

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 1534 04/24/2010 Form

SCANNED JUN 2 8 2010

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other than officer) is based on all information of the complete Declaration of preparer (other													
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Termation   Annered relum   Annered relum   Annered relum   For the part of			16-263-0248										
Manesded return   Most.   Wichita   KS 67214-3591													
Tax-exempt status		<b>G</b> Gross r	eceipts \$ 422,201										
Barbara Addison same as C above    Taxe exempt status   X  501(c) (3)	-	┥											
Tax-exempt status		H(a) Is t	his a group return for										
Tax-exempt status			liates? Yes X No										
Website: N / A   K Type dragnazialin   X   Corporation   Trust   Association   Other   L Year of the Tear of the			luded? Yes No										
Website: N / A   K Type dragnazialin   X   Corporation   Trust   Association   Other   L Year of the Tear of the			No," attach a list (see instructions)										
Website: N / A   K Type dragnazialin   X   Corporation   Trust   Association   Other   L Year of the Tear of the													
Type of organization   X   Corporation   Trust   Association   Other   L Year of		H(c) Gro	oup exemption number										
Part   Summary	formation		M State of legal domicile										
1 Briefly describe the organization's mission or most significant activities  The foundation provides a grant of income to the First Presbyterian Church of Wichita.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of employees (Part V, line 2a)  6 Total number of employees (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total gross unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through   TrimustagualPartVIII; column (A), line 12)  12 Total revenue—add lines 8 through   TrimustagualPartVIII; column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), line 4)  16 Barodessional fundraising expenses (Part IX, column (A), line 2b)  17 Other expenses (Part IX, column (A), line 2b)  18 Total expenses (Part IX, column (A), line 2b)  19 Revenue less expenses Subtract line 18 from line 12  Bagilian  19 Total inabilities (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature of lines of penyin, I declare that I have examined this return, including accompanying schedules and state and belef, it is the performance of penyaer (where than officer) is based on all information of the penyaer is supported.  10 Total liabilities (Part X, line 26)  23 A N Ridge Rd Ste B  34 Basby Ford & Reimer, LLC  15 34 N Ridge Rd Ste	iormadon		W State of legal conficie										
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12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), line 12)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A) lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of the perparer's signature  Paid  Preparer's  Use Only  Firm's name (or yours if self-employed), address, and ZIP+4  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	9 Program service revenue (Part VIII, line 2g)												
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12 Total revenue – add lines 8 through T (must.equal:Part.Villt.column (A). line 12)  13 Grants and similar amounts paid (Part IX, column (A). line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II  Signature Block  Preparer's signature  Paid  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Wichita, KS 67212-6577  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.													
13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of Signature officer  Type or print name and title  Paid  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Wichita, KS 67212-6577  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	25	54,508	193,433										
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), line 11e)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer is based o		34,300 86,886											
15 Salaries, other compensation, employee benefits (Part IX, column (A) lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A) lines 11a-11d-11d-11d-11d-11d-11d-11d-11d-11d-													
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of the column o													
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17 Other expenses (Part IX, column (A) lines 11a-11d 11f-24f 11 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of the preparer's Signature of perjury and complete Declaration of preparer (other than officer) is based on all information of the preparer's Signature of perjury and complete Declaration of preparer (other than officer) is based on all information of the preparer's Signature of perjury and complete Declaration of preparer (other than officer) is based on all information of the preparer's Signature of perjury and complete Declaration of preparer (other than officer) is based on all information of the preparer's Signature of perjury and complete Declaration of preparer (other than officer) is based on all information of the preparer's Signature of perjury and complete Declaration of preparer (other than officer) is based on all information of the preparer's Signature of perjury and complete Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than offic													
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19 Revenue less expenses Subtract line 18 from line 12  Begi 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of Signature of Officer  Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  My chita, KS 67212-6577  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	10	90,07											
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Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of the control of		Current Year	End of Year										
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of the control of		41,289											
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of the control of	<u> </u>	<del>1</del> 1,20.	3,234,133										
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of the control of	2 24	41 200	2 254 122										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of the control of the contro	3,24	41,289	9 3,254,133										
Sign Here  Paid Preparer's Use Only  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.													
Sign Here  Signature of officer  Type or print name and title  Preparer's signature  Firm's name (or yours if self-employed). address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	ements and	nd to the bes	st of my knowledge										
Paid Preparer's Signature Of John Signature Of J	or which pre	reparer nas a	any knowledge										
Paid Preparer's Signature Of John Signature Of J			5/10/2011)										
Paid Preparer's Signature Prim's name (or yours if self-employed). address. and ZIP + 4 Wichita, KS 67212-6577  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Da	ate										
Preparer's signature Preparer'													
Preparer's signature  Preparer's Signature  Preparer's Signature  Firm's name (or yours if self-employed). address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	<del></del> -												
Preparer's signature 04/28/1  Preparer's Use Only Firm's name (or yours if self-employed). address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Preparer's identifying number										
Preparer's Use Only  Firm's name (or yours if self-employed). address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	id Preparer's signature 04/28/10 self-employe												
Use Only   Firm's name (or yours if self-employed).   Address, and ZIP + 4   S34 N Ridge Rd Ste B   Wichita, KS 67212-6577     May the IRS discuss this return with the preparer shown above? (see instructions)   For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.													
May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		EIN	▶ 48-1193524										
May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.													
May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Phon	► 316-945-1500										
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		no	7.1										
DAA			Form <b>990</b> (2009										

