78.
27	KITCHEN REMODEL	052704	SL	39.00	17	34,643.			34,643.	4,995.		888.
28	CARPET-1804 GLENDALE	090204	SL	7.00	17	8,446.			8,446.	6,638.		1,207.
29	ROOF-1805 S OHIO	092004	SL	7.00	17	12,764.			12,764.	10,027.		1,823.
30	ROOF-1809 S OHIO-ANNEX	092004	SL	7.00	17	1,778.			1,778.	1,397.		254.
31	SIDING	093004	SL	7.00	17	10,256.			10,256.	8,058.		1,465.
32	CARPET INSTALL-1804 GLENDALE	100604	SL	7.00	17	2,327.			2,327.	1,826.		332.
33	4 SIGNS-DOWN PMT	111604	SL	7.00	17	3,301.			3,301.	2,399.		472.
34	CARPET-1804 GLENDALE	120204	SL	7.00	17	1,159.			1,159.	913.		166.
35	5' ALUMINUM SIGN-1805 S OHIO	012505	SL	7.00	17	8,145.			8,145.	5,238.		1,164.
36	BLDG IMPRVTS-1804 GLENDALE	020105	SL	39.00	17	22,356.			22,356.	2,794.		573.
37	WIRING FOR 3 OFFICES	020205	SL	7.00	17	573.			573.	369.		82.
38	PAINTING-1804 GLENDALE	021405	SL	7.00	17	2,373.			2,373.	1,526.		339.
39	NEW CYLINDER LOCKS & KEYS	022105	SL	7.00	17	844.			844.	544.		121.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
40	REPAIR FRONT DOOR-1805 S OHIO	022205	SL	7.00	17	353.			353.	225.		50.
41	NEW BRONZE DOOR ROOF REPAIR-1804	031505	SL	7.00	17	1,188.			1,188.	765.		170.
42	GLENDALE RENOVATION-1804	032905	SL	7.00	17	2,141.			2,141.	1,377.		306.
43	GLENDALE MEN'S RR	060105	SL	39.00	17	75,849.			75,849.	8,833.		1,945.
44	MODIFICATIONS BLDG	061405	SL	7.00	17	1,517.			1,517.	976.		217.
45	RENOVATION-1805 S O	062205	SL	39.00	17	44,554.			44,554.	5,187.		1,142.
46	ARCHITECT FEE-KITCHEN ARCHITECT	062205	SL	7.00	17	885.			885.	567.		126.
47	FEE-OFFICE & GROUP ARCHITECT FEE-RES	062205	SL	7.00	17	2,255.			2,255.	1,449.		322.
48	TREATMENT PROGRAM CARPET	062205	SL	7.00	17	2,675.			2,675.	1,719.		382.
49	INSTALLATION-1804 G DRIVEWAY-1804	063005	SL	7.00	17	1,884.			1,884.	1,211.		269.
50	GLENDALE TERMITE MONITORING STATIONS	032006	SL	15.00	17	4,476.			4,476.	1,043.		298.
51	BALLASTS-1805	072506	SL	7.00	17	2,924.			2,924.	1,463.		418.
52	GLENDALE NEW ROOF-1804	083106	SL	7.00	17	520.			520.	259.		74.
53	GLENDALE	091506	SL	7.00	17	2,066.			2,066.	1,033.		295.
54	PLAYGROUND AREA	092206	SL	7.00	17	647.			647.	322.		92.
55	REPAIR CEILING TILE GRIND	110106	SL	7.00	17	5,845.			5,845.	2,923.		835.
56	FLOOR-HALLWAY/LOUNG (D) COMPUTER &	052108	SL	7.00	17	803.			803.	172.		115.
57	PRINTERS/WIRING-COL	052308	SL	5.00	17	2,132.			2,132.	639.		213.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
58	(D)COLBY RENOVATIONS VINYL	063008	SL	7.00	17	2,450.			2,450.	525.		175.
59	TILE-HALL/DINING ROOM INSTALL	060808	SL	7.00	17	1,054.			1,054.	226.		151.
60	TILE-HALL/DINING-OHIO	061608	SL	7.00	17	1,665.			1,665.	357.		238.
61	(D)CARPET & TILE-COLBY	062508	SL	7.00	17	7,186.			7,186.	1,540.		513.
271	(D)COLBY NEW ROOF	093010	SL	39.00	19I	23,968.			23,968.			0.
272	OFFICE REMODEL	030310	SL	39.00	19I	54,114.			54,114.			1,098.
273	DURO LAST NEW ROOF SIDEWALK	040510	SL	39.00	19I	30,490.			30,490.			554.
274	REPLACEMENT	072810	SL	15.00	19E	6,741.			6,741.			225.
275	PATHFINDER DOOR * 990 PAGE 10 TOTAL BUILDINGS FURNITURE & FIXTURES	092810	SL	7.00	19C	2,460.			2,460.			176.
						1748103.			1748103.	511,456.		54,152.
62	DESK	122989	SL	7.00	17	526.			526.	526.		0.
63	OFFICE FURNITURE	123189	SL	7.00	17	17,304.			17,304.	17,304.		0.
64	DESK & CHAIRS	102590	SL	7.00	17	2,960.			2,960.	2,960.		0.
65	LECTERN	100591	SL	7.00	17	558.			558.	558.		0.
66	FOLDING TABLES	012097	SL	7.00	17	1,136.			1,136.	1,136.		0.
67	CHAIRS & TABLES	021497	SL	7.00	17	2,106.			2,106.	2,106.		0.
68	SIGNS	051697	SL	7.00	17	2,680.			2,680.	2,680.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
69	CONF TABLE/6 CHAIRS	011398	SL	7.00	17	1,658.			1,658.	1,658.		0.
70	VINYL ROADINGS STACKING SIDE	012198	SL	7.00	17	623.			623.	623.		0.
71	CHAIRS	012198	SL	7.00	17	553.			553.	553.		0.
72	4-DR LATERAL FILE CABINET	012198	SL	7.00	17	532.			532.	532.		0.
73	SQUARE TABLE/4 CHAIRS	012198	SL	7.00	17	736.			736.	736.		0.
74	3-DR LATERAL CABINET	102198	SL	7.00	17	503.			503.	503.		0.
75	2 DESKS (D)WHIRLPOOL	041999	SL	7.00	17	929.			929.	929.		0.
76	WASHER/DRYER	123101	SL	7.00	17	1,066.			1,066.	1,066.		0.
77	DESK	041702	SL	7.00	17	140.			140.	140.		0.
78	CHAIR	041702	SL	7.00	17	63.			63.	63.		0.
79	CHAIRS	091702	SL	7.00	17	2,549.			2,549.	2,549.		0.
80	FOLDING TABLES	100702	SL	7.00	17	917.			917.	917.		0.
81	DESK, CREDENZA, COMPUTER CRED	030104	SL	7.00	17	835.			835.	655.		119.
82	RESIDENTIAL OUTSIDE FURNITURE	041304	SL	7.00	17	689.			689.	539.		98.
83	8 4' TABLES	042304	SL	7.00	17	299.			299.	236.		43.
84	7 4' TABLES	042304	SL	7.00	17	635.			635.	500.		91.
