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A For the 2000 calendarius

# **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service

				dual year, or tax year beginning , 2005, and ending	D 5-1		, 20			
<b>B</b> _⊲	heck if app		Please use IRS	C Name of organization GOOD NEIGHBOR FUND, INC.	D Employer		ion number			
L	change	ı	label or	Doing Business As	20-31					
	Name	Name change   print or   Number and street (or P O box if mail is not delivered to street address)   Room/suite   E Te					E Telephone number			
Instant return   See   3801   S OLIVER   (316)   523-5691							91			
	Termir		Specific Instruc-	City or town, state or country, and ZIP + 4						
	Ameno	ted	bons	WICHITA, KS 67210-7730	G Gross reco	epts \$	2,127,787.			
	Applic	ation	F Na	ame and address of principal officer: ROBERT CONDREAY	H(a) Is this a g	roup return	for Yes X No			
	pendir		3420	S. OLIVER MC K94-99 WICHITA, KS 67210-2135	affiliates? H(b) Are all af	filiales indiur	led? Yes No			
<del></del>	Tay-eye	empt stat		X 501(c) (3 ) ◀ (insert no ) 4947(a)(1) or 527	<b>→</b>   ` '		see instructions)			
÷				SPIRITAERO.COM/COMMUNITY.ASPX		•	•			
<del>-</del>		•			H(c) Group ex					
K		of organiz			mation 2005 1	/ State of	legal domicile 13			
	art i		mary							
	1	Briefly	descri	be the organization's mission or most significant activities  CHARITABLE ORGANIZATIONS AND PROGRAMS IN COMMUNI						
ø					TIES WHER	<u> </u>				
a		MEMB	ERS	RESIDE AND WORK.		<b>-</b>				
Governance	1			<u></u>	<b></b>					
Š	2	Check	this bo	ox 🕨 🔛 if the organization discontinued its operations or disposed of more than 2	5% of its net ass	ets				
•ర	3	Numbe	er of vo	oting members of the governing body (Part VI, line 1a)		. 3	8			
Activities	4	Numbe	er of in	dans da A. M. C.			8			
₹	5	Total n	umbei	r of employees (Part V, line 2a)			0			
ĄĊţ	6	Total n	umbei	r of volunteers (estimate if necessary)		6	0			
				inrelated business revenue from Part VIII, column (C), line 12		7a				
				d business taxable income from Form 990-T, line 34		. 7b	· · · · · · · ·			
				RECEIVED	Prior Yea	-1	Current Year			
	8	Contrib	nutions	s and groups (Part VIII) line 15)	2,128,	545.	2,120,154.			
Revenue	9			(2)		0.	0.			
	10	Investo	mont u		38,		7,633.			
ď	11	Other		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	1				2,167,		2,127,787.			
				e - add lines 8 through 11 (must equal Party Noblum TA), line 12)	2,506,		2,581,368.			
				similar amounts paid (Part IX, column (A), lines 1-3)	2,300,	0.	2,301,300.			
	14			to or for members (Part IX, column (A), line 4)			<del>.</del>			
e.	15			er compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Š	16a			fundraising fees (Part IX, column (A), line 11e)	2	0.	0.			
Fxnenses	b						130 - 31			
_	17		-	ses (Part IX, column (A), lines 11a-11d, 11f-24f)		0.	0.			
				es Add lines 13-17 (must equal Part IX, column (A), line 25)	2,506,		2,581,368.			
		Reven	ue les	s expenses. Subtract line 18 from line 12	-339,	766.	-453,581.			
Net Assets or	ŝ				Beginning of	Year	End of Year			
sets	20	Total a	ssets	(Part X, line 16)	977,	109.	523,528.			
AS.	21	Total I	abilitie	es (Part X, line 26)						
Ž,	22	Net as:	sets o	r fund balances Subtract line 21 from line 20	977,	109.	523,528.			
	art II	Sig	natur	re Blo <u>ck</u>						
		Under	penat	ies of perjuty, I declare that I have examined this return, including accompanying schedules	and statements	and to the	hest of my knowledge			
		and be	elief, it	is true correct and complete Declaration of preparer (other than officer) is based on all	information of wh	iich prepa	rer has any knowledge			
•	Sign	<u>                                    </u>		Kusul / ondusul	/1/	4/16	7			
	lere	<b>P</b> 3	Signati	ure of officer	Date	770	<del></del>			
•			7.1	bert Condreau- Treasurer						
	Type or print name and title									
-		<del>'</del>		I in the Chapter Chapter	d le	renarer's	dentifying number			
Pai	d	Prepa signal		Skabel Sk	(:	see instruc				
	parer's									
	e Only	if self-	employ		EIN					
	address, and ZIP + 4 8300 THORN DRIVE, SUITE 300 WICHITA, KS 67226-2708 Phone no ▶ 316-265-3231									
Ma	y the I	RS disc	cuss tl	his return with the preparer shown above? (see instructions)		<u> </u>	X Yes No			
Fo	For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*									

JSA 9E1010 3 000 93896J 701F 10/20/2010 10:02:09 AM V 09-8.3

	rt     Statement of Program Service Accomplishments
	Briefly describe the organization's mission:  ATTACHMENT 3
2	Did the organization undertake any significant program services during the year which were not listed on
3	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?  If "Yes," describe these changes on Schedule O  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.
1a	(Code:) (Expenses \$2,581,368 including grants of \$2,581,368. ) (Revenue \$) SUPPORT CHARITABLE ORGANIZATIONS
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ▶ 2,581,368.