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

177,252

Pa	art 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)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
-	Schedule C, Part II	4		Χ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? 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	Ť	-	
·	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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		Х
•	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		9		Х
40	complete Schedule D, Part IV	3		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
		10	- / \	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		Х
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	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	1		
_	Did the organization report an amount for other assets related 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			ļ
	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12Δ	Was the organization included in consolidated, independent audited financial statements 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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Part I	14b		Χ
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? If "Yes," complete Schedule F, Part II	15		Χ
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? If "Yes," complete Schedule F, Part III	16		Χ
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? 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		X
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		_ X _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Forn	990	(2009)

Pa	artiv Checklist of Required Schedules (Continued)	<del></del>		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24	Х	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	$\stackrel{\frown}{-}$	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		Χ
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
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	23		Х
	employees? If "Yes," complete Schedule J	23_		
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? If "Yes," answer lines	24a		Х
L	24b through 24d and complete Schedule K. If "No," go to line 25	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
þ	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		Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<del></del>
	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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u> </u>		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	.	Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
ŭ	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	.	Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
_	Schedule N, Part II	32		Χ_
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? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	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	36		<u>X</u>
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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
-	19? Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>
		Forn	agn	(2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
4.	Fig. 11				Yes	No
Ίа	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	10	1		ŀ	
<b>L</b>	U.S. Information Returns. Enter -0- if not applicable	1a 1b	0			
	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 report	$\overline{}$	0		ŀ	
С	gaming (gambling) winnings to prize winners?	labic		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
Lu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	$\overline{}$	<u> </u>	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	٧				
	this return?	•		3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial			:	
	account)?			4a	j	_X
b	If "Yes," enter the name of the foreign country		ı			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	٦?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?		ļ	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		;			
	organization solicit any contributions that were not tax deductible?			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_		
	Organizations that may receive deductible contributions under section 170(c).			ļ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds		_		v
_	and services provided to the payor?			7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		}	7b	$\rightarrow$	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		Х
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		_^_
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person		<del></del>	- 1	ŀ	
·	benefit contract?	Oriui		7e		Χ
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?		ľ	7g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h	Ì	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				[	
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		_
	Section 501(c)(7) organizations. Enter:	ı i				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			ĺ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter	11				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	40.			1	
2-	amounts due or received from them )	11b		42-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-	1 1	}	12a	+	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Sec	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 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ĺ
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
ь	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			
•	the year by the following			•
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			<b></b>
	venue Code.)			
110	Chiao Godo.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	111		
b	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	1332		
••	form?	11		Х
110	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<del></del>	_	
11a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		<u> </u>
b		12b		ŀ
	rise to conflicts?	120	_	<del>                                     </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this is done	13		V
13	Does the organization have a written whistleblower policy?		_	X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	145-		,
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		
	with a taxable entity during the year?	16a	-	<u>X</u>
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?	16b		<u> </u>
Sec	tion 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 ▶ Jane McHugh 525 N. Broadway			
1	Wichita KS 67214-3591 3	16-26	3-0	248

