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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 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_					are to use a copy or this retarn to t						
	For the	<u>e 2009 calen</u>	dar year,	or tax year beginning	, 20	009, and endin	ıg		·		
В	Check if	applicable		C			D E	nployer Id	lentification Nu	mber	
	\Box		Piease use	, כסבאיד סדאדאוכ יו	ECHNOLOGY CENTER		-	3-110	10752		
	HAGG	lress change	IRS label or print								
	☐ Nan	ne change	or type.	FOUNDATION, IN			E T6	elephone n	umber		
	Initi	al return	See specific	4500 W LEE BLV			5	80-2	50-5603		
	Terr	mination	Instruc- tions.	LAWTON, OK 735	005						
	\vdash		uons.	ľ			1_			244 1	111
	⊢ Ame	ended return	<u> </u>					oss receip		<u>244, 1</u>	
	L App	dication pending	F Name	and address of principal officer			H(a) Is this a group		<u> </u>	Yes	Х
			Same 2	As C Above			H(b) Are all affiliate			Yes	No
1	Tax-	exempt statu			t no.) 4947(a)(1) or	527	If 'No,' attach	a list (see	instructions)		
÷				<u>(c) (3) (mscr</u>	(110.)				_		
<u> </u>						r	H(c) Group exempt			-	
<u>K</u>		of org anization	Corpor	ation Trust Assoc	iation Other ►	L Year of Format	tion	M State	of legal domicile	e	
Pa	art I	Summa	ary								
· <u>·</u>	1 E	Briefly descri	be the or	ganization's mission or	most significant activities:	THE FOUN	DATION PRO	OVIDE	D TUITIO	ON AN	D
					NCY GRANTS TO ARE						
<u>မ</u> ိ	-	<u> </u>	TIATUR	SUTED OV FARRAGE	ICT GEGIND TO UT	₩_^^_ T#CT	1_010551170				
∬ Activities & Governance	í –									 -	
ē	-			- – – – – – – – – .							
õ					ontinued its operations or d	lisposed of mo	ore than 25% of	its ass	ets		_
ن مم	3 1	Number of vo	oting men	nbers of the governing t	oody (Part VI, line 1a)			3			5
9	4 1	Number of in	depender	nt voting members of th	e governing body (Part VI,	line 1b)		4			Ō
Ę.	5 7	Total number	of emplo	oyees (Part V, line 2a)				5			Ō
₹				teers (estimate if neces	sarv)			6			0
₹ 8					Part VIII, column (C), line 1	2		7	a		0.
2010 Acti	7	_		s taxable income from F		_			Ь		0.
ବ୍ରେ	D 1	vet unrelated	Dusines	s taxable income from r	-0111 990-1, line 34						
							Prior Y			ent Yea	
==3	8 0	Contributions	and gran	nts (Part VIII, line 1h)			9:	8,775	-	105,	770.
) AUG Revenue	1		_	nue (Part VIII, line 2g)							
₩ F	1	_		art VIII, column (A), line	es 3 1 and 7d)		3	7,129		30.8	815.
. ê			-				— 	,, 123	-		199.
<u> </u>	11 0		-		6d, 8c, 9c, 10c, and 11e).	10	13	E 004	 -		
[LR.1]	12 T		-		equal Part VIII, column (A), line 12) .		5,904		179,	
\$	13 (Grants and s	ımılar am	iounts paid (Part IX, col	umn (A), lines 1-3)		9	6,122		86,	<u> 138.</u>
7	14 E	Benefits paid	to or for	members (Part IX, colu	ımn (A), lıne 4)						
(Š	15 9	-			efits (Part IX, column (A), li	nes 5-10)		7,500		7.	720.
(D) 8	1.5									<u> </u>	
SCANNED Expenses	16a ⊦	rofessional	tundraisir	ng fees (Part IX, columr	n (A), line IIe)			4,228			
ğ	і ьт	Total fundrais	sina expe	nses (Part IX, column (D), line 25) ►	9,059.	1]
ú	17 (a-11d, Ttf-240 = V ::)		1	2,947		14	30 <u>5</u> .
						. 1					
	1	•		· ·	Part_IX,-column-(A),-line-25	까있		0,797		108,	
	19 F	Revenue less	expense	es Subtract line 18 from	1 line 12	181	1	5,107		<u>71,0</u>	<u>621.</u>
8					105 305 7010	က်	Beginning	of Year	Fnd	of Yea	r
Net Assets or Fund Balancos	20 1	Total assets	/Dort V I	16)] 強		5,513		107,	
38			•		000000000000000000000000000000000000000	-	1,03			101,	
a g		Fotal liabilitie	•		CODEN, LIT			0			0.
Zű	[22] N	Vet assets or	fund bala	ances Subtract line 21	from line 20		1,03	5,513	. 1,	107,3	1 <u>33.</u>
Pa	art II	Signati	ure Blo	ck						<u>.</u>	
					the return and other appropriate	sahadulas and sta	tomoste, and to the	hast of m	, knowledge	ال الماما ا	
		true, correct, a	and complete	Declaration of preparer (other	this return, including accompanying rithan officer) is based on all informations.	ition of which prepared	arer has any knowle	dge	/ Kilowieuye and	i beller, it	15
				Y () _	A A		1	- + /c	/		
Sig	gn			no vo				<i>قرا</i> لاً '	20	<u> </u>	
He	re	Signature	of officer		Я		Date	-			
		>	6	5 USake	40-		Chairman				
		Type or pr	rint name an								
		 				Date	1		Preparer's idea	atifiana au	ımher
_			-L	//. / / / 1 /	•	Date,	Check if self-	_	Preparer's ider (see instruction	ns)	Milber
Pa		Preparer's	9 XX	West (No Till		17//.	employed	▶			
Pr	e-	signature	► Kim	berly A. Furrh	, CPA	1'11011	O +		P002328	23	
	rer's	Firm's - 1 1 1		RH & ASSOCIATES							
Us		Firm's name (e			J, LC			20	4101505		
Or		employed),		NW 19TH ST	·		EIN		4181501		
	_	address, and ZIP + 4	LAW	TON, OK 73507-6	6307		Phone no	<u> </u>	80) 355	<u>-7100</u>)
Ma	v the IR	RS discuss th	us return	with the preparer show	n above? (see instructions)				X Ye	5	No
					otice, see the separate inst	ructions	TEEA	0113L 12		m 990	
DA	∼ rort	Frivacy ACL a	anu rape	I MOLK LEGINGUI MEL IN	once, see the Separate IIISI	. 4640113.	IEEA	UTTOL 12	コとコリコ にひに	111 330	(2003)