85	WASHER	053104	SL	7.00	17	125.			125.	99.		18.
86	37 STACK CHAIRS	091404	SL	7.00	17	786.			786.	616.		112.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
873	DESKS	093004	SL	7.00	17	1,451.			1,451.	1,139.		207.
881	DESK HAND TOWEL	102804	SL	7.00	17	553.			553.	435.		79.
89	DISPENSER/SOAP DISH	110104	SL	7.00	17	1,452.			1,452.	1,139.		207.
903	6' TABLES	122804	SL	7.00	17	144.			144.	115.		21.
9118	STACK CHAIRS	122804	SL	7.00	17	382.			382.	302.		55.
92	20 STACKABLE GRAY CHAIRS	011805	SL	7.00	17	425.			425.	274.		61.
938	DESKS SMOKE	013105	SL	7.00	17	2,801.			2,801.	1,800.		400.
94	RECEPTACLES/CHAIRS	020105	SL	7.00	17	605.			605.	387.		86.
95	24 ITEM LITERATURE RACKS	020105	SL	7.00	17	463.			463.	297.		66.
962	GUEST CHAIRS	022805	SL	7.00	17	300.			300.	193.		43.
9769	STACKING CHAIRS	031105	SL	7.00	17	1,444.			1,444.	927.		206.
9825	CHAIRS	031505	SL	7.00	17	531.			531.	342.		76.
99	DESK	041105	SL	7.00	17	241.			241.	153.		34.
100	DESK	041305	SL	7.00	17	407.			407.	261.		58.
10127	BEDS	050205	SL	7.00	17	3,680.			3,680.	2,367.		526.
102	3 UNITS OF K-LOG PARTITIONS	050205	SL	7.00	17	5,059.			5,059.	3,253.		723.
103	11 OAK WARDROBE UNITS	050405	SL	7.00	17	2,519.			2,519.	1,620.		360.
104	BUNK BEDS	060105	SL	7.00	17	1,850.			1,850.	1,188.		264.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
105	2 CHAIRS & 1 BOOKCASE	060905	SL	7.00	17	633.			633.	405.		90.
106	9 MATTRESSES	061005	SL	7.00	17	1,021.			1,021.	657.		146.
107	SOFA TABLE & 2 END TABLES	061005	SL	7.00	17	640.			640.	410.		91.
108	2 20" TV'S WITH DVD'S	061705	SL	7.00	17	353.			353.	225.		50.
109	DESKS & TABLES	062305	SL	7.00	17	900.			900.	580.		129.
110	(D)LAZY BOY SOFA	062805	SL	7.00	17	747.			747.	481.		53.
111	(D)REC SOFA	062805	SL	7.00	17	694.			694.	446.		50.
112	2 LOVESEATS	062805	SL	7.00	17	1,248.			1,248.	801.		178.
113	TABLE & CHAIR	062805	SL	7.00	17	1,017.			1,017.	653.		145.
114	FURNITURE	082605	SL	7.00	17	553.			553.	356.		79.
115	CARPET INSTALLATION-1804 G	120105	SL	7.00	17	2,584.			2,584.	1,661.		369.
116	PARTITIONS FOR PA OFFICE	051206	SL	7.00	17	445.			445.	224.		64.
117	3 MOBILE FILES	060106	SL	7.00	17	1,028.			1,028.	514.		147.
118	FURNITURE-LES OFFICE	090706	SL	7.00	17	2,195.			2,195.	1,099.		314.
119	3 COUCHES, 2 CHAIRS, OTTOMAN	092006	SL	7.00	17	4,094.			4,094.	2,047.		585.
120	AREA RUG-RESIDENTIAL	092206	SL	7.00	17	233.			233.	116.		33.
121	AREA RUG-RUNNER	092206	SL	7.00	17	349.			349.	175.		50.
122	DESKS	101006	SL	7.00	17	1,327.			1,327.	665.		190.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
123	X-LONG TWIN BED	110706	SL	7.00	17	278.			278.	140.		40.
124	2 4-DRAWER LOCKING FILES	120506	SL	7.00	17	318.			318.	158.		45.
125	1 KEYBOARD	120506	SL	5.00	17	61.			61.	42.		12.
126	5-SHELF BOOKCASE	120506	SL	7.00	17	60.			60.	31.		9.
127	12 CHAIRS	020607	SL	7.00	17	255.			255.	90.		36.
128	UPRIGHT FREEZER	042607	SL	7.00	17	432.			432.	155.		62.
129	3 COMPARTMENT SINK	051807	SL	7.00	17	1,258.			1,258.	450.		180.
130	6 BUNK BED LADDERS	052307	SL	7.00	17	161.			161.	57.		23.
131	STORAGE BUILDING OFFICE	061207	SL	7.00	17	747.			747.	267.		107.
132	PARTITIONS-JC RECEPTION	080107	SL	7.00	17	2,039.			2,039.	728.		291.
133	PANELS-GLENDALE	050908	SL	7.00	17	2,348.			2,348.	503.		335.
134	4 HON UPHOLSTERED CHAIRS-COLBY	060108	SL	7.00	17	1,051.			1,051.	225.		150.
135	5 HON GUEST CHAIRS-COLBY	060108	SL	7.00	17	1,093.			1,093.	234.		156.
136	2 HON CORNER TABLES-COLBY	060108	SL	7.00	17	373.			373.	80.		53.
137	COMPUTER DESK/SHELF-COLBY	060108	SL	7.00	17	408.			408.	87.		58.
138	2 HON VERTICAL FILES-COLBY	060108	SL	7.00	17	403.			403.	87.		58.
139	2 6X4' ALUMINUM FRAMES-COLBY	060108	SL	7.00	17	612.			612.	131.		87.
140	4 ICEBERG TABLES-COLBY	060108	SL	7.00	17	524.			524.	112.		75.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
141	SAMSUNG SF560 LASER/FAX-COLBY	060108	SL	5.00	17	425.			425.	128.		85.
142	4 ICEBERG TABLES-COLBY	060108	SL	7.00	17	524.			524.	112.		75.
143	(D)SIGN-COLBY	061908	SL	7.00	17	426.			426.	91.		30.
144	HON CHAIR & TABLE-COLBY	073108	SL	7.00	17	394.			394.	84.		56.
145	(D)NORTH DOOR											
145	3070/EXIT DEVICE-CO	121608	SL	7.00	17	1,682.			1,682.	360.		120.
268	FURNITURE & FIXTURES FROM FIRES	022009	SL	7.00	17	20,269.			20,269.	17,137.		2,896.
277	DETOX SOFIA	100510	SL	5.00	19B	1,390.			1,390.			139.
278	PATHFINDER SIGNS	082410	SL	7.00	19C	3,963.			3,963.			283.
279	NEW AWNING	083010	SL	7.00	19C	847.			847.			61.
280	FURNITURE	081910	SL	7.00	19C	2,822.			2,822.			202.
281	PARTITIONS FOR CLERICAL	092410	SL	7.00	19C	862.			862.			62.
292	PATHFINDER FURNITURE	081810	SL	5.00	19B	6,307.			6,307.			631.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					137,608.			137,608.	89,380.		13,133.
	MACHINERY & EQUIPMENT											
146	DISPLAY EQUIPMENT	110186	SL	5.00	16	673.			673.	673.		0.
147	OVERHEAD PROJECTOR	092490	SL	5.00	17	614.			614.	614.		0.
148	SOUND EQUIPMENT	030191	SL	5.00	17	835.			835.	835.		0.
149	PEASELS	011592	SL	7.00	17	721.			721.	721.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
150	CANON FT5000 TYPEWRITER	101592	SL	5.00	17	849.			849.	849.		0.
151	SHARP PROJECTOR	121592	SL	5.00	17	3,495.			3,495.	3,495.		0.
152	(D)COMPUTER FILE STG SYSTEM	121592	SL	5.00	17	15,656.			15,656.	15,656.		0.