# 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.

(A)	(B)	T	uny (		C)		, unc	(D)	(E)	(F)
(A) Name and Title	Average	Pos	ition (			that a	pply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
All directors add	ress:					<u> </u>		0	0	
525 N. Broadway								0	0	0
Wichita, KS 6721	4-3591	1						0	0	
Barbara Addison President		Х		Х				0	0	(
Roger Eastwood Vice Pres.		Х		Х				0	0	(
Bob Carriker Secretary		X		Х				0	0	(
Jane McHugh Treasurer	2.00	X		Х				0	0	(
Phil Michel Director		X						0	0	(
John Garrison Director		X						0	0	(
Karen Wedel Director		X						0	0	(
		_								
		$\vdash$	<del> </del>						<u> </u>	

48	_	Λ.	6	9	6	5	U	9

Par	t VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)			
	(A) Name and Title	(B) Average hours per	Pos	ition (		C) k all t	hat a	oply)	(D) Reportable	(E) Reportable		(F) stimate	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor f or ar	amount of other compensation from the organization and related organizations	
													·
													<del></del>
		_											
												_	
					L								
	Total							<u> </u>					
	Total number of individuals (inc reportable compensation from t				ose	listed	abo	ve)	who received more than \$10	00,000 in			
	Did the organization list any <b>for</b> employee on line 1a? If "Yes," o								ee, or highest compensated		Γ	3	res No X
4	Employee of line Tazil Tes, to For any individual listed on line the organization and related org	1a, is the sum of	repo	ortab	le co	mpe	nsat	ion a	and other compensation from	m ich			
5	individual Did any person listed on line 1a services rendered to the organi											5	X
	ion B. Independent Contracto		00111	J.0.0	0011	ouu.	0 0 10	, 00	ion percon	. ==		<u>-                                    </u>	<del></del>
	Complete this table for your five compensation from the organiz	ation	sate	d inc	lepe	nder	nt cor	ntrac					
	Name and	(A) business address							Descrip	(B) lion of services		Comp	(C) pensation
		<u> </u>		_		<u>-</u>						_	
													<del> </del>
	<del></del>							_	*				
	Total number of independent compressions than \$100,000 in compensions.		_				to th	ose	listed above) who received			0	
DAA											<u> </u>		990 (2009)

Pa	irt V	III Statement of Reve	enue					
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	1a					
ran	ь	Membership dues	1b					
g,E	c	Fundraising events	1c					
jfts ar a	ď	Related organizations	1d	-				
s, mis	۵	Government grants (contributions)	1e					
ion	f	All other contributions, gifts, grants,	-"					
he	'	and similar amounts not included above	1f	185,623				
ĒŽ		Noncash contributions included in lines 1a						
äč	g h		-11 4	, •	185,623			
Program Service Revenue Contributions, gifts, grants		Total. Add lines 1a-11		Busn. Code	103,023	<del></del>		
nue	2a			Busii. Code		<del>"</del> .		
ě	2d							
Se	b						,	
Ž	C				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>		<u>.                                    </u>
Š	d				-	<del></del>		
Jran	e	A.H H						!
ညိ	T	All other program service reve	nue	<u> </u>				<u> </u>
<u> </u>	9							
	3	Investment income (including of	iiviaena	s, merest, and	68,266			68,266
		other similar amounts)			00,200	<del></del>		00,200
	4	Income from investment of tax	-exempt	bond proceeds				
	5	Royalties	—т	(v) Demond				· <del></del>
	_	(i) Real		(II) Personal				
	6a	Gross Rents						
	b	Less rental exps		<u></u>				
	С	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from (4) Securities		<u> </u>				
	, .	sales of assets		(ii) Other				
		other than inventory 67	,225	101,167				
	b	Less cost or other						
			, 655	159,193				
	С	· · · · · · · · · · · · · · · · · · ·	,430	-58,026				
	d	Net gain or (loss)	г	<u> </u>	-60,456			-60,456
en	8a	Gross income from fundraising eve	nts					
nue		(not including \$						
ě		of contributions reported on line 1c)	)					
Other Reven		See Part IV, line 18	a					
Ę		Less direct expenses	ьſ					
•		Net income or (loss) from fund	· · ·	events				<u> </u>
	9a	Gross income from gaming activities	s					
		See Part IV, line 19	a					
	b	Less direct expenses	þ			- ·		
	С	Net income or (loss) from gam	ing activ	rities 🕨				
	10a	Gross sales of inventory, less						
		returns and allowances	a		i			
	b	Less cost of goods sold	bĮ					
	С	Net income or (loss) from sale:	s of inve	entory				
		Miscellaneous Revenue	e	Busn. Code		-		
	11a							
	b				L			
	С					<del> </del>		
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>•</b>				
	12	Total Revenue. See instructio	ns	<u> </u>	193,433	0	0	7,810