Form **990** (2009)

	H 990 (2009) GREAT PLAINS TECHNOLOGY CENTER	13-1108/53	<u> </u>	Page 2
Pai				
1	Briefly describe the organization's mission:			
	THE FOUNDATION PROVIDED TUITION AND BOOKS SCHOLARSHIPS OR EMERGENCY	GRANTS TO	_AREA	
	VO-TECH STUDENTS.			
2	Did the argonization undertake one constraint annual annual during the year which were not listed on the			
~	Did the organization undertake any significant program services during the year which were not listed on the	_	. 5	n
	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O		_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes X	No
	If 'Yes,' describe these changes on Schedule O	_	_	=
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses Sect	ion 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and al	llocations to other	ers, the	totàl
	expenses, and revenue, if any, for each program service reported			
4-	(Cada:			
48		enue \$	7007	
	THE FOUNDATION PROVIDED TUITION AND BOOKS SCHOLARSHIPS OR EMERGENCY	GRANTS TO	WKFW	
	VO-TECH STUDENTS.			
_				
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
				
40	c (Code) (Expenses \$ including grants of \$) (Rev	/enue \$)
40	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$		_)	
4 e	Total program service expenses ► 86,138.			

Par	t 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	_x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? 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 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,' 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 IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D , $Part\ V$	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, 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			
	PDID 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 liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	*		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII	12		Х
12 <i>A</i>	AWas the organization included in consolidated, independent audited financial statement for the tax vear? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional . 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
1 4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		Х
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		Х
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	
	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		<u> </u>

GREAT PLAINS TECHNOLOGY CENTER 73-1108753 Page 4 Form 990 (2009) Part IV **Checklist of Required Schedules** (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX. column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 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* 23 Х **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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25. 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I X 25b 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X 27 Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х X 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 30 X contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X 34 line 1. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 X Part V. line 2 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 Х

Form 990 (2009)

37

X

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

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

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BAA

Page 5

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х За this return? 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a Х 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7q h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

Form **990** (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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. Part VI

Sec	tion A.	Governing	Body a	nd Man	agement	t										
															Yes	No
1 a	Enter the	number of voti	ting memb	ers of th	e governing	g body	,				1a			5		
Ŀ	Enter the	number of voti	ting memb	ers that	are indeper	ndent					1 b					