Form **990** (2009)

<b>Part</b>	V 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)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_ <del>-</del> -		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<del>-</del> -	-	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b>		23
•	complete Schedule D, Part III	8		Х
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? If "Yes,"			
	complete Schedule D, Part N	_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		
	quasi-endowments? If" Yes," complete Schedule D, Part V	4.0		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		^
• •	VII, VIII, IX, or X as applicable		l	Х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	290m. S	75.70
•	Schedule D, Part VI.			
	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? If "Yes," complete Schedule D, Part VII			
	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? If "Yes," complete Schedule D, Part VIII.			
_	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? If "Yes," complete Schedule D, Part IX.			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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? If "Yes," complete Schedule D, Part X.		4.0	
12		1.4		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	18 Mr.	外數據	
124		12	Valences V	
120	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		學學	
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		Х
D	· · · · · · · · · · · · · · · · · · ·			v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			v
4.6	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			17
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
46	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	Х

Form **990** (2009)

Vest	Form 9	90 (2009)		ī	Page 4
11 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 17 If "Yes," complete Schedule I, Parts I and III.  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 27 If "Yes," complete Schedule I, Parts I and III.  23 Did the organization aware Yes' to Part IVI, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer fines 240 through 24d and complete Schedule K If "No," go to question 25.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of Did the organization maintain an escrow account other than a refunding escrow at any time during the year of Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization engage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization with a disqualified person outstanding as of the end of the organization with year. Part II "Yes," complete Schedule L, Part II.  28 Was the organization as of the end of the organization way year. Part II "Yes," complete Schedule L, Part II.  29 Did the organization as officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II.  29 Did the organization receive more than \$25,000 in	Part	IV Checklist of Required Schedules (continued)			
in the United States on Part IX, column (A), line 12 if 17'es, complete Schedule I, Parts 1 and II.  2 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? if 7'es, complete Schedule I, Parts 1 and III.  2 Did the organization answer Yes' to Part IVI, Section A, line 3, 4, or 5 about compensation of steed organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If 7'es, complete Schedule J.  2 AU Did the organization area as a seximple 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? If 7'es, answer lines 24 th trough 24d and complete Schedule IX If 7'a0', 20 re quastion 25.  2 Did the organization may be a tax-exempt bonds beyond a temporary period exception?  2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 to defease any tax-exempt bonds?  3 Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year?  4 Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year?  5 Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year?  5 Did the organization act that it engaged in an excess benefit transaction with a disqualified person of an prior year, and that the transaction has not been reported on any of the organization system that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organizations sherifit transaction with a disqualified person outstanding as of the end of the organizations are sherifit transaction with a disqualified person outstanding as of the end of the organization sherifit transaction and the properties of	•	,		Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part Kz Coumin (A), line 2 if "oss" complete Schedule I, Part I and III.  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations' current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 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? "Yes," answer the state of the programization may be a tax-exempt bonds beyond a temporary period exception?.  24 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  35 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  36 Did the organization act as an "on behalf of" issuer for bonds outstanding escrow at any time during the year?  37 Did the organization act as an "on behalf of" issuer for bonds outstanding as any time during the year?  38 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 prior Forms 990 or 255 and 255	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  22    X  23    Did the organization asswer "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? If "Yes," complete Schedule I, Part IV.  24    Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No" got question 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception".  c Did the organization anitian 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?  24d   24d   25a   25c		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_ 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? If "Yes," complete Schedule J	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  21 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," got outstanding as 1, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," got outstanding as temporary period exception?  22 Did the organization manianian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  23 Did the organization amaianian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24 Did the organization are tas an "on behalf of" issuer for bonds outstanding at any time during the year?  25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25 Is set of the "Yes," complete Schedule L, Part I.  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? If "Yes," complete Schedule L, Part II.  26 Yes a loan to or by a current or former officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV.  27 X  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization selficer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization selficer		United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
employees? If "Yes," complete Schedule J  23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a bid 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? If "Yes," answer lines \$24b through 24d and complete Schedule K If "No," go to question 25.  b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?		organization's current and former officers, directors, trustees, key employees, and highest compensated			
24a bid 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? If "Yes," answer lines \$24b through 24d and complete Schedule K If "No," go to question 25.  b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?		employees? If "Yes," complete Schedule J	23		Х
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25  b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 a				
24b through 24d and complete Schedule K. If "No." go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					
b Did the organization misst any proceeds of tax-exempt bonds beyond a temporary period exception?			24a		Х
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".  24d  24d  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year" if "Yes," complete Schedule L, Part I	b		24b		
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?	С				
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24c		
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  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? If "Yes," complete Schedule L, Part I.  Was aloan 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? If "Yes," complete Schedule L, Part II.  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? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A non-thity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SI, III, N, and V, line 1  Did the organization related organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related or	đ		24d		
with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
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-E27 If "Yes," complete Schedule L, Part II.  25 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? If "Yes," complete Schedule L, Part III.  26 Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 Part IV instructions for applicable filing thresholds, conditions, and exceptions).  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization accurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization stell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  20 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part V, Iine 2  30 Did the organization or related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, I			25a		Х
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b X 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? If "Yes," complete Schedule L, Part II. 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or 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? If "Yes," complete Schedule L, Part III. 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 A family member of a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28 X Y Yes," complete Schedule L, Part IV. 28 X Y Yes, "complete Schedule L, Part IV. 28 X Y Yes," complete Schedule M, Part IV. 28 Y Yes, "complete Schedule M, Part IV. 29 Y Yes," complete Schedule M, Part IV. 30 Y Yes, "complete Schedule R, Part V, Yes," complete Schedule R, Part V, Yes, "complete Schedule R, Part V, Yes," complete Schedule R, Part V, Yes, "complete Schedule	b				
990-EZ? If "Yes," complete Schedule L, Part I.  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? If "Yes," complete Schedule L, Part III.  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? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  29 Part IV instructions for applicable filing thresholds, conditions, and exceptions).  20 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  20 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  21 Part IV.  22 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  23 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II.  24 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  25 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  26 Schedule N, Part II.  27 X  28 X  29 X  29 X  21 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.  26 X  27 X  28 X  29 X  20 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.  28 X  29 X  20 X  21 Did the organization or controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II.  27 X  28 X  29 X  20 X  20 X  21 Sink the organization a controlled entity within the meaning of section 512(b		· · · · · · · · · · · · · · · · · · ·	1		
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family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N		·	28b		Х
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Part IV					
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		•	28c		Х
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30				
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		conservation contributions? If "Yes," complete Schedule M	30		Х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31				
Schedule N, Part II		Part I	31		Х
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III, IV, and V, line 1		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		III, IV, and V, line 1	34		Х
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35				
organization? If "Yes," complete Schedule R, Part V, line 2		Schedule R, Part V, line 2	35		Х
organization? If "Yes," complete Schedule R, Part V, line 2	36				
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? If "Yes," complete Schedule R, Part VI			36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Part VI					İ
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			37		x
	38				
			38	x	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		4 4	34 74
	U.S. Information Returns Enter -0- if not applicable	100	77. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	edition in	1800 A-3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	50° 5	ي د نور <sup>دي</sup>	源设置
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	No.	62	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		SEASON
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	20		. 3 54
	instructions)		能學	
2.	•			
зa	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	22	r se E	X
	this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	\ M* "L	X
b	If "Yes," enter the name of the foreign country ▶	V.		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	12.3	管理	
	and Financial Accounts.		34 S	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	k i		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1995	1	
	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		T.T.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	W. C.	di Ta	VAN
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	1832		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		200	
11	Section 501(c)(12) organizations. Enter:	5		
				N. H
	Gross income from members or snareholders	133		
D	· · · · · · · · · · · · · · · · · · ·	家為		國
40-	amounts due or received from them.)	2.59		二安生
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N.S. AG	is gra
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
		Form	4411	(2009)