Form 990 (2009)

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### Statement of Functional Expenses Part IX

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).

		, , , , , , , , , , , , , , , , , , ,	- (B)	(C)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	177,252	177,252		
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,		İ	İ	
	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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				···
b	Legal				
	Accounting	2,020		2,020	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses	53		53	
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		2.00		
23	Insurance	1,129		1,129	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			]	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Supplies	95		95	
b	Other taxes	40		40	
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	180,589	177,252	3 <b>,</b> 337	
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
ĀĀ			· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2009)

Part >	( Balance Sheet		
		(A)	(B)
		Beginning of year	End of year
1	Cash—non-interest bearing	12,715 1	
2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Receivables from current and former officers, directors, trustees, key		
	employees, and highest compensated employees. Complete Part II of		
	Schedule L	5	
6	Receivables from other disqualified persons (as defined under section		
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		
١	Part II of Schedule L	6	
7 8	Notes and loans receivable, net	7	'
8   8	Inventories for sale or use	8	<u> </u>
<sup>[</sup> 9	Prepaid expenses and deferred charges	9	
10a	Land, buildings, and equipment cost or		
	other basis Complete Part VI of Schedule D		
ь	Less accumulated depreciation 10b	10	
11	Investments—publicly traded securities	3,228,574 1·	1 2,980,880
12	Investments—other securities See Part IV, line 11	12	2
13	Investments—program-related See Part IV, line 11	1;	3
14	Intangible assets	14	4
15	Other assets See Part IV, line 11	1:	5
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,241,289 10	3,254,133
17	Accounts payable and accrued expenses	17	7
18	Grants payable	11	8
19	Deferred revenue	19	9
20	Tax-exempt bond liabilities	20	0
	Escrow or custodial account liability Complete Part IV of Schedule D	2.	1
21 22 28 29	Payables to current and former officers, directors, trustees, key		
<u> </u>	employees, highest compensated employees, and disqualified	•	
<u> </u>	persons Complete Part II of Schedule L	22	2
23		2:	3
24	Unsecured notes and loans payable to unrelated third parties	24	4
25	Other liabilities Complete Part X of Schedule D	2:	5
26	Total liabilities. Add lines 17 through 25	26	6
$\neg$	Organizations that follow SFAS 117, check here ▶ and		
ָנִי כ	complete lines 27 through 29, and lines 33 and 34.		
E   27	Unrestricted net assets	27	7
27 28	Temporarily restricted net assets	28	
2 29	Permanently restricted net assets	29	
<u> </u>	Organizations that do not follow SFAS 117, check here ▶ X		
<u>-</u>	and complete lines 30 through 34.	İ	
5   n   30	Capital stock or trust principal, or current funds	30	n
31	Paid-in or capital surplus, or land, building, or equipment fund	3,176,859 3	
29 30 31 32 33 34	Retained earnings, endowment, accumulated income, or other funds	64,430 3	0 0 5 4 4 0 0
[   <sup>34</sup>		3,241,289 3	0 054 400
ੜ   33	Total net assets or fund balances		

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990 X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ					
b	b Were the organization's financial statements audited by an independent accountant?							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	i						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ					
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both							
	X Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		X				
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	3b						
		Forn	1 <b>990</b>	(2009)				