2	Did any d	officer, director,	trustee.	or kev er	nnlovee hav	ve a fa	amily re	lationship	or a business	s rel	ation	shin wit	h anv othe	er		
	officer, d	irector, trustee	or key en	nployee?			-		•			·	_	_ 2		X
3	Old the o	rganization dele s, directors or ti	legate con trustees, c	itrol over or key en	manageme oployees to	ent dut a mar	lies cus nageme	stomarily pent compa	performed by only or other pe	or ui	nder n?	the dire	ct supervi	sion 3		_ X
4	Did the o	rganization mal	ike any sig	gnificant	changes to	its org	ganızatı	ional docu	ıments					4		X
	since the	prior Form 990	0 was filed	ქ?												
5	Did the o	rganization bec	come awa	re during	the year o	f a ma	aterial d	liversion o	of the organiza	ation	's as	sets?		5		X
6	Does the	organization ha	ave meml	bers or s	tockholders	;?								6		X
7 a	Does the	organization ha	ave meml	bers, sto	ckholders, d	or othe	er perso	ons who m	nay elect one o	or m	nore i	member	s of the	7:		Х
Ŀ		decisions of the	e aovernin	a body s	ubject to an	norova	ıl by me	embers, st	ockholders. o	or oth	ner p	ersons?		7		X
	Did the o	rganization con	-			•	-						the year		,	
	the follow	•														
	_	rning body?												8		<u>X</u>
b	Each con	nmittee with aut	ithority to	act on be	ehalf of the	gover	ning bo	ody?	•					81	?	X
9	Is there a	any officer, direction's mailing ac	ctor or tru	istee, or f 'Yes,' p	key employ rovide the r	ee list names	ted in P	Part VII, S Idresses i	ection A, who n Schedule O	can	not b	e reach	ed at the	9		Х
									policies no					rnal		
Reve	enue Code	•	•		•				•		•	_				
		,												-	Yes	No
10 a	Does the	organization ha	ave local	chapters	. branches.	or affi	ılıates?							10:		X
		loes the organiz		•					ng the activitie	es of	such	n chapte	rs, affiliati			
														11	' 	X
		organization pro													لــــــــــــــــــــــــــــــــــــــ	
		ın Schedule O		_	-					990	56	ee Sc	hedule	·	T	32
		organization ha				•	-							12:	4	<u>X</u>
	to conflic			-										12	,	
C	Does the Schedule	organization re	egularly ai <i>done</i>	nd consis	stently mon	itor an	ıd enfor	rce compl	ance with the	e poli	icy?	If 'Yes,'	describe i	ın 12	3	
13	Does the	organization ha	ave a writ	ten whist	tleblower po	olicy?								13		X
14	Does the	organization ha	ave a writ	ten docu	ment reten	tion ar	nd dest	ruction po	licy?					14		X
		rocess for deter comparability d							-	and a	appro	val by II	ndepende	nt		
		nization's CEO,							iberation and	uec	131011	•		15:		X
	•	icers of key emi	-		· ·	allaye	ment o	iliciai						15	_	37
L		,		•		bodulo	0 (8)	oo inetriie	tions \					<u> </u>	1	<u>X</u>
		line 15a or 15b					•		•							
16 a	Did the o entity dur	rganization inve ring the year?	est in, cor	ntribute a	ssets to, or	r partic	cipate ii	n a joint v	enture or simi	ıılar a	arran	igement	with a tax	table 16		X
b	If 'Yes,' h	as the organiza	ation adop	pted a wr	itten policy	or pro	ocedure	requiring	the organizat	tion	to ev	aluate ı	ts particip	ation		
	In joint ve	enture arrangen th respect to su	ments und ich arrand	ier application	able federa	al tax la	aw, and	d taken st	eps to sategua	iard i	tne o	rganiza	lion's exer	mpt 161	3	
Sec	tion C.	Disclosures		gernerite.										1	-1	
		tates with which		of this Fo	rm 990 is r	remure	ad to be	filed ►	None							
						-		_								
ıø	inspection	104 requires and included in the second included in the second in the se	you mak	e these a	available. C	rms 10 heck a	all that	apply.		ر, an	u 99(u-i (501	(c)(3)S on	iiy) avalial	ne for l	DUDIIC
		website		other's w		Į	ш .	on reques					_			
19	Describe statemen	in Schedule Orts available to t	whether ((and if so ;	, how) the	organi	zation	makes its	governing dod	cum	ents,	conflict	of interes	st policy, a	and fina	ancial
20	State the	name, physica	al address	, and tele	ephone nun	nber o	f the pe	erson who	possesses the	ne bo	ooks	and rec	ords of the	e organiza	ition:	
•	GLEN E	BOYER_4500	W LEE	BLVD	LAWTO	N_OK	<u>735</u>	<u>05 (58</u>	0) <u>250-56</u>	<u>603</u>						
												_ _				
		<u></u>														