153	(D)VCR	041393	SL	5.00	17	513.			513.	513.		0.
154	WIPE BOARD/TABLE	042793	SL	7.00	17	502.			502.	502.		0.
155	(D)COMPUTER EQUIPMENT	051193	SL	5.00	17	668.			668.	668.		0.
156	(D)BUNN COFFEEMAKER	060193	SL	7.00	17	802.			802.	802.		0.
157	WASHER/DRYER/STOVE/DISHWASHER	120396	SL	7.00	17	1,477.			1,477.	1,477.		0.
158	INTERIOR SIGN	123197	SL	7.00	17	1,318.			1,318.	1,318.		0.
159	DBS 32-PORT CABINET	011498	SL	7.00	17	1,093.			1,093.	1,093.		0.
160	FORD MODEL 600 TRACTOR	061200	SL	7.00	17	3,000.			3,000.	3,000.		0.
161	(D)PENTIUM III COMPUTER	120701	SL	5.00	17	1,664.			1,664.	1,664.		0.
162	EH22 FREEZER	012802	SL	7.00	17	448.			448.	448.		0.
163	18 DELL COMPUTERS	012903	SL	5.00	17	14,148.			14,148.	14,148.		0.
164	WATER HEATER/50 GALLON	021103	SL	7.00	17	959.			959.	890.		69.
165	WHIRLPOOL RANGE	031703	SL	7.00	17	460.			460.	429.		31.
166	DELL 200 GHZ COMPUTER-JAN-FILE R	032403	SL	5.00	17	1,163.			1,163.	1,163.		0.
167	RHEEM A/C & HEATER-ROOFTOP	073003	SL	7.00	17	4,556.			4,556.	4,231.		325.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
168	2 PENTIUM 4 COMPUTERS	030104	SL	5.00	17	1,914.			1,914.	1,914.		0.
169	COMPUTER	032804	SL	5.00	17	888.			888.	888.		0.
170	1 INTEL CELERON	042204	SL	5.00	17	931.			931.	931.		0.
171	DELL JUKEBOX	042704	SL	7.00	17	2,012.			2,012.	1,579.		287.
172	WALK-IN FREEZER	061104	SL	7.00	17	4,282.			4,282.	3,366.		612.
173	RHEEM ROOF TOP UNIT	061604	SL	7.00	17	4,556.			4,556.	3,580.		651.
174	LAPTOP COMPUTER INSTALLATION	081104	SL	5.00	17	874.			874.	874.		0.
175	FREEZER	100104	SL	7.00	17	5,738.			5,738.	4,510.		820.
176	DRAIN LINE WATER HTR/2	100104	SL	7.00	17	707.			707.	555.		101.
177	TOILETS-1804 GLENDA	101404	SL	7.00	17	819.			819.	644.		117.
178	INSTALL FREEZER	101704	SL	7.00	17	1,915.			1,915.	1,507.		274.
179	4 INTEL CELERONS	102904	SL	5.00	17	3,648.			3,648.	3,648.		0.
180	LASER JET PRINTER 1012	110104	SL	5.00	17	225.			225.	225.		0.
181	LASER JET PRINTER 1012	110104	SL	5.00	17	182.			182.	182.		0.
182	WASHER & INSTALLATION	112204	SL	7.00	17	1,178.			1,178.	924.		168.
183	DRYER & INSTALLATION	112204	SL	7.00	17	978.			978.	770.		140.
184	LASER JET PRINTER 1012	120604	SL	5.00	17	182.			182.	182.		0.
185	CDW.COM	010405	SL	5.00	17	517.			517.	464.		53.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
186	DELL INSPIRON 1150 COMPUTER	022305	SL	5.00	17	1,104.			1,104.	994.		110.
187	DELL DIMENSION 3000	022305	SL	5.00	17	1,255.			1,255.	1,129.		126.
188	DELL DIMENSION 3000	022305	SL	5.00	17	1,255.			1,255.	1,129.		126.
189	VIKING SHREDDER FILE EXTING-1804	030105	SL	7.00	17	195.			195.	126.		28.
190	GLENDALE	030105	SL	7.00	17	548.			548.	351.		78.
191	LAWN MOWER	041305	SL	7.00	17	351.			351.	225.		50.
192	COMPUTERS HARDWARD POWEREDGE	051105	SL	5.00	17	2,711.			2,711.	2,439.		272.
193	SERVER	060105	SL	5.00	17	2,710.			2,710.	2,439.		271.
194	RESIDENTIAL PHONES	060205	SL	7.00	17	1,658.			1,658.	1,066.		237.
195	ALARM SYSTEM	060605	SL	7.00	17	5,365.			5,365.	3,447.		766.
196	MODEL E36L RANGE & WIRING	072905	SL	7.00	17	5,668.			5,668.	3,645.		810.
197	T-35 REFRIGERATOR	081105	SL	7.00	17	2,457.			2,457.	1,579.		351.
198	DELL LAPTOP COMPUTER	082105	SL	5.00	17	874.			874.	787.		87.
199	SONY AID TAPE DRIVE	090205	SL	5.00	17	693.			693.	625.		68.
200	ACER FLAT PANEL DISPLAYS	090205	SL	5.00	17	6,801.			6,801.	6,120.		681.
201	EXERCISE EQUIPMENT	091305	SL	7.00	17	3,158.			3,158.	2,030.		451.
202	COMPUTER MONITOR-COUNSELING	092605	SL	5.00	17	277.			277.	248.		29.
203	2 DELL COMPUTERS - COUNSELING	100505	SL	5.00	17	2,141.			2,141.	1,926.		215.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
204	ACER COMPUTER MONITOR	110405	SL	5.00	17	959.			959.	864.		95.
2053	MONITORS	120105	SL	5.00	17	925.			925.	832.		93.
2062	FAX MACHINES	121905	SL	5.00	17	343.			343.	310.		33.
2074	COMPUTER MONITORS	010106	SL	5.00	17	1,345.			1,345.	941.		269.
208	RORTINA COMPUTER-RESIDENTAL	010606	SL	5.00	17	1,002.			1,002.	700.		200.
209	SHREDDER	021406	SL	5.00	17	1,980.			1,980.	1,386.		396.
210	2 COMPUTERS - MCPHERSON	021806	SL	5.00	17	2,261.			2,261.	1,582.		452.
211	WIRING-MCPHERSON PLAYGROUND	030706	SL	5.00	17	1,515.			1,515.	1,061.		303.
212	EQMT-GLENDALE	050106	SL	7.00	17	700.			700.	350.		100.
213	TELECONFERENCE EQMT & INSTALL	060106	SL	5.00	17	50,475.			50,475.	35,332.		10,095.
214	AC-1804 GLENDALE	062806	SL	39.00	17	12,082.			12,082.	1,098.		310.
215	2 HP COMPAQ PROCESSORS	092006	SL	5.00	17	994.			994.	696.		199.