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

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

First Presbyterian Wichita

Employer identification number

			Foundation,	inc.					48	-069	6509
Р	art I	Reas	on for Public Charity S	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons
ſhe	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box )					
1	Ň			ciation of churches described in			A)(i).				
2		A school des	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E)							
3	H			e organization described in secti	on 170(b)	(1)(A)(iii)	_				
4	H	•	•	ın conjunction with a hospital de				(A)(iii).	Enter th	ne hospit	tal's name.
7		city, and state	•	55.,5				,,,,,,,,,			,
5	$\Box$	•		a college or university owned or	onerated	hy a nove	ernments	al unit de	scribed	l in	
9	Ш	•	•		operated	by a gove	SITHITICING	ar drint de	3011000		
_			b)(1)(A)(iv). (Complete Part I		diam 470/	LV4VAV.					
6	$\vdash$			vernmental unit described in sec				_ 41		. In I. a	
7		-		ubstantial part of its support from	i a govern	mentai un	iit or iron	n the ge	nerai pu	iblic	
			section 170(b)(1)(A)(vi). (Co								
8	Щ	•		'0(b)(1)(A)(vi). (Complete Part II							
9		•	•	more than 33 1/3 % of its support							
				t functions—subject to certain e						fits	
				l unrelated business taxable inco			11 tax) fr	om busi	nesses		
	_	acquired by tl	he organization after June 30	, 1975 See section 509(a)(2). (	Complete	Part III)					
10		•	•	clusively to test for public safety							
11	X	_	_	cclusively for the benefit of, to pe							
		purposes of o	one or more publicly supported	d organizations described in sec	tion 509(a	)(1) or se	ction 509	9(a)(2) S	See <b>sec</b>	tion	
		509(a)(3). Ch	eck the box that describes the	e type of supporting organizatior	and com	plete lines	11e thr	ough 11	h		
		a X Type	el <b>b</b> Typell	c Type III–Functiona	ally integra	ited	d	Тур	e III–Ot	her	
е	X	By checking t	this box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	disqual	ıfied		
	_	persons other	r than foundation managers a	nd other than one or more public	cly suppor	ted organ	zations	describe	ed in sec	ction	
			section 509(a)(2)								
f				mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	ıg		
•			check this box						_		
		_		on accepted any gift or contributi	on from a	nv of the					L
g		following per	· ·			.,					
				itrols, either alone or together wi	th nersons	describe	ed in (ii)				Yes No
			below, the governing body of		iii personi	doscinoc	(,				11g(i) X
											11g(u) X
		. ,	member of a person describe								11g(iii) X
		` '	controlled entity of a person de	., .,							119(11)/
<u>h</u>			following information about the		7.34.4		4454		()	10 4b 0	(!) A
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization sted in your		ou notify	organizat	is the	(vii) Amount of support
	Oig	amzation		above or IRC section	1	document?	∞l (i)	of your	(ı) organı	zed in the	
				(see instructions))	-	T		oort?	<del>                                     </del>	\$?   N=	
_					Yes	No	Yes	No	Yes	No	
Ŀ.	ırs	t Prest	yterian Church	_			, <i>,</i>	i	,,		177 050
			48-0547842	1	X_		Х		X		177,252
						i i					
									ļ		
					<u> </u>	<u> </u>					
		_	_			<u></u>				<u> </u>	
											=
							l				
			1		1	1	1	I	1		177 252