Page 7

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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
- 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)					(D)	(E)	(F)
Name and Title	Average hours		tion (_	_	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per 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)	compensation from the organization and related organizations
CHARLES WADE									_ "	
Chairman	0		L	<u> </u>				0.	0.	0.
GEORGE BRIDGES	0	<u> </u>						0.	0.	0.
President				-				0.		
MICHELLE RATCLIFFE Secretary/Treas	0							0.	0.	0.
GLEN BOYER	Ť				l —					·
Executive Direc	0							7,500.	0.	0.
JO SARTIN								_		
Vice President	0			<u> </u>	_		_	0.	0.	0.
			_							
						<u> </u>				<u> </u>
	<u> </u>	_								
							L.	_		
				<u> </u>						
						_				

Part VII Section A. Officers, Directors, Trus	tees, K	(ey	En	plo	oye	es,	an	d Highest Con	npensated Em	ployees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		_	_				compensation from	Reportable compensation from	Estimated amount of other
	per week	ndıvı	Institutional trustee	Officer	Key e	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	1	dual	ğ	٦	employee	st co	1 22			organization and related
		trust(* t		ě	mpe	1			organizations
		l #	stee			nsated				
						٥				
				_	_		<u> </u>			
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					<u> </u>	Ш		-		-
						H		<del></del>		<del> </del>
						П		-		
				<u> </u>						
							•			
						Н	_	-		
			_			H		<del></del>		<del> </del>
			L							<del> </del> _
1b Total		<del></del>					<b>•</b>	7,500.	<u>0</u>	. 0.
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se li	stec	abo	ove)	wh	o re	ceived more than	\$100,000 in repor	table compensation
from the organization • 0										Yes No
2 0 116	11				. 1		L			105 10
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust <i>ndıvıdua</i>	ee, i il	кеу	emp	эюу	ee, (	or ni	ignest compensati	ea employee	3 X
4 For any individual listed on line 1a, is the sum of re	portable	cor	npe	nsat	ļioņ	and	oth	er compensation	from	
the organization and related organizations greater to individual	han \$15	0,00	10?	If 'Y	es	com	piet	e Schedule J for s	such	4 X
5 Did any person listed on line 1a receive or accrue c	omnens	atio	n fra	nm a	anv	unre	elate	id organization foi	Services	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	hedule J	for	suc	h pe	erso	n				5 X
Section B. Independent Contractors			1 1				. Al	A 41	£100 000 -£	
Complete this table for your five highest compensate compensation from the organization	ea inae	pend	ent	cor	itrac	ctors	tna	it received more to	nan \$100,000 of	
(A)								(B)		(C)
Name and business addres	s							Description of	of Services	Compensation
						_		<u> </u>		
										<del></del>
					-					<del></del>
						_		<del></del>	<del></del>	
					_					
2 Total number of independent contractors (including	but not	lımı	ted	to th	nose	list	ed a	above) who receiv	ed more than	
\$100,000 in compensation from the organization										