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.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		,	,
b	Enter the number of voting members that are independent			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	_2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a -	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4000	3 2 3	* .
	the year by the following:		3.	1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Χ
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: 🗞 🔅	李泰。
12a		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		<b>美</b>	9.74
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		MA.	1
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	12 1 22 2	~, ~	[ ]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u> </u>	22.29
	with a taxable entity during the year?	16a	ريوس سر ه	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		3.00	4
			18.	4 4
	the organization's exempt status with respect to such arrangements?	16b	l	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
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.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	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 PROBERT CONDREAY 3801 S. OLIVER WICHITA, KS 67210	ne		
	organization ► ROBERT CONDREAY 3801 S. OLIVER WICHITA, KS 67210			
	316-210-9617			

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee P or director	Institutional trustee	Officer	Key employee	ন Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
EARL CARTER										
TRUSTEE	1.00	Х						0.	0	0
JEFFREY BROOKS										
TRUSTEE	1.00	Х						0.	0.	C
JASON GRAGG										<i>-</i>
TRUSTEE	1.00	Х						0.	0.	0
DEBBIE LOGSDON										
TRUSTEE	1.00	Х						0.	0	. 0
ROB CONDREAY					<u> </u>					
TREASURER	1.00			х				0.	0	o
JOHN O IRVING										<del></del>
PRESIDENT	1.00			X				l o.	0	0
CHERI PORTER			Ħ						~ ~ ~	
VICE PRESIDENT	1.00			Х	•			0.	0	0
GREGORY BLENCOE SECRETARY	1.00			х				0.	0	0
									-	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week	P or director	Institutional trustee	Officer	Key employee	Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rel organiza (W-2/1099	ation ated tions	Estimated amount of other compensation from the organization and related organizations
											<del></del>
	-										
	-										
	-		_		_		_				· · · · · · · · · · · · · · · · · · ·
	-										<del></del>
4h Total								0.		0.	0
1b Total					<u></u>	- \		L	\$400.000 ·		U
2 Total number of individuals (including but not reportable compensation from the organizatio		nose (	_	a a	DOV	e) wn	o re	ceived more than	\$100,000 1	n	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, direct	or or	trı <i>lıvid</i>	uste ual	e,	key e	emp	loyee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	e sum of greater th	repor	tab 150	le c	om	pensa If "Y	atior 'es, "	n and other com ' complete Sched	pensation	from	4 X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"											5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of											
compensation from the organization.	compensa		naep	oeno	nen:	CON	тас		a more th	an \$10	
(A) Name and business add	Iress						_	(B) Description of se	rvices	C	(C) compensation
							+				
							+				
Total number of independent contractors (if more than \$100,000 in compensation from the more than \$100,00				nıte	d to	thos	se l	isted above) who	received		
ISA				-						1co-1976)	Form <b>990</b> (2009