216	NEW BOX	120606	SL	7.00	17	400.			400.	200.		57.
217	SONIC OPTQUEST	121206	SL	7.00	17	960.			960.	480.		137.
218	WASHER & DRYER	121806	SL	7.00	17	1,831.			1,831.	917.		262.
219	COMPUTER/FLAT PANEL (D)WATER	012607	SL	5.00	17	803.			803.	402.		161.
220	HEATER/FIRESIDE	021207	SL	7.00	17	665.			665.	237.		48.
221	WIRING/JC	032107	SL	7.00	17	3,256.			3,256.	1,163.		465.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
222	LAPTOP & DOCKING STATION	033007	SL	5.00	17	1,068.			1,068.	535.		214.
223	PROJECTOR	033007	SL	5.00	17	727.			727.	363.		145.
224	COFFEEMAKER	070907	SL	7.00	17	712.			712.	255.		102.
225	LAPTOP & 3 YEAR WARRANTY	092107	SL	5.00	17	646.			646.	323.		129.
226	CDW-ASI COMPUTER	012908	SL	5.00	17	501.			501.	150.		100.
227	CDW-COUNSELING COMPUTER	012908	SL	5.00	17	501.			501.	150.		100.
228	5 PC'S & 4 MONITORS	040108	SL	5.00	17	3,826.			3,826.	1,148.		765.
229	MEDICINE CART	050108	SL	7.00	17	900.			900.	193.		129.
230	5 PC'S & 4 19" MONITORS	050108	SL	5.00	17	3,628.			3,628.	1,089.		726.
231	CISCO 2801-HSEC SECURITY	053008	SL	5.00	17	3,007.			3,007.	902.		601.
232	(D)WATER HEATER-COLBY	060108	SL	7.00	17	700.			700.	150.		50.
233	HDWE-SMARTNET MNT (D)COLBY OFFICE	070108	SL	5.00	17	1,311.			1,311.	393.		262.
234	SETUP PC & 19" MONITOR -	070108	SL	7.00	17	2,732.			2,732.	585.		195.
235	DAVID O'NEIL	070308	SL	7.00	17	823.			823.	177.		118.
236	2 19" FLAT PANEL DISPLAYS	072108	SL	5.00	17	512.			512.	153.		102.
237	WASHER/DRYER	072508	SL	7.00	17	1,259.			1,259.	270.		180.
238	COMPUTER EQUIPMENT	073108	SL	5.00	17	3,314.			3,314.	994.		663.
239	42" MAGNAVOX LCD TV-COLBY	081308	SL	7.00	17	940.			940.	201.		134.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
240	WALMART 26" LCD TV-ABILENE	082108	SL	7.00	17	425.			425.	91.		61.
241	TROY BILT SNOW BLOWER	121708	SL	7.00	17	577.			577.	123.		82.
256	PROLIANT SERVER EXHAUST FAN & INSTALLATION	040809	SL	5.00	17	15,847.			15,847.	1,585.		3,169.
257	BELL & SPERLING COMPUTERS	042809	SL	7.00	17	812.			812.	58.		116.
259	COUNSELING COMPUTERS	060509	SL	5.00	17	1,197.			1,197.	120.		239.
260	COMPUTERS	080309	SL	5.00	17	1,141.			1,141.	114.		228.
262	22 PCS HP PROBOOK	081409	SL	5.00	17	954.			954.	95.		191.
263	4710S-CORE 2 DUO P83 HP COMPAQ	090109	SL	5.00	17	1,351.			1,351.	135.		270.
264	PC'S/WARRANTIES COMPUTER	091409	SL	5.00	17	1,549.			1,549.	155.		310.
265	EQUIPMENT-RPC/ADM	101409	SL	5.00	17	5,034.			5,034.	503.		1,007.
266	TAPE DRIVE	110409	SL	5.00	17	1,709.			1,709.	171.		342.
267	PHONE SYSTEM	111609	SL	5.00	17	9,813.			9,813.	981.		1,963.
276	3 HP PRO 3005 COMPUTERS	082410	SL	5.00	19B	1,671.			1,671.			167.
282	COMPUTER EQUIPMENT	010510	SL	5.00	19B	1,856.			1,856.			186.
283	COMPUTER EQUIPMENT	031910	SL	5.00	19B	3,338.			3,338.			334.
284	LAWN MOWER	040110	SL	5.00	19B	1,894.			1,894.			189.
285	ROOF TOP UNIT CARRIER	042010	SL	7.00	19C	3,852.			3,852.			275.
286	WASHER FOR DETOX	050510	SL	7.00	19C	2,412.			2,412.			172.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
287	COMPUTER EQUIPMENT	101810	SL	5.00	19B	4,090.			4,090.			409.
288	ROOFTOP UNIT REPLACEMENT	062510	SL	7.00	19C	5,009.			5,009.			358.
289	REGULATOR	072210	SL	7.00	19C	845.			845.			60.
290	RUDD RTU UNIT	120610	SL	7.00	19C	4,492.			4,492.			321.
291	GREESE TRAP INTERCEPTOR	123110	SL	7.00	19C	2,234.			2,234.			160.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					308,086.			308,086.	172,950.		37,403.
	TRANSPORTATION EQUIPMENT											
242	2003 FORD TAURUS	042603	SL	5.00	17	22,535.			22,535.	19,324.		0.
243	2005 FORD FREESTAR	030106	SL	5.00	17	16,004.			16,004.	10,852.		3,201.
244	2006 FORD TAURUS	030106	SL	5.00	17	15,517.			15,517.	10,608.		3,103.
245	FORD FREESTAR VAN	033007	SL	5.00	17	14,678.			14,678.	7,340.		2,936.
246	2007 FORD TAURUS	112707	SL	5.00	17	12,626.			12,626.	6,313.		2,525.
270	2007 MERCURY MILAN	061710	SL	5.00	19B	19,616.			19,616.			1,962.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					100,976.			100,976.	54,437.		13,727.
	LAND											
1	LAND-S OHIO	110189	L			15,000.			15,000.			0.
2	LAND-S OHIO-GIRL SCOUT OFFICE	080602	L			10,000.			10,000.			0.
3	LAND-1804 GLENDALE	072804	L			20,000.			20,000.			0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CENTRAL KANSAS FOUNDATION FOR ALCOHOL AND CHEMICAL DEPENDENCY

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
	(D) LAND-COLBY-180 W 46TH	050208	L			6,000.			6,000.			0.
	* 990 PAGE 10 TOTAL LAND					51,000.			51,000.	0.		0.
	OTHER											
247	THERASCRIBE SOFTWARE	070103	SL	3.00	17	6,778.			6,778.	6,778.		0.
248	RAID-1 PROTECTED ATHLON XP	060804	SL	3.00	17	1,786.			1,786.	1,786.		0.
249	POWEREDGE SERVER INTEL	031905	SL	3.00	17	1,355.			1,355.	1,355.		0.
250	QB ENTERPRISE 6.0 SOFTWARE	120705	SL	3.00	17	6,172.			6,172.	6,172.		0.
251	THERASCRIBE QB ENTERPRISE	011206	SL	3.00	17	375.			375.	375.		0.
252	SOLUTION SYMANTEC BACKUP FOR	083006	SL	3.00	17	1,084.			1,084.	1,084.		0.
253	MX	083006	SL	3.00	17	847.			847.	847.		0.
254	COMPUTER SOFTWARE (D)QUEST TIMEFORCE	110106	SL	3.00	17	353.			353.	353.		0.
255	SOFTWARE	110906	SL	3.00	17	2,000.			2,000.	2,000.		0.
258	SOFTWARE	111009	SL	3.00	17	2,650.			2,650.	442.		883.
269	QUICKBOOKS 2009 * 990 PAGE 10 TOTAL	090109	SL	3.00	17	2,734.			2,734.	456.		911.
	OTHER					26,134.			26,134.	21,648.		1,794.