Pa	rt VIII   Statement of Revenue					<u>,                                      </u>
			(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	1 a Federated campaigns 1 a					
SAN	b Membership dues 1b					
ÃĞ.	c Fundraising events. 1c					
FE	d Related organizations 1 d					
S, G	e Government grants (contributions) 1 e					
NO S	6 All ather contributions with greate and					
PF	f All other contributions, gifts, grants, and similar amounts not included above 1 f 105	,770.		}		A
TRI	g Noncash contribns included in Ins 1a-1f: \$	7				
S S	h Total. Add lines 1a-1f	▶	105,770.			
Æ	Business	Code				
EN.	2a					
£ 1	b					
ĘĘ.	c				<del></del>	
E S	d		<del></del> -			
S S	e					
GR/	f All other program service revenue					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g Total. Add lines 2a-2f	<b>&gt;</b>			*	
		and			***	
	<b>3</b> Investment income (including dividends, interest other similar amounts)	u.i.d ►	28,791.			28,791.
	4 Income from investment of tax-exempt bond prod	eeds ►				
Ĭ	5 Royalties	▶[				
	(i) Real (ii) Pe	rsonal		/ **		
	6a Gross Rents		*	· "		
	<b>b</b> Less: rental expenses		A			
	c Rental income or (loss)			* *		
	d Net rental income or (loss)	•				
	7a Gross amount from sales of (i) Securities (ii) C	Other			*	* ^
	assets other than inventory 52,150.			, ,	*	•
	<b>b</b> Less, cost or other basis	ŀ		*	*	,
	and sales expenses 50, 126.		y	*		
	c Gain or (loss) 2,024.			<u> </u>		
	d Net gain or (loss)	•	2,024.	2,024.		
IUE	8a Gross income from fundraising events (not including \$			,		
OTHER REVEN	of contributions reported on line 1c)					*
* R	See Part IV, line 18 a 57	,400.				,
물	<b>b</b> Less: direct expenses <b>b</b> 14	,201.				
0	c Net income or (loss) from fundraising events .	<b></b>	43,199.			43,199.
	9a Gross income from gaming activities. See Part IV, line 19					< 1
	<b>b</b> Less direct expenses <b>b</b>					
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances a					Ì
	<b>b</b> Less cost of goods sold <b>b</b>					
	c Net income or (loss) from sales of inventory	<b>&gt;</b>				
	Miscellaneous Revenue Business	s Code				
	11 a					<u> </u>
	b					ļ
	c					ļ
	d All other revenue					
	e Total. Add lines 11a-11d	▶	<del></del>			
	12 Total revenue. See instructions	. ▶	179,784.	2,024.	0.	71,990.

Part IX | Statement of Functional Expenses

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

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

Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				1
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	86,138.	86,138.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,500.	0.	7,500.	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.	_ 0.	0.	0.
7	Other salaries and wages	220.		220.	
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)		·		<u> </u>
а	Management				
b	Legal				
C	Accounting	1,135.		1,135.	
	Lobbying				_ <del>_</del>
е	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees	3,871.		3,871.	
_	Other				
	Advertising and promotion	8,020.			8,020.
	Office expenses	146.		146.	
14	Information technology				
_	Royalties	<del></del>			
16	Occupancy	<del></del>			
	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	94.		94.	
20	Interest				
_	Payments to affiliates				
	Depreciation, depletion, and amortization				
	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	Printing and Publications	525.			525.
b	Postage and Shipping	514.			514.
c	Outside Services				
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	108,163.	86,138.	12,966.	9,059.
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				