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2009

(d) 2008

(b) 2006

(c) 2007

(f) Total

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

(a) 2005

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1				
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
С	Add lines 7a and 7b			+			-+		
8	Public support (Subtract line 7c from line 6)								
	tion B. Total Support	1 1 2005	4.2000	(-) 0007	(4) 2000	(=) 2000	-	(f) Total	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	-	(f) Total	_
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								_
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fou	rth, or fifth tax year	as a section 501(c)	(3)		•	
Sec	tion C. Computation of Public Su		age						_
15	Public support percentage for 2009 (line 8,			ı (f))			15	0	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	e 15				16		%
Sec	tion D. Computation of Investmen	nt Income Perc	centage						
17	Investment income percentage for 2009 (lin			column (f))			17		%_
18	Investment income percentage from 2008	Schedule A, Part II	I, line 17			L	18	0	%
19a	33 1/3 % support tests—2009. If the orga								
	17 is not more than 33 1/3 %, check this bo							•	
b	33 1/3 % support tests—2008. If the orga	nization did not che	eck a box on line 1	4 or line 19a, and li	ne 16 is more than	33 1/3 %, and			_
	line 18 is not more than 33 1/3 %, check th							<b>&gt;</b>	
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box			<u></u>	· · · · · · · · · ·	Ц
DAA					Sc	hedule A (For	m 990	or 990-EZ) 20	09

Schedule A (Form 990 or 990-EZ) 2009 First Presbyterian Wichita

48-0696509

Page 4

**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. Provide any other additional information. See instructions

# 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

Open to Public Inspection

	e of the organization		Employe	r identification number
	irst Presbyterian Wichita		40 0	COCEOO
	oundation, Inc.			696509
Pa	art I Organizations Maintaining Donor Advised Fund the organization answered "Yes" to Form 990, P		counts.	Complete if
	the organization answered res to Form 990, F			
		(a) Donor advised funds	(a)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			·····
4	Aggregate value at end of year			<del></del>
5	Did the organization inform all donors and donor advisors in writing that the			n. n.
	funds are the organization's property, subject to the organization's exclus	•		∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in wr			
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other		
_	purpose conferring impermissible private benefit?	167/ 11/ 5		Yes No
	art II Conservation Easements. Complete if the organ		990, Pa	in iv, line /
1	Purpose(s) of conservation easements held by the organization (check al	. 7		
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo		area
	Protection of natural habitat	Preservation of certified historic str	ucture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservati	on	
	easement on the last day of the tax year			
			-	Held at the End of the Tax Year
а	Total number of conservation easements		2a_	
b	· ·		2b	
С	Number of conservation easements on a certified historic structure includ		2c	<u></u>
d	Number of conservation easements included in (c) acquired after 8/17/06		2d	<del></del>
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during	
	the taxable year ►			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		n n
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	P			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	iservation easements during the year		
	<b>S</b>			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		V   N-
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes ↓
9	In Part XIV, describe how the organization reports conservation easemen			
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for consequence assembles.	ganization's ilinancial statements that descri	bes	
De	the organization's accounting for conservation easements  art III Organizations Maintaining Collections of Art, H	listorical Treasures or Other Sir	nilar Ac	eate
Pa	art III Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to		iiiiai As	935t3.
40	If the organization elected, as permitted under SFAS 116, not to report in		orke of	
Ia	art, historical treasures, or other similar assets held for public exhibition, e			<b>1</b>
	provide, in Part XIV, the text of the footnote to its financial statements that			•
h	If the organization elected, as permitted under SFAS 116, to report in its r		s of art	
	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items	action, or research in farther arrest or public o		
	(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 of	her similar assets for financial dain, provide	the	·
2	following amounts required to be reported under SFAS 116 relating to the			
_	Revenues included in Form 990, Part VIII, line 1	ac iona	<b>&gt;</b>	\$
a h	Assets included in Form 990, Part X		-	*
b	Assets included in Form 550, Fait A			<u> </u>

Sche		byterian wic		<del>, , , , , , , , , , , , , , , , , , , </del>	96509	Page 2
_Pa	rt III Organizations Maintaining C					(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a significant	use of its	
а	Public exhibition	d Loan o	or exchange program	s		
b	Scholarly research	e Other				
С	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	ctions and explain how the	ey further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, his maintained as part of the	torical treasures, or eorganization's colle	other similar ction?		☐ Yes ☐ No
Pa	rt IV Escrow and Custodial Arran				Yes" to Form 99	
	IV, line 9, or reported an amo	_	_			
1a	Is the organization an agent, trustee, custodian			assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following ta	able			
	-					Amount
c	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form	990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Complet	e if organization an	swered "Yes" to	Form 990, Part	IV, line 10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,241,289	3,176,858			
b	Contributions	185,623	234,376			
С	Net investment earnings, gains,					
	and losses	7,810	20,132			
d	Grants or scholarships	177,252	186,886			
e	Other expenditures for facilities					
	and programs					
f	Administrative expenses	3,337	3,191			
g	End of year balance	3,254,133	3,241,289			
2	Provide the estimated percentage of the year en	d balance held as				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ► _100.00 %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization that	are held and admini	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(ı) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(II), are the related organizations lis	ted as required on Schedi	ule R?			3b
4	Describe in Part XIV the intended uses of the or	ganization's endowment fu	unds			
_Pa	rt VI Investments—Land, Buildin	gs, and Equipment.	See Form 990,			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other		cumulated reciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
	Equipment					
	Other					
	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colum	nn (B), line 10(c))		<b>•</b>	