	* GRAND TOTAL 990 PAGE 10 DEPR					2371907.			2371907.	849,871.		120,209.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
5	BUILDING-S OHIO	110189	SL	31.50	239,590.		239,590.	163,592.	7,606.
6	BUILDING-S OHIO-GIRL SCOUT OFFICE	080602	SL	39.00	235,963.		235,963.	50,669.	6,050.
7	BUILDING-1804 GLENDALE	072804	SL	39.00	482,918.		482,918.	79,973.	12,383.
9	ROOF-S OHIO BLDG	062990	SL	31.50	26,416.		26,416.	17,234.	839.
10	BLDG RENOVATION-S OHIO	123190	SL	31.50	15,886.		15,886.	10,101.	504.
11	TESTING ROOM ADDITION	011191	SL	31.50	963.		963.	619.	31.
12	PARKING LOT EXPANSION	073091	SL	31.50	9,441.		9,441.	5,837.	300.
13	SEMINAR ROOM IMPROVEMENTS	111592	SL	7.00	12,732.		12,732.	12,732.	0.
14	BUILDING SIGN	040794	SL	7.00	2,373.		2,373.	2,373.	0.
15	SOUND BARRIER/OVERHANG	051794	SL	7.00	2,747.		2,747.	2,747.	0.
16	CONCRETE WORK	083195	SL	15.00	700.		700.	700.	0.
17	REMODEL OFFICES	093095	SL	39.00	4,753.		4,753.	1,866.	122.
18	SHELVING-FILE ROOM	113095	SL	7.00	632.		632.	632.	0.
19	PATIO/CONCRETE SLAB	111196	SL	15.00	3,422.		3,422.	3,221.	201.
20	SECURITY SYSTEM	123196	SL	5.00	2,033.		2,033.	2,033.	0.
21	BLDG IMPROVEMENT-DETOX	030197	SL	39.00	136,973.		136,973.	48,436.	3,512.
22	BUILDING REMODEL	080399	SL	39.00	85,932.		85,932.	25,059.	2,203.
23	NEW SHED	080399	SL	7.00	24,279.		24,279.	24,279.	0.
24	3 HEAT EXCHANGERS	103101	SL	7.00	6,014.		6,014.	6,014.	0.
25	CARPET	093002	SL	7.00	4,799.		4,799.	4,799.	0.
26	KITCHEN IMPROVEMENTS	040103	SL	39.00	3,041.		3,041.	601.	78.
27	KITCHEN REMODEL	052704	SL	39.00	34,643.		34,643.	5,883.	888.
28	CARPET-1804 GLENDALE	090204	SL	7.00	8,446.		8,446.	7,845.	601.
29	ROOF-1805 S OHIO	092004	SL	7.00	12,764.		12,764.	11,850.	914.
30	ROOF-1809 S OHIO-ANNEX	092004	SL	7.00	1,778.		1,778.	1,651.	127.
31	SIDING	093004	SL	7.00	10,256.		10,256.	9,523.	733.
32	CARPET INSTALL-1804 GLENDALE	100604	SL	7.00	2,327.		2,327.	2,158.	169.
33	4 SIGNS-DOWN PMT	111604	SL	7.00	3,301.		3,301.	2,871.	430.
34	CARPET-1804 GLENDALE	120204	SL	7.00	1,159.		1,159.	1,079.	80.
35	5' ALUMINUM SIGN-1805 S OHIO	012505	SL	7.00	8,145.		8,145.	6,402.	1,164.
36	BLDG IMPRVTS-1804 GLENDALE	020105	SL	39.00	22,356.		22,356.	3,367.	573.
37	WIRING FOR 3 OFFICES	020205	SL	7.00	573.		573.	451.	82.
38	PAINTING-1804 GLENDALE	021405	SL	7.00	2,373.		2,373.	1,865.	339.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
39	NEW CYLINDER LOCKS & KEYS	022105	SL	7.00	844.		844.	665.	121.
40	REPAIR FRONT DOOR-1805 S OHIO	022205	SL	7.00	353.		353.	275.	50.
41	NEW BRONZE DOOR	031505	SL	7.00	1,188.		1,188.	935.	170.
42	ROOF REPAIR-1804 GLENDALE	032905	SL	7.00	2,141.		2,141.	1,683.	306.
43	RENOVATION-1804 GLENDALE	060105	SL	39.00	75,849.		75,849.	10,778.	1,945.
44	MEN'S RR MODIFICATIONS	061405	SL	7.00	1,517.		1,517.	1,193.	217.
45	BLDG RENOVATION-1805 S OHIO	062205	SL	39.00	44,554.		44,554.	6,329.	1,142.
46	ARCHITECT FEE-KITCHEN	062205	SL	7.00	885.		885.	693.	126.
47	ARCHITECT FEE-OFFICE & GROUP ROOMS	062205	SL	7.00	2,255.		2,255.	1,771.	322.
48	ARCHITECT FEE-RES TREATMENT PROGRAM	062205	SL	7.00	2,675.		2,675.	2,101.	382.
49	CARPET INSTALLATION-1804 GLENDALE	063005	SL	7.00	1,884.		1,884.	1,480.	269.
50	DRIVEWAY-1804 GLENDALE	032006	SL	15.00	4,476.		4,476.	1,341.	298.
51	TERMITE MONITORING STATIONS	072506	SL	7.00	2,924.		2,924.	1,881.	418.
52	BALLASTS-1805 GLENDALE	083106	SL	7.00	520.		520.	333.	74.
53	NEW ROOF-1804 GLENDALE	091506	SL	7.00	2,066.		2,066.	1,328.	295.
54	PLAYGROUND AREA	092206	SL	7.00	647.		647.	414.	92.
55	REPAIR CEILING TILE	110106	SL	7.00	5,845.		5,845.	3,758.	835.
56	GRIND FLOOR-HALLWAY/LOUNGE-OHIO	052108	SL	7.00	803.		803.	287.	115.
59	VINYL TILE-HALL/DINING ROOM-OHIO	060808	SL	7.00	1,054.		1,054.	377.	151.
60	INSTALL TILE-HALL/DINING-OHIO	061608	SL	7.00	1,665.		1,665.	595.	238.
272	OFFICE REMODEL	030310	SL	39.00	54,114.		54,114.	1,098.	1,388.
273	DURO LAST NEW ROOF	040510	SL	39.00	30,490.		30,490.	554.	782.
274	SIDEWALK REPLACEMENT	072810	SL	15.00	6,741.		6,741.	225.	449.
275	PATHFINDER DOOR	092810	SL	7.00	2,460.		2,460.	176.	351.
	* 990 PAGE 10 TOTAL BUILDINGS				1657678.		1657678.	558,732.	50,465.