Balance Sheet				
		(A) Beginning of year		(B) End of year
Cash - non-interest-bearing		15,303.	1	12,803.
Savings and temporary cash investments		1,020,210.	2	1,094,330.
Pledges and grants receivable, net			3	
Accounts receivable, net			4	
Receivables from current and former officers, directors and highest compensated employees Complete Part I	i, trustees, key employees, [ I of Schedule L		5	
Receivables from other disqualified persons (as define	d under section 4958(f)(1))			
and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6	
Notes and loans receivable, net .			7	
Inventories for sale or use			8	
Prepaid expenses and deferred charges .			9	
Land, buildings, and equipment cost or other basis.	10a			
Complete Part VI of Schedule D				
Less: accumulated depreciation	10Ь		10 c	
Investments – publicly-traded securities			11	
Investments – other securities See Part IV, line 11			12	
Investments - program-related See Part IV, line 11			13	
Intangible assets			14	
Other assets See Part IV, line 11			15	
Total assets. Add lines 1 through 15 (must equal line 3	34)	1,035,513.	16	1,107,133.
Accounts payable and accrued expenses			17	
Grants payable			18	
Deferred revenue			19	
Tax-exempt bond liabilities			20	
Escrow or custodial account liability Complete Part IV	/ of Schedule D		21	
Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers				
of Schedule L			22	
Secured mortgages and notes payable to unrelated thi	rd parties .		23	
Unsecured notes and loans payable to unrelated third	į į		24	
Other liabilities Complete Part X of Schedule D			25	
Total liabilities. Add lines 17 through 25		0.	26	0.
Organizations that follow SFAS 117, check here ▶	and complete lines	^		
27 through 29 and lines 33 and 34.	<u> </u>			*
Unrestricted net assets			27	
Temporarily restricted net assets			28	
Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check her	re ▶ X and complete			
lines 30 through 34.	_			
Capital stock or trust principal, or current funds .			30	
· ·	ment fund		31	
		1,035,513.	32	1,107,133.
Total net assets or fund balances	[	1,035,513.	33	1,107,133.
Total liabilities and net assets/fund balances	[	1,035,513.	34	1,107,133.
Pai Ret Tota	d-in or capital surplus, or land, building, and equipi ained earnings, endowment, accumulated income, al net assets or fund balances	d-in or capital surplus, or land, building, and equipment fund ained earnings, endowment, accumulated income, or other funds al net assets or fund balances	d-in or capital surplus, or land, building, and equipment fund ained earnings, endowment, accumulated income, or other funds al net assets or fund balances 1,035,513.	d-in or capital surplus, or land, building, and equipment fund ained earnings, endowment, accumulated income, or other funds all net assets or fund balances 1,035,513. 33

BAA

1,107,133. Form **990** (2009)

 		_	
		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		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2с		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	iit 3 <u>b</u>		

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Form **990** (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.

2009

2009

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of the organization Employer Identification number GREAT PLAINS TECHNOLOGY CENTER FOUNDATION, INC 73-1108753 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III- Other Type III - Functionally integrated Type II c i By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 q (ii) a family member of a person described in (i) above? 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (iii) Type of organization (described on lines 1-9 (iv) Is the (vi) Is the organization in col (vii) Amount of Support (i) Name of Supported Organization (i) listed in your above or IRC section (i) organized in the your support? (see instructions)) No Yes No Yes No Yes Total

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

Schedule A (Form 990 or 990-EZ) 2009 GREAT PLAINS TECHNOLOGY CENTER Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 84,107 156,457 135,810 98,775 148,969 624,118. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge. 156,457 135,810 98,775 148,969 624,118. 84,107 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) Public support. Subtract line 5 624,118. from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2008 (e) 2009 (f) Total (c) 2007 (a) 2005 (b) 2006 beginning in) > 148,969 624,118. 135,810 98,775 84,107 156,457 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 39,709 23,496 28,201 32,937 30,815 155,158. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 779,276. through 10 0. 12 Gross receipts from related activities, etc. (see instructions). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) • organization, check this box and stop here Section C. Computation of Public Support Percentage 80.1% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 78.9% 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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 GREAT PLAINS TECHNOLOGY CENTER 73-1108753 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 **(e)** 2009 (f) Total Calendar year (or fiscal yr beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 Giffs, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 (e) 2009 (f) Total (c) 2007 **(b)** 2006 Calendar year (or fiscal yr beginning in) (a) 2005 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12)