Pai	rt 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
ts ts	1a	Federated campaigns 1a			THAT SEE STATE OF THE SECOND	es a mais s	A. 10 10 18
tributions, gifts, grants other similar amounts	ь	Membership dues 1b					
s, g	С	Fundraising events 1c				<b>为</b>	
g ff	d	Related organizations 1d		66. 连续连			
E E	e	Government grants (contributions) 1e				A CONTRACT OF STREET	
utio er s	f	All other contributions, gifts, grants,					
ž t		and similar amounts not included above . 1f	2,120,154.				
Contributions, and other sim	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	<b>⊳</b> ˈ	2,120,154	<b>有限的证明</b>		基础的国际
Program Service Revenue			Business Code	THOUSE STATE		To the state of	<b>"</b> 对于"
e Ve	2a						
e K	ь			· · · · · · · · · · · · · · · · · · ·			
5	С						
Š	ď					,, <u>,</u>	
E.	е						
ī6o.	f	All other program service revenue L	-		m 1. 100 to 1 1 150 7 m 2 2 2/2		
	g	Total. Add lines 2a-2f	<u> ▶</u>	0	中亞國的學習過程發	Maria Maria	
	3	Investment income (including dividends, intere	st, and				
		other similar amounts) ATTACHMENT	4 ▶	7,633.			7,633
	4	Income from investment of tax-exempt bond pr		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(II) Personal	0.	NAMES OF THE PROPERTY OF	#200 ALANGE AND THE BOOK OF	and department of the August State of the Augu
	1	· · · · · · · · · · · · · · · · · · ·	(11) F CISOIIAI				
	6a	Gross Rents					
	b	Less: rental expenses				4/20	
	°.	Rental income or (loss) L					
	d	Net rental income or (loss)	(II) Other	0		Maria Professional Sancial Company	  NOVESTARE   1564
	7a	Gross amount from sales of	(11) 0 11101				
	١.	assets other than inventory					
	b	Less. cost or other basis					
		and sales expenses					
	d	Sain or (loss)		0		200	/ A 2 3 4 5 5 5 5 1
a)		- · · ·					2011
ğ	8a	Gross income from fundraising events (not including \$					
Ş.		of contributions reported on line 1c).					
æ	1	See Part IV, line 18					
er	Ь	Less direct expenses					
Other Revenu	c	Net income or (loss) from fundraising events .		0	1		
J		Gross income from gaming activities.	· · · · · · · · · · · · · · · · · · ·	CASTA LA TRANS	6-00/5/24/2014	SALAR MAN	Min Carlo
		See Part IV, line 19					
	Ь	Less. direct expenses b					
	С	Net income or (loss) from gaming activities		. 0			
	10a	Gross sales of inventory, less		<b>新生活。</b> 从高额	ない かららず	The state of	<b>亚马马马克</b>
		returns and allowances a			The Land State of the Contract		
	Ь	Less: cost of goods sold b			J. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	С	Net income or (loss) from sales of inventory		0			
	<u></u>	Miscellaneous Revenue	Business Code			TERS STATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11a						
	Ь						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0		<b>技術表現37.20個</b>	成多了。[於關
	12	Total Revenue. See instructions	<u>.</u> <b>&gt;</b>	2,127,787.			7,633

## Part IX Statement of Functional Expenses

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

<u></u>	not include amounts reported on lines 6b,		(B)	<del></del>	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			يُو و بين ال	7 9 4 24
	organizations in the U.S. See Part IV, line 21	2,581,368.	2,581,368.	3 2 3	F / 4 (1) 1
2	Grants and other assistance to individuals in			· 14.5	· 50 4 14 14 14 1
	the U.S. See Part IV, line 22	0.		· x	1. 1. San 3. 1 -1 -1
3	Grants and other assistance to governments,			· 海中党第一人	J. 313 - 1 - 1
	organizations, and individuals outside the				Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	U.S. See Part IV, lines 15 and 16	0.		A	2
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
а	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.	以河西北北海上"		
	Investment management fees	0.			
	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.	<del></del>		
18	Payments of travel or entertainment expenses	······································	<del>- ·</del>		
. •	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses Itemize expenses not	* * * * * * * * * * * * * * * * * * * *	Soft of the same of the	· 1000年代報代表了	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	·	New 3 or of the commence MCMCM	Education Admin and Control of Section 2014		\$1750 A G # 1750 F A # 1 5 6 6 6 1
h					
	•				<del></del>
ن		·			
<b>a</b>		<del>,=</del> .			<del></del>
e	All other conservations				<del></del>
	All other expenses	2,581,368.	2,581,368.		
	Total functional expenses. Add lines 1 through 24f	2,301,300.	2,301,308.		
26	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs		1		
	from a combined educational campaign and				
	fundraising solicitation		į.	l	ľ

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1,	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	977,109.	2	523,528.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	and the second second		4
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	1 1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	and the state of t	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or   10a	A. A. Salaha	1.2	
		other basis Complete Part VI of Schedule D		(3)	
	b	Less accumulated depreciation		10c	The second section of the sect
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	523,528.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			高级。 理學等
abi		employees, highest compensated employees, and disqualified	<b>92.</b>	<i>₹</i>	
=	ļ	persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117, check here $ ightharpoonup X$ and		* \$ 72.79 \$	
ces		complete lines 27 through 29, and lines 33 and 34.	· · · · · · · · · · · · · · · · · · ·		Action 1941
an	27	Unrestricted net assets	977,109.	27	523,528.
Ba	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	977,109.	33	523,528.
	34	Total liabilities and net assets/fund balances		34	523,528.
	`		<u> </u>		Form <b>990</b> (2009)

Form **990** (2009)

		•
Form	990	(2009)