	FURNITURE & FIXTURES								
62	DESK	122989	SL	7.00	526.		526.	526.	0.
63	OFFICE FURNITURE	123189	SL	7.00	17,304.		17,304.	17,304.	0.
64	DESK & CHAIRS	102590	SL	7.00	2,960.		2,960.	2,960.	0.
65	LECTERN	100591	SL	7.00	558.		558.	558.	0.
66	FOLDING TABLES	012097	SL	7.00	1,136.		1,136.	1,136.	0.
67	CHAIRS & TABLES	021497	SL	7.00	2,106.		2,106.	2,106.	0.
68	SIGNS	051697	SL	7.00	2,680.		2,680.	2,680.	0.
69	CONF TABLE/6 CHAIRS	011398	SL	7.00	1,658.		1,658.	1,658.	0.

## 2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
70	VINYL ROADINGS	012198	SL	7.00	623.		623.	623.	0.
71	STACKING SIDE CHAIRS	012198	SL	7.00	553.		553.	553.	0.
72	4-DR LATERAL FILE CABINET	012198	SL	7.00	532.		532.	532.	0.
73	SQUARE TABLE/4 CHAIRS	012198	SL	7.00	736.		736.	736.	0.
74	3-DR LATERAL CABINET	102198	SL	7.00	503.		503.	503.	0.
75	2 DESKS	041999	SL	7.00	929.		929.	929.	0.
77	DESK	041702	SL	7.00	140.		140.	140.	0.
78	CHAIR	041702	SL	7.00	63.		63.	63.	0.
79	CHAIRS	091702	SL	7.00	2,549.		2,549.	2,549.	0.
80	FOLDING TABLES	100702	SL	7.00	917.		917.	917.	0.
81	DESK, CREDENZA, COMPUTER CRED	030104	SL	7.00	835.		835.	774.	61.
82	RESIDENTIAL OUTSIDE FURNITURE	041304	SL	7.00	689.		689.	637.	52.
83	8 4' TABLES	042304	SL	7.00	299.		299.	279.	20.
84	7 4' TABLES	042304	SL	7.00	635.		635.	591.	44.
85	WASHER	053104	SL	7.00	125.		125.	117.	8.
86	37 STACK CHAIRS	091404	SL	7.00	786.		786.	728.	58.
87	3 DESKS	093004	SL	7.00	1,451.		1,451.	1,346.	105.
88	1 DESK	102804	SL	7.00	553.		553.	514.	39.
89	HAND TOWEL DISPENSER/SOAP DISH	110104	SL	7.00	1,452.		1,452.	1,346.	106.
90	3 6' TABLES	122804	SL	7.00	144.		144.	136.	8.
91	18 STACK CHAIRS	122804	SL	7.00	382.		382.	357.	25.
92	20 STACKABLE GRAY CHAIRS	011805	SL	7.00	425.		425.	335.	61.
93	8 DESKS	013105	SL	7.00	2,801.		2,801.	2,200.	400.
94	SMOKE RECEPACLES/CHAIRS	020105	SL	7.00	605.		605.	473.	86.
95	24 ITEM LITERATURE RACKS	020105	SL	7.00	463.		463.	363.	66.
96	2 GUEST CHAIRS	022805	SL	7.00	300.		300.	236.	43.
97	69 STACKING CHAIRS	031105	SL	7.00	1,444.		1,444.	1,133.	206.
98	25 CHAIRS	031505	SL	7.00	531.		531.	418.	76.
99	DESK	041105	SL	7.00	241.		241.	187.	34.
100	DESK	041305	SL	7.00	407.		407.	319.	58.
101	127 BEDS	050205	SL	7.00	3,680.		3,680.	2,893.	526.
102	3 UNITS OF K-LOG PARTITIONS	050205	SL	7.00	5,059.		5,059.	3,976.	723.
103	11 OAK WARDROBE UNITS	050405	SL	7.00	2,519.		2,519.	1,980.	360.
104	BUNK BEDS	060105	SL	7.00	1,850.		1,850.	1,452.	264.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1052	CHAIRS & 1 BOOKCASE	060905	SL	7.00	633.		633.	495.	90.
1069	MATTRESSES	061005	SL	7.00	1,021.		1,021.	803.	146.
107	SOFA TABLE & 2 END TABLES	061005	SL	7.00	640.		640.	501.	91.
1082	20" TV'S WITH DVD'S	061705	SL	7.00	353.		353.	275.	50.
109	DESKS & TABLES	062305	SL	7.00	900.		900.	709.	129.
1122	LOVESEATS	062805	SL	7.00	1,248.		1,248.	979.	178.
113	TABLE & CHAIR	062805	SL	7.00	1,017.		1,017.	798.	145.
114	FURNITURE	082605	SL	7.00	553.		553.	435.	79.
115	CARPET INSTALLATION-1804 GLENDALE	120105	SL	7.00	2,584.		2,584.	2,030.	369.
116	PARTITIONS FOR PA OFFICE	051206	SL	7.00	445.		445.	288.	64.
1173	MOBILE FILES	060106	SL	7.00	1,028.		1,028.	661.	147.
118	FURNITURE-LES OFFICE	090706	SL	7.00	2,195.		2,195.	1,413.	314.
1193	COUCHES, 2 CHAIRS, OTTOMAN	092006	SL	7.00	4,094.		4,094.	2,632.	585.
120	AREA RUG-RESIDENTIAL	092206	SL	7.00	233.		233.	149.	33.
121	AREA RUG-RUNNER	092206	SL	7.00	349.		349.	225.	50.
122	DESKS	101006	SL	7.00	1,327.		1,327.	855.	190.
123X	LONG TWIN BED	110706	SL	7.00	278.		278.	180.	40.
1242	4-DRAWER LOCKING FILES	120506	SL	7.00	318.		318.	203.	45.
1251	KEYBOARD	120506	SL	5.00	61.		61.	54.	7.
1265	SHELF BOOKCASE	120506	SL	7.00	60.		60.	40.	9.
12712	CHAIRS	020607	SL	7.00	255.		255.	126.	36.
128	UPRIGHT FREEZER	042607	SL	7.00	432.		432.	217.	62.
1293	COMPARTMENT SINK	051807	SL	7.00	1,258.		1,258.	630.	180.
1306	BUNK BED LADDERS	052307	SL	7.00	161.		161.	80.	23.
131	STORAGE BUILDING	061207	SL	7.00	747.		747.	374.	107.
132	OFFICE PARTITIONS-JC	080107	SL	7.00	2,039.		2,039.	1,019.	291.
133	RECEPTION PANELS-GLENDALE	050908	SL	7.00	2,348.		2,348.	838.	335.
1344	HON UPHOLSTERED CHAIRS-COLBY	060108	SL	7.00	1,051.		1,051.	375.	150.
1355	HON GUEST CHAIRS-COLBY	060108	SL	7.00	1,093.		1,093.	390.	156.
1362	HON CORNER TABLES-COLBY	060108	SL	7.00	373.		373.	133.	53.
137	COMPUTER DESK/SHELF-COLBY	060108	SL	7.00	408.		408.	145.	58.
1382	HON VERTICAL FILES-COLBY	060108	SL	7.00	403.		403.	145.	58.
1392	6X4' ALUMINUM FRAMES-COLBY	060108	SL	7.00	612.		612.	218.	87.