Schedule D (Form 990) 2009 First Presbyterian Wic	chita	48-0696509	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	r market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (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
	·		
Total. (Column (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
			<del>-</del>
	· · · · · · · · · · · · · · · · · · ·		
			,
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25			
1 (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	-		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiz	ation's financial statement	s that reports the	
organization's liability for uncertain tax positions under FIN 48		·	

Sche	dule D (Form 990) 2009 First Presbyterian Wichita		48-069650		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	· · · · · · · · · · · · · · · · · · ·
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	4 . 104	71. D	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts vv	ith Revenue per Ret		
1	Total revenue, gains, and other support per audited financial statements			1	<del>-</del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		łi	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		ا ۱	
9	Add lines 2a through 2d			2e 3	
3	Subtract line 2e from line 1	)		•	<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	42			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		i	
	Other (Describe in Part XIV )	40		4c	
_	Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
5 Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per R	_	
1	Total expenses and losses per audited financial statements		The Laborator Post of	1	
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	,	1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV )	2d		1	
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV )	4b		1	
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				
	olete 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		
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines				
	art to provide any additional information				
	art XIV - Supplemental Financial Information	n			
	art <u>V, Line 4 - Intended uses for Endowment</u>		d <u>s</u>		
_T]	ne_only_foundation_program_is_to_provide_a_o	<u>gran</u>	t_o <u>f incom</u> e_t	<u>o</u> <u>t</u>	h <u>e</u>
F	irst Presbyterian Church of Wichita, KS				
					<b></b>

Schedule D (Fo	orm 990) <u>2009                                  </u>	<u>t Presbyterian Wichita</u>	48-0696509	Page <b>5</b>
Part XIV	Supplemental Infor	t Presbyterian Wichita mation (continued)		
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1534 04/28/2010	SCHEDULE I (Form 990)

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

OMB No 1545-0047	2009	Open to Public Inspection

.⊗ .%

☐ Yes Employer identification number 48-0696509 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. General Information on Grants and Assistance First Presbyterian Wichita the selection criteria used to award the grants or assistance? Inc. Foundation, Department of the Treasury Internal Revenue Service Name of the organization Part I

Part II Grante and Other Assistance to Go	Overnments and	Organ	izations in the IIr	ited States Com	nlete if the ord	anization and	Wered "Yes" to
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 Part IV and Schedule I-1 (Form 990) if additional space is needed	recipient that re 0) if additional s	ceived is	ceived more than \$5,000 pace is needed	. Check this box i	f no one recipi	ent received	more than \$5,000. Use
1 (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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Pres. Church of Wichita 525 N. Broadway Wichita	48-0547842	m	177,252				General operation
							3.2
2 Enter total number of section 501(c)(3) and government organizations	organizations						

3 Enter total number of other organizations

Schedule I (Form 990) 2009

Schedule I (F	Schedule (Form 990) 2009 First Presbyterian Wichita	rerian Wichit		48-0696509		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Com Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Individuals in the (Form 990) if addition	• United States. Con onal space is needed	nplete if the organiza	Inited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 al space is needed.	
)	(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)	(e) Method of valuation (book, FMV, appraisal, other)
						•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to	provide the informati	ion required in Part I,	line 2, and any other addi	tional information

1534 04/28/2010

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

First Presbyterian Wichita Foundation, Inc.

Employer identification number 48-0696509

Form 990, Part VI, Line 7a - Election of Members and Their Rights Board members nominated and elected by existing members.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public