Page **12** 

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		3 13 \$4 20 .	1. c
	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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			,
	Schedule O.	-3	1	12.1
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		4	100
	issued on a consolidated basis, separate basis, or both:			100
	Separate basis Consolidated basis Both consolidated and separate basis			1
3а	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?	3a		Х
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.	3 b		
		Form	990	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		he organizatio		<del></del>					Employe	r identifica	tion number
GO	DD N		FUND, INC.								81516
Pa	rt I	Reason fo	or Public Cha	rity Status (All organ	izations m	ust comp	lete this	part.) Se	e instruc	ctions.	
The	orga	nization is no	ot a private four	ndation because it is (F	or lines 1	through 11,	, check or	nly one bo	x.)		
1	Ш	A church, c	onvention of ch	urches, or association	of churches	s described	ın sectio	n 170(b)(	(1)(A)(i).		
2		A school de	scribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (At	tach Sched	ule E.)					
3	Ш	A hospital of	or a cooperative	hospital service organ	ızation des	cribed ın <b>se</b>	ction 170	(b)(1)(A)	(iii).		
4		A medical	research organ	ization operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
			ame, city, and s								
5		An organiza	ation operated	for the benefit of a col	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in
				Complete Part II.)							
6				overnment or governme							
7	X			ally receives a substan		its support	t from a	governme	ental unit	or from t	he general public
	$\overline{}$			)(1)(A)(vi). (Complete F							
8	Н			ed in section 170(b)(1)							
9	Ш			ally receives: (1) more							
				ated to its exempt fun							
				tment income and un						511 tax)	from businesses
40				on after June 30, 1975							
10	H			and operated exclusive							
11	Ш			and operated exclus							
purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and											
				<u> </u>				-			/pe III - Other
a Type I b Type II c Type III - Functiona  e By checking this box, I certify that the organization is not controlled did  persons other than foundation managers and other than one or more public.					-	-					
persons other than foundation managers and other than one or more publicly supported org 509(a)(1) or section 509(a)(2).						o organiz	410115 40	scribed iii seelloii			
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III suppo						supporting					
	organization, check this box										
ç	1			s the organization acce			ibution fro	om any of	the		
		following pe		-				•			
		(i) A pers	on who directl	y or indirectly controls	s, either ale	one or tog	ether wit	h persor	s descrit	ped in (II)	Yes No
		and (iii)	) below, the gov	verning body of the sup	ported orga	anization?					11g(i)
		(ii) A famil	y member of a	person described in (i) a	above?						11g(ii)
		(iii) A 35%	controlled entit	y of a person described	d in (i) or (ii)	above?					11g(iii)
1	1	Provide the	following inform	nation about the suppo	rted organ	ization(s).					
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify		s the	(vii) Amount of
	orga	rganization		(described on lines 1-9 above or IRC section	governing	document?	ted in your   the organization in		organization in col		support
				(see instructions))			<del>                                     </del>	port?	· — —	S.?	
		<del></del>			Yes	No	Yes	No	Yes	No	
				<del> </del>			ļ				
			1								
						<u> </u>	1			<del>  </del>	<del></del>
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		<del> </del>	<del>  -</del> · · · · · · · · · · · · · · · · · ·				-				
	_								<del>                                     </del>		
			,				<u> </u>				<del></del>
Tot	al				1 A			>		, ,	
				<u> </u>	1 1	l			I		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you ched	ked the box or	n line 5, 7, or	of Part I.)	D)(1)(A)(IV) a	nu 170(b)(1)(A	)(VI) —————
	tion A. Public Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(O Tetal
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(6) 2008	(6) 2007	(a) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")	337,267	1,820,260	2,056,237	2,128,545	2,120,155	8,462,464
_	morade any diadaci grante / 1 1 1 1 1 1			J			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	:					
4	Total. Add lines 1 through 3	I	1,820,260	2,056,237.	2,128,545	2,120,155	8,462,464
5	The portion of total contributions by each	<b>建筑和水水水</b>	4. 地名沙漠曼		R MY STATE	NAME OF THE PERSON OF THE PERS	_
•	person (other than a governmental unit or					<b>是非洲</b>	
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	There with them a property	Marie Constitutes and			1 A ST 1	
6	Public support. Subtract line 5 from line 4		CONTRACTOR OF THE PARTY OF THE	STALL BEING	The Black Control	<b>建/跨新洲</b>	8,462,464
	tion B. Total Support	(-) 2005	/b) 2006	(-) 2007	(4) 2002	1-1-2000	(0. T. ) . I
	endar year (or fiscal year beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	337,267	1,820,260	2,056,237	2,128,545	2,120,155	8,462,464
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar			72 420	20 575	7 632	110 646
	sources			72,439	38,575.	7,632	118,646
9	Net income from unrelated business activities, whether or not the business is regularly carried on	:					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). ATCH. 1	572.					28,435
11	Total support. Add lines 7 through 10	#/JE 9/14	BUNCE WA		建筑地 独		8,609,545
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is organization, check this box and stop here	for the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section !	501(c)(3) ▶ X
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (					14	%
15	Public support percentage from 2008					15	%
16a	331/3% support test - 2009. If the	_			•		
	this box and stop here. The organization						
b	331/3% support test - 2008. If the						
	check this box and stop here. The or						
17a	10%-facts-and-circumstances test -	_					
	or more, and if the organization n					•	•
	Part IV how the organization meets			•	•		pported
	organization						🏲 🗀
D	10%-facts-and-circumstances test		_				
	15 is 10% or more, and if the organization in Part IV how the organization						-
	Explain in Part IV how the organia				-	•	
10	supported organization						
18	Private foundation. If the organizat						
	instructions			· · · · · · · · ·		Schedule A (Form 99	

Part III	Support	Schedul	le for Organizations	Described in Sec	tion 509(a)(2)
•	(Comple	te only if	f you checked the bo	x on line 9 of Part I	l.)