1404	ICEBERG TABLES-COLBY	060108	SL	7.00	524.		524.	187.	75.

## 2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
141	SAMSUNG SF560 LASER/FAX-COLBY	060108	SL	5.00	425.		425.	213.	85.
142	ICEBERG TABLES-COLBY	060108	SL	7.00	524.		524.	187.	75.
144	HON CHAIR & TABLE-COLBY	073108	SL	7.00	394.		394.	140.	56.
268	FURNITURE & FIXTURES FROM FIRESIDE	022009	SL	7.00	20,269.		20,269.	20,033.	236.
277	DETOX SOFIA	100510	SL	5.00	1,390.		1,390.	139.	278.
278	PATHFINDER SIGNS	082410	SL	7.00	3,963.		3,963.	283.	566.
279	NEW AWNING	083010	SL	7.00	847.		847.	61.	121.
280	FURNITURE	081910	SL	7.00	2,822.		2,822.	202.	403.
281	PARTITIONS FOR CLERICAL	092410	SL	7.00	862.		862.	62.	123.
292	PATHFINDER FURNITURE	081810	SL	5.00	6,307.		6,307.	631.	1,261.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				132,993.		132,993.	99,816.	11,065.
	MACHINERY & EQUIPMENT								
146	DISPLAY EQUIPMENT	110186	SL	5.00	673.		673.	673.	0.
147	OVERHEAD PROJECTOR	092490	SL	5.00	614.		614.	614.	0.
148	SOUND EQUIPMENT	030191	SL	5.00	835.		835.	835.	0.
149	EASELS	011592	SL	7.00	721.		721.	721.	0.
150	CANON FT5000 TYPEWRITER	101592	SL	5.00	849.		849.	849.	0.
151	SHARP PROJECTOR	121592	SL	5.00	3,495.		3,495.	3,495.	0.
154	WIPE BOARD/TABLE	042793	SL	7.00	502.		502.	502.	0.
157	WASHER/DRYER/STOVE/DISHWASHER	120396	SL	7.00	1,477.		1,477.	1,477.	0.
158	INTERIOR SIGN	123197	SL	7.00	1,318.		1,318.	1,318.	0.
159	DBS 32-PORT CABINET	011498	SL	7.00	1,093.		1,093.	1,093.	0.
160	FORD MODEL 600 TRACTOR	061200	SL	7.00	3,000.		3,000.	3,000.	0.
162	EH22 FREEZER	012802	SL	7.00	448.		448.	448.	0.
163	18 DELL COMPUTERS	012903	SL	5.00	14,148.		14,148.	14,148.	0.
164	WATER HEATER/50 GALLON	021103	SL	7.00	959.		959.	959.	0.
165	WHIRLPOOL RANGE	031703	SL	7.00	460.		460.	460.	0.
166	DELL 200 GHZ COMPUTER-JAN-FILE ROOM	032403	SL	5.00	1,163.		1,163.	1,163.	0.
167	RHEEM A/C & HEATER-ROOFTOP	073003	SL	7.00	4,556.		4,556.	4,556.	0.
168	2 PENTIUM 4 COMPUTERS	030104	SL	5.00	1,914.		1,914.	1,914.	0.
169	COMPUTER	032804	SL	5.00	888.		888.	888.	0.
170	1 INTEL CELERON	042204	SL	5.00	931.		931.	931.	0.
171	DELL JUKEBOX	042704	SL	7.00	2,012.		2,012.	1,866.	146.

## 2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
172	WALK-IN FREEZER	061104	SL	7.00	4,282.		4,282.	3,978.	304.
173	RHEEM ROOF TOP UNIT	061604	SL	7.00	4,556.		4,556.	4,231.	325.
174	LAPTOP COMPUTER	081104	SL	5.00	874.		874.	874.	0.
175	INSTALLATION FREEZER	100104	SL	7.00	5,738.		5,738.	5,330.	408.
176	DRAIN LINE	100104	SL	7.00	707.		707.	656.	51.
177	WATER HTR/2 TOILETS-1804 GLENDALE	101404	SL	7.00	819.		819.	761.	58.
178	INSTALL FREEZER	101704	SL	7.00	1,915.		1,915.	1,781.	134.
179	4 INTEL CELERONS	102904	SL	5.00	3,648.		3,648.	3,648.	0.
180	LASER JET PRINTER 1012	110104	SL	5.00	225.		225.	225.	0.
181	LASER JET PRINTER 1012	110104	SL	5.00	182.		182.	182.	0.
182	WASHER & INSTALLATION	112204	SL	7.00	1,178.		1,178.	1,092.	86.
183	DRYER & INSTALLATION	112204	SL	7.00	978.		978.	910.	68.
184	LASER JET PRINTER 1012	120604	SL	5.00	182.		182.	182.	0.
185	CDW.COM	010405	SL	5.00	517.		517.	517.	0.
186	DELL INSPIRON 1150 COMPUTER	022305	SL	5.00	1,104.		1,104.	1,104.	0.
187	DELL DIMENSION 3000	022305	SL	5.00	1,255.		1,255.	1,255.	0.
188	DELL DIMENSION 3000	022305	SL	5.00	1,255.		1,255.	1,255.	0.
189	VIKING SHREDDER	030105	SL	7.00	195.		195.	154.	28.
190	FILE EXTING-1804 GLENDALE	030105	SL	7.00	548.		548.	429.	78.
191	LAWN MOWER	041305	SL	7.00	351.		351.	275.	50.
192	COMPUTERS	051105	SL	5.00	2,711.		2,711.	2,711.	0.
193	HARDWARD POWEREDGE SERVER	060105	SL	5.00	2,710.		2,710.	2,710.	0.
194	RESIDENTIAL PHONES	060205	SL	7.00	1,658.		1,658.	1,303.	237.
195	ALARM SYSTEM	060605	SL	7.00	5,365.		5,365.	4,213.	766.
196	MODEL E36L RANGE & WIRING	072905	SL	7.00	5,668.		5,668.	4,455.	810.
197	T-35 REFRIGERATOR	081105	SL	7.00	2,457.		2,457.	1,930.	351.
198	DELL LAPTOP COMPUTER	082105	SL	5.00	874.		874.	874.	0.
199	SONY AID TAPE DRIVE	090205	SL	5.00	693.		693.	693.	0.
200	ACER FLAT PANEL DISPLAYS	090205	SL	5.00	6,801.		6,801.	6,801.	0.
201	EXERCISE EQUIPMENT	091305	SL	7.00	3,158.		3,158.	2,481.	451.
202	COMPUTER MONITOR-COUNSELING	092605	SL	5.00	277.		277.	277.	0.
203	2 DELL COMPUTERS - COUNSELING	100505	SL	5.00	2,141.		2,141.	2,141.	0.
204	ACER COMPUTER MONITOR	110405	SL	5.00	959.		959.	959.	0.
205	3 MONITORS	120105	SL	5.00	925.		925.	925.	0.