	ti a Buti O	d the box on t	inc o or r dict.	<del>/</del> _			
	tion A. Public Support	(-) 2005	#12000	(10007	1 4 9 9 9 9	(12000	
	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1							
	membership fees received (Do not include						
_	any "unusual grants ")			·			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						<del></del>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3					1	
	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	* * *	\$ 141 BY			The walk of the	
	line 6)		2. 1/2 (1.2)			3 47 A 47	
Sec	tion B. Total Support						
С	alendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar				İ		
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						· · · · · · · · · · · · · · · · · · ·
	activities not included in line 10b,					1	
	whether or not the business is regularly carried on					,	
12							
-	loss from the sale of capital assets				1		
	(Explain in Part IV)					1	
	Total support. (Add lines 9, 10c, 11,						
13	Total Support (Add lines 9, 100, 11, 1		ı	l	1		
13	* * * *			l			
13 14	and 12)	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c	)(3)
	and 12) First five years. If the Form 990 is for						
14	and 12)  First five years. If the Form 990 is for organization, check this box and stop here.	· · · · · · · · · · · · · · · · · · ·					
14 Sec	and 12)  First five years. If the Form 990 is for organization, check this box and stop here.	port Percenta	age				▶
14 Sec 15	and 12)  First five years. If the Form 990 is for organization, check this box and stop here ction C. Computation of Public Sup Public support percentage for 2009 (line 8)	port Percenta column (f) divide	age ed by line 13, colu	mn (f))		15	▶
14 Sec 15 16	and 12)  First five years. If the Form 990 is for organization, check this box and stop here ction C. Computation of Public Sup Public support percentage for 2009 (line 8)  Public support percentage from 2008 Sche	port Percenta column (f) divide dule A, Part III, Iir	age ed by line 13, colui	mn (f))			▶
14 Sec 15 16 Sec	and 12)  First five years. If the Form 990 is for organization, check this box and stop here. Stion C. Computation of Public Sup Public support percentage for 2009 (line 8) Public support percentage from 2008 Schestion D. Computation of Investment	port Percenta column (f) divide dule A, Part III, lir nt Income Per	age ed by line 13, colui ne 15 centage	nn (f))		15 16	<b>⊳</b> %
14 Sec 15 16 Sec 17	and 12)  First five years. If the Form 990 is for organization, check this box and stop here extion C. Computation of Public Sup Public support percentage for 2009 (line 8, Public support percentage from 2008 Scheetion D. Computation of Investmen Investment income percentage for 2009 (line)	port Percenta column (f) divide dule A, Part III, lir at Income Per ne 10c, column (	age ed by line 13, coluine 15 centage f) divided by line	mn (f))		15 16	▶ % %
14 Sec 15 16 Sec 17 18	and 12)  First five years. If the Form 990 is for organization, check this box and stop here extion C. Computation of Public Sup Public support percentage for 2009 (line 8) Public support percentage from 2008 Scheetion D. Computation of Investment Investment income percentage for 2009 (line Investment income percentage from 2008 Scheeting Investment income percentage from 2008 Scheeting Investment income percentage from 2008 Scheeting Investment income percentage from 2008 Scheeting Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Inves	port Percenta column (f) divide dule A, Part III, lin nt Income Per ne 10c, column ( Schedule A, Part	age ed by line 13, colume 15 centage f) divided by line III, line 17	mn (f))		15 16 17 18	% % %
14 Sec 15 16 Sec 17 18	and 12)  First five years. If the Form 990 is for organization, check this box and stop here extion C. Computation of Public Sup Public support percentage for 2009 (line 8) Public support percentage from 2008 Scheetion D. Computation of Investment Investment income percentage from 2009 (line) Investment income percentage from 2008 in 133 1/3% support tests - 2009. If the organization in the property is the property of the property in the property of the property is the property of the prop	port Percenta column (f) divide dule A, Part III, Irr nt Income Per ne 10c, column ( Schedule A, Part ganization did re	age ed by line 13, column 15 centage f) divided by line III, line 17 not check the bo	nn (f))	d line 15 is mor	15 16 17 18 e than 331/3%, ar	% % %
14 Sec 15 16 Sec 17 18 19a	and 12)  First five years. If the Form 990 is for organization, check this box and stop here extion C. Computation of Public Sup Public support percentage for 2009 (line 8) Public support percentage from 2008 Schection D. Computation of Investment Income percentage for 2009 (line Investment income percentage from 2008 is 33 1/3% support tests - 2009. If the oil 17 is not more than 33 1/3%, check the	port Percenta column (f) divide dule A, Part III, lin t Income Per ne 10c, column ( Schedule A, Part ganization did no nis box and sto	age ed by line 13, colume 15 centage f) divided by line III, line 17 to check the book phere. The org	nn (f))	d line 15 is mores as a publicly	15 16 17 18 re than 331/3%, ar supported organiza	% % % md line ation ▶
14 Sec 15 16 Sec 17 18 19a	and 12)  First five years. If the Form 990 is for organization, check this box and stop here extion C. Computation of Public Sup Public support percentage for 2009 (line 8) Public support percentage from 2008 Scheetion D. Computation of Investment Investment income percentage from 2009 (line) Investment income percentage from 2008 in 133 1/3% support tests - 2009. If the organization in the property is the property of the property in the property of the property is the property of the prop	port Percenta column (f) divide dule A, Part III, lin at Income Per ne 10c, column ( Schedule A, Part rganization did ro anization did not	age ed by line 13, colume 15 centage f) divided by line ill, line 17 not check the boop here. The org	nn (f))  13, column (f))  x on line 14, an anization qualifie line 14 or line 15	d line 15 is mores as a publicly	15 16 17 18 re than 331/3%, ar supported organiz s more than 331/3	% % % nd line ation ►

Page 4

Part IV		<b>nformation.</b> Com or 17b; or Part III,		•	•		,
						ATTACHMENT	1
SCHEDULE A	, PART II - OTHER	INCOME					
DESCRIPTIO	N	2005	2006	2007	2008	2009	TOTAL
INTEREST I	NCOME	572	27,863.				28,435.
TOTALS		572	27,863.				28,435

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Department of the Treasury

**Employer Identification number** 20-3181516

nd Assistand
General Information on Grants and Assista
rmation o
neral Info
Part I Ge

GOOD NEIGHBOR FUND, INC.

Name of the organization Internal Revenue Service

- å × Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part IV and Schedule I-1 (Form 990) if additional space is needed Part II

Part IV and Schedule I-1 (Form 990) if additional space is needed	aaol ir additi	onai space is n	eeded				
(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPSTONE							
NCOLN WICHITA, KA 67218	48-1177617	501(C)(3)	000,6				ADVOCACY FOR SURVIVO
HEARTSPRING							
WICHITA,	48-0561969	501(C)(3)	.000.				PROVIDE ASSISTANCE I
RONALD MCDONALD HOUSE CHARITIES							
1110 N EMPORIA WICHITA, KS 67214	48-0918101	501(C)(3)	10,000				PROVIDE AFFORDABLE H
MAKE A WISH FOUNDATION							
2016 N AMIDON WICHITA, KS 67203	48-0984820	501 (C) (3)	15,000.				MAKE WISHES TO 3 CHI
CAMP QUALITY USA, INC. DBA CAMP QUALITY KAN	1						
2617 N 75TH STREET	38-2208796	501 (C) (3)	10,000				CAMPING FOR CHILDREN
MARINE CORPS RESERVES TOY FOR TOTS							
	20-3021444	501(C)(3)	15,000				TOYS FOR CHILDREN
MEDICAL SERVICE BUREAU							
S 672	48-0891620	501(C)(3)	19,500				EYE EXAMS AND EYEGLA
PREGNANCY CRISIS CENTER OF WICHITA							
1040 N WEST STREET WICHITA, KS 67203	48-1008621	501(C)(3)	24,750				PROVIDE CHILDBIRTH A
YOUTHVILLE							
TH ST SOUTH SUITE 200	48-0543712	501(C)(3)	28,500.				PROVIDE SUPPLIES FOR
INTER-FAITH MINISTRIES WICHITA, INC	,						
829 N MARKET WICHITA, KS 67214	48-1247998	501(C)(3)	36,000.				PROVIDE FOOD AND COA
THE LORDS DINER	,						
	48-0543780	501(C)(3)	46,818				PROVIDE MEALS FOR TH
E C TYREE HEALTH AND DENTAL CLINIC				-	•		
1525 N. LORRAINE STREET WICHITA, KS 67214	37-1540007	501(C)(3)	57,300				PROVIDE DENTAL HEALT

Enter total number of section 501(c)(3) and government organizations 

Schedule I (Form 990) 2009

Schedule I (	schedule I (Form 990) 2009						Page
Part III	art III Grants and Other Assistance to Individuals	dividuals in the	ne United State	s. Complete if th	ne organization answered	s in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	/, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	990) if addition	nal space is ne	eded.			

		-			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			:		
Part IV Supplemental Information. Complete this part to provide the information required in Part	te this part to	provide the info	rmation required	, line 2,	and any other additional information.
PROCEDURES FOR MONITORING GRANT FU	FUNDS IN THE	E U.S.	   1   1   1   1   1   1   1		
SCHEDULE I, PART IV				1 1 1 4 9 1 1 1 1 1 1	
QUESTS ARE CAREFULLY SCR	SNED BY THE	BOARD.	AGENCIES MUST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Į.	1	FOR THE	FUNDS REQUESTED	ED. A	
FOLLOW-UP LETTER IS REQUIRED OF THE AGEN	HE AGENCIES	TO REPORT	HOW THE FUNDS	S WERE	
USED. RECEIPTS ARE REQUESTED WHEN	FUNDS ARE	APPROVED FOR	R THE PURCHASE	3E OF	
SPECIFIC ITEMS.					
 	]   				
	1				

Schedule I (Form 990) 2009

SCHEDULE I-1 (Form 990) Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

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54	
Z	
20	

2009

Open to Public Inspection

PROVIDE CRITICAL HEA Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance PROVIDE CLOTHING, HUNGER RELIEF Employer identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 20-3181516 (g) Description of non-cash assistance (d) Amount of cash grant (e) Amount of non-cash (book, FMV appraisal, other) 2,100,000 75,000 65,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)(3) 501 (C) (3) 501(C)(3) 48-0959213 48-0985922 48-0547688 NIB (Q) P O. BOX 8072 WICHITA, KS 67208-0072 (a) Name and address of organization or government 1919 E DOUGLAS WICHITA, KS 67211 245 N. WATER WICHITA, KS 67202 FUND, ASSISTANCE LEAGUE OF WICHITA UNITED WAY OF THE PLAINS GOOD NEIGHBOR Name of the organization KANSAS FOOD BANK Part 1

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Φ
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'n.

(A) Description of non-roch accidence	לון ספטבייטון טו ווטויקייטפטן מסטמיטפט										
(e) Method of valuation (hook	FMV, appraisal, other)										
Ited States (Schedule	non-cash assistance										
INITIALIZED IN THE UT	cash grant										
Assistance to inc	recipients										
Part Continuation of Grants and Other Assistance to Individuals in the United States (Schedule   (Form 990), Part III.)	(a) rype or gram or assistance										

JSA 9E1318 1000 93896J 701F 10/20/2010 10:02:09 A V 09-8.3

PAGE 21

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

▶ Attach to Form 990.



Department of the Treasury Internal Revenue Service

Name of the organization

GOOD NEIGHBOR FUND, INC.

Employer identification number

20-3181516

ATTACHMENT 2

**MEMBERS** 

PART VI, QUESTION 6

MEMBERS OF GOOD NEIGHBOR FUND, INC. ARE EMPLOYEES OF SPIRIT AEROSYSTEMS WHO HAVE MADE CONTRIBUTIONS THROUGH PAYROLL DEDUCTIONS.

VOTING

PART VI, QUESTION 7A

IN NOVEMBER AND DECEMBER OF EACH YEAR, GOOD NEIGHBOR FUND, INC. MEMBERS PARTICIPATE IN A NOMINATION/ELECTION PROCESS TO ELECT THE GOOD NEIGHBOR FUND, INC. BOARD MEMBERS.

AVAILABLE DOCUMENTS

PART VI, QUESTION 19

GOOD NEIGHBOR FUND, INC. DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

NO CEO/CFO POSITIONS

PART VI, QUESTION 15A AND 15B

THE ORGANIZATION DOES NOT EMPLOY A CEO OR CFO.

990 REVIEW

PART VI, QUESTION 11A

A COPY OF THE 990 AND ALL APPLICABLE SCHEDULES ARE PROVIDED

ELECTRONICALLY TO EACH BOARD MEMBER BEFORE FILING WITH THE IRS. THE

Name of the organization
GOOD NEIGHBOR FUND, INC.

Employer identification number 20-3181516

ATTACHMENT 2 (CONT'D)

TREASURER REVIEWS THE 990 RETURN AND ALL APPLICABLE SCHEDULES FOR ACCURACY BEFORE FILING WITH THE IRS.

CONFLICT OF INTEREST POLICY

PART VI, QUESTION 12C

THE CONFLICT OF INTEREST POLICY IS MONITORED THROUGH AN ANNUAL DISCLOSURE REQUIREMENT.