## 2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
2062	FAX MACHINES	121905	SL	5.00	343.		343.	343.	0.
2074	COMPUTER MONITORS	010106	SL	5.00	1,345.		1,345.	1,210.	135.
208	RORTINA COMPUTER-RESIDENTAL	010606	SL	5.00	1,002.		1,002.	900.	102.
209	SHREDDER	021406	SL	5.00	1,980.		1,980.	1,782.	198.
2102	COMPUTERS - MCPHERSON	021806	SL	5.00	2,261.		2,261.	2,034.	227.
211	WIRING-MCPHERSON	030706	SL	5.00	1,515.		1,515.	1,364.	151.
212	PLAYGROUND EQMT-GLENDALE	050106	SL	7.00	700.		700.	450.	100.
213	TELECONFERENCE EQMT & INSTALL	060106	SL	5.00	50,475.		50,475.	45,427.	5,048.
214	AC-1804 GLENDALE	062806	SL	39.00	12,082.		12,082.	1,408.	310.
2152	HP COMPAQ PROCESSORS	092006	SL	5.00	994.		994.	895.	99.
216	NEW BOX	120606	SL	7.00	400.		400.	257.	57.
217	SONIC OPTQUEST	121206	SL	7.00	960.		960.	617.	137.
218	WASHER & DRYER	121806	SL	7.00	1,831.		1,831.	1,179.	262.
219	COMPUTER/FLAT PANEL	012607	SL	5.00	803.		803.	563.	161.
221	WIRING/JC	032107	SL	7.00	3,256.		3,256.	1,628.	465.
222	LAPTOP & DOCKING STATION	033007	SL	5.00	1,068.		1,068.	749.	214.
223	PROJECTOR	033007	SL	5.00	727.		727.	508.	145.
224	COFFEEMAKER	070907	SL	7.00	712.		712.	357.	102.
225	LAPTOP & 3 YEAR WARRANTY	092107	SL	5.00	646.		646.	452.	129.
226	CDW-ASI COMPUTER	012908	SL	5.00	501.		501.	250.	100.
227	CDW-COUNSELING COMPUTER	012908	SL	5.00	501.		501.	250.	100.
2285	PC'S & 4 MONITORS	040108	SL	5.00	3,826.		3,826.	1,913.	765.
229	MEDICINE CART	050108	SL	7.00	900.		900.	322.	129.
2305	PC'S & 4 19" MONITORS	050108	SL	5.00	3,628.		3,628.	1,815.	726.
231	CISCO 2801-HSEC SECURITY	053008	SL	5.00	3,007.		3,007.	1,503.	601.
233	HDWE-SMARTNET MNT	070108	SL	5.00	1,311.		1,311.	655.	262.
235	PC & 19" MONITOR - DAVID O'NEIL	070308	SL	7.00	823.		823.	295.	118.
2362	19" FLAT PANEL DISPLAYS	072108	SL	5.00	512.		512.	255.	102.
237	WASHER/DRYER	072508	SL	7.00	1,259.		1,259.	450.	180.
238	COMPUTER EQUIPMENT	073108	SL	5.00	3,314.		3,314.	1,657.	663.
239	42" MAGNAVOX LCD TV-COLBY	081308	SL	7.00	940.		940.	335.	134.
240	WALMART 26" LCD TV-ABILENE	082108	SL	7.00	425.		425.	152.	61.
241	TROY BILT SNOW BLOWER	121708	SL	7.00	577.		577.	205.	82.
256	PROLIANT SERVER	040809	SL	5.00	15,847.		15,847.	4,754.	3,169.

## 2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
257	EXHAUST FAN & INSTALLATION	042809	SL	7.00	812.		812.	174.	116.
259	BELL & SPERLING COMPUTERS	060509	SL	5.00	1,197.		1,197.	359.	239.
260	COUNSELING COMPUTERS	080309	SL	5.00	1,141.		1,141.	342.	228.
262	2 PCS	081409	SL	5.00	954.		954.	286.	191.
263	HP PROBOOK 4710S-CORE 2 DUO P8700	090109	SL	5.00	1,351.		1,351.	405.	270.
264	3 HP COMPAQ PC'S/WARRANTIES	091409	SL	5.00	1,549.		1,549.	465.	310.
265	COMPUTER EQUIPMENT-RPC/ADM	101409	SL	5.00	5,034.		5,034.	1,510.	1,007.
266	TAPE DRIVE	110409	SL	5.00	1,709.		1,709.	513.	342.
267	PHONE SYSTEM	111609	SL	5.00	9,813.		9,813.	2,944.	1,963.
276	3 HP PRO 3005 COMPUTERS	082410	SL	5.00	1,671.		1,671.	167.	334.
282	COMPUTER EQUIPMENT	010510	SL	5.00	1,856.		1,856.	186.	371.
283	COMPUTER EQUIPMENT	031910	SL	5.00	3,338.		3,338.	334.	668.
284	LAWN MOWER	040110	SL	5.00	1,894.		1,894.	189.	379.
285	ROOF TOP UNIT CARRIER	042010	SL	7.00	3,852.		3,852.	275.	550.
286	WASHER FOR DETOX	050510	SL	7.00	2,412.		2,412.	172.	345.
287	COMPUTER EQUIPMENT	101810	SL	5.00	4,090.		4,090.	409.	818.
288	ROOFTOP UNIT REPLACEMENT	062510	SL	7.00	5,009.		5,009.	358.	716.
289	REGULATOR	072210	SL	7.00	845.		845.	60.	121.
290	RUDD RTU UNIT	120610	SL	7.00	4,492.		4,492.	321.	642.
291	GREESE TRAP INTERCEPTOR	123110	SL	7.00	2,234.		2,234.	160.	319.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				284,686.		284,686.	189,785.	29,514.
	TRANSPORTATION EQUIPMENT								
242	2003 FORD TAURUS	042603	SL	5.00	22,535.		22,535.	19,324.	0.
243	2005 FORD FREESTAR	030106	SL	5.00	16,004.		16,004.	14,053.	1,951.
244	2006 FORD TAURUS	030106	SL	5.00	15,517.		15,517.	13,711.	1,806.
245	FORD FREESTAR VAN	033007	SL	5.00	14,678.		14,678.	10,276.	2,936.
246	2007 FORD TAURUS	112707	SL	5.00	12,626.		12,626.	8,838.	2,525.
270	2007 MERCURY MILAN	061710	SL	5.00	19,616.		19,616.	1,962.	3,923.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				100,976.		100,976.	68,164.	13,141.
	LAND								
1	LAND-S OHIO	110189	L		15,000.		15,000.		0.
2	LAND-S OHIO-GIRL SCOUT OFFICE	080602	L		10,000.		10,000.		0.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CENTRAL KANSAS FOUNDATION FOR ALCOHOL  
AND CHEMICAL DEPENDENCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
3	LAND-1804 GLENDALE	072804	L		20,000.		20,000.		0.
	* 990 PAGE 10 TOTAL LAND				45,000.		45,000.	0.	0.
	OTHER								
247	THERASCRIBE SOFTWARE	070103	SL	3.00	6,778.		6,778.	6,778.	0.
248	RAID-1 PROTECTED ATHLON XP	060804	SL	3.00	1,786.		1,786.	1,786.	0.
249	POWEREDGE SERVER INTEL	031905	SL	3.00	1,355.		1,355.	1,355.	0.
250	QB ENTERPRISE 6.0 SOFTWARE	120705	SL	3.00	6,172.		6,172.	6,172.	0.
251	THERASCRIBE	011206	SL	3.00	375.		375.	375.	0.
252	QB ENTERPRISE SOLUTION	083006	SL	3.00	1,084.		1,084.	1,084.	0.
253	SYMANTEC BACKUP FOR MX	083006	SL	3.00	847.		847.	847.	0.
254	COMPUTER SOFTWARE	110106	SL	3.00	353.		353.	353.	0.
258	SOFTWARE	111009	SL	3.00	2,650.		2,650.	1,325.	883.
269	QUICKBOOKS 2009	090109	SL	3.00	2,734.		2,734.	1,367.	911.
	* 990 PAGE 10 TOTAL OTHER				24,134.		24,134.	21,442.	1,794.
	* GRAND TOTAL 990 PAGE 10 DEPR				2245467.		2245467.	937,939.	105,979.