ATTACHMENT 3

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SUPPORT CHARITABLE ORGANIZATIONS AND PROGRAMS IN AND AROUND COMMUNITIES WHERE THE CORPORATION'S MEMBERS RESIDE AND WORK; AND PROMOTE SUCH OTHER CHARITABLE AND EDUCATION ENDEAVORS PERMITTED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED

FORM 990, PART VIII - INVEST	MENT INCOME		ATTACHMENT 4	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
MONEY MARKET INTEREST	4,582			4,582
CD INTEREST	3,051.			3,051
TOTALS	7,633.			7,633.

## Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

internal ricvende of	CIVICE .	<del></del>
,	ling for an Automatic 3-Month Extension, complete only Part I and check this box	<b>. </b>
	ling for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> (on page te Part II unless you have already been granted an automatic 3-month extension on a previous	
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation i	required to file Form 990-T and requesting an automatic 6-month extension - check this box	x and complete
Part I only		▶ □
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 ome tax returns	04 to request an extension of
one of the relectronically in returns, or a continuous	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autor turns noted below (6 months for a corporation required to file Form 990-T). However f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 9 composite or consolidated From 990-T. Instead, you must submit the fully completed and see details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Ch	y, you cannot file Form 8868 90-BL, 6069, or 8870, group signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	GOOD NEIGHBOR FUND, INC.	20-3181516
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	
due date for	3801 S OLIVER	
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
instructions	WICHITA, KS 67210-7730	
Check type o	f return to be filed (file a separate application for each return)	
X Form 990		4720
Form 990	P-BL Form 990-T (sec 401(a) or 408(a) trust) Form	5227
Form 990	Form 990-T (trust other than above)	6069
Form 990	-PF Form 1041-A Form	8870
<ul><li>If the organ</li><li>If this is for</li></ul>	No ▶ 316 526-2651  FAX No ▶  mization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  group, check this box · ▶ ☐ If it is for part of the group, check this box · ▶ ☐ and	
	Ns of all members the extension will cover	
until for the o	st an automatic 3-month (6 months for a corporation required to file Form $08/15$ , $2010$ , to file the exempt organization return for the organization real regardance of the calendar year $2009$ or tax year beginning, and ending	
2 If this tax	year is for less than 12 months, check reason Initial return Final return	Change in accounting period
3a If this ag	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess any
	idable credits. See instructions	3a \$
<b>b</b> If this ap	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	lyments
	clude any prior year overpayment allowed as a credit	3b \$
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	deposit
with FT	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	deposit
instructio	ons	3c \$
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	and Form 8879-EO
for payment in	nstructions	
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

Form 8868 (Re	ev. 4.2009)				Page <b>2</b>		
	re filing for an Additional (Not Automatic) 3-Month Extension, complete onl	v Part II a	nd check this hov				
	y complete Part II if you have already been granted an automatic 3-month ex						
	re filing for an Automatic 3-Month Extension, complete only Part I (on page		ii a previously filed	7 011	11 0000		
	Additional (Not Automatic) 3-Month Extension of Time. Only		original (no con	100	noodod)		
T CULTU	Name of Exempt Organization	1110 the t	Employer identifi				
Type or	GOOD NEIGHBOR FUND, INC.	16					
print	Number, street, and room or suite no. If a P.O. box, see instructions						
File by the extended	3801 S OLIVER		For IRS use only				
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions	AND THE PARTY		200			
return See	WICHITA, KS 67210-7730						
Charletons		THE COLUMN THE PROPERTY	120	A A STATE OF	2000年11月		
T.,	ne of return to be filed (File a separate application for each return)  m 990  Form 990-PF		E 1011 A	ſ	75		
<b>├</b> ─┤ ' Ŭ''		$\mathbb{H}$	Form 1041-A	-	Form 6069		
h(		$\vdash$	Form 4720	L	Form 8870		
<del></del>	m 990-EZ Form 990-T (Irust other than above) not complete Part II if you were not already granted an automatic 3-mo		Form 5227		61-d F 0000		
	oks are in the care of   JOSEPH O ONIJALA	mui exter	ision on a previo	usiy	med Form 8888.		
	216 526 2651				_		
		-11-41	L				
	ganization does not have an office or place of business in the United States,						
	for a Group Return, enter the organization's four digit Group Exemption Number			his is	<b>;</b>		
	nole group, check this box ▶ If it is for part of the group, check thi e names and EINs of all members the extension is for	s box	. ► and attac	ch a			
					<del></del>		
	uest an additional 3-month extension of time until $\frac{11/15/2010}{2009}$ , or other tax year beginning			_			
		and en and en					
	s tax year is for less than 12 months, check reason Initial return e in detail why you need the extensionADDITIONAL_TIME_IS_REQU		TO ACCUMULAT	e m ៖	accounting period		
	NECESSARY INFORMATION FOR THE FILING OF A COMPLET		TO ACCOMODAT				
	URATE TAX RETURN.	- 71110					
					<u></u>		
Ra If the	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter th	o tontativ	o tax loss any	П			
	refundable credits. See instructions	e temativ	e lax, less ally	8a	•		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.						
	ince Due. Subtract line 8b from line 8a Include your payment with this form	n or if ro	aurod doposit	86	\$ 0.		
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		•	8c	•		
			see manuchons	[OC]	<u> </u>		
Under nenal	Signature and Verificatio llies of perjury, I declare that I have examined this form, including accompanying schedules a		nts and to the best of	d mu	knowledge and heliof		
	rect, and complete, and that I am authorized to prepare this form	and stateme	ins, and to the best t	y	knowledge and belief,		
Signature >	. Simbling CIM Title ▶ CPA		Date	_ (	08/06/2010		
	GRANT THORNTON LLP; ATTN: M.L. WHEELER		Date	_	<del></del>		
	8300 THORN DR STE 300			roin	n <b>8868</b> (Rev 4-2009)		
	WICHITA KS 67226-2708						