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14

organization, check this box and stop here	· _ ·	 -
ection C. Computation of Public Support Pe	ercentage	

sec	tion C.	Computation	of Public Sup	port Percentag	e	
16	Public s	upport porcontag	a for 2009 (line 8	column (f) divide	d by line 13	column (f))

10 6	Tubile Support percentage for 2009 (fine 8, column (f) divided by fine 15, column (f).		<b>ــــ</b>	,,
<b>16</b> P	Public support percentage from 2008 Schedule A, Part III, line 15	16		%

## Section D. Computation of Investment Income Percentage

17 Investme	ent income nercentage f	r 2009 (line 10c. column	(f) divided by line 13, column

10	Investment income	nercentage from	n 2008 Schedule	Δ	Part III Iu	ne 17	
1X	invesiment income	Dercentage from	n <b>zuuo</b> ocheuule	Α.	rantin, m	100 17	

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶ [	
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<b>-</b>	7

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

15

17

18

%

%

Schedule A	(Form 990 or 9	90-EZ) 2009	GREAT	PLAINS	TECHNO	LOGY	CENTER_	73-1108753F	⊃age <b>4</b>
Part IV	(Form 990 or 9 Supplement	al Informat	ion. Com	plete this	part to	provide	e the exp	planations required by Part II, line 10; dditional information. See instructions	
	Part II, line	1/a or 1/b;	and Par	t III, line	12. Prov	ide any	other a	dditional information. See instructions	S
			- <i></i>						
<b></b>									
	<b>-</b>								
	<del>-</del>			<del>-</del>					
									. <b></b> -
									- <b></b> -
								<b></b>	
				<del>-</del> -					
								<del>-</del>	
								<del></del>	
					<b>_</b>				
		<b>-</b>							

# SCHEDULE G (Form 990 or 990-EZ)

( · · · · ·

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

ame of the organization GREAT PLAINS TECHNOLOGY CENTER  Employer identification number								
FOUNDATION, INC [73-1108753								
Part I Fundraising Activities. Comp	olete if the orga	nization ar ete this pa	nswered 'Y rt	es' to Form 990, Part	IV, line 1	7.		
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities Check	k all that a	apply.		
Mail solicitations				Solicitation of non	-governm	ent grants		
Internet and email solicitation	s			Solicitation of gove	ernment d	rants		
Phone solicitations				X Special fundraising				
In-person solicitations					<b>3</b>			
2a Did the organization have written	or oral agreeme	ent with an	y individu	al (including officers, o	directors, t	trustees or key		
employees listed in Form 990, Pa	rt VII) or entity	ın connect	ion with p	rofessional fundraising	services:	?	Yes X No	
b If 'Yes,' list the ten highest paid if compensated at least \$5,000 by t	ndividuals or en he organization:	tities (func	iraisers) p	ursuant to agreements	s under wh	nich the fundra	iser is to be	
					(v) Am	ount paid to	4.5 4	
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custor	fundraiser ly or control	(iv) Gross receipts from activity	(or re	etained by) iser listed in	(vi) Amount paid to (or retained by)	
or entity (turidraiser)	1	of contr	butions?	i i i i i i i i i i i i i i i i i i i		col.(i)	organization	
-		Yes	No	******		e e e e e e e e e e e e e e e e e e e		
	<del> </del>	<u> </u>		,	1		***	
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				-			<del>-</del> -	
31								
					<u> </u>			
					1			
	<u> </u>	<u>l                                     </u>						
							_	
Total  3 List all states in which the organization	_ <del></del>	<del></del> .		1 16 7	1		0.	
3 List all states in which the organia or licensing	zation is registe	red or lice	nsed to so	olicit funds or has been	i notified i	t is exempt tro	m registration	
or moonering								
~								

Page 2

1 41	• • • •	reported more than \$15,000 on F	form 990-EZ, line 6	a. List events with	gross receipts grea	ter than \$5,000	0.
			(a) Event #1 PROJECT HOUSE	<b>(b)</b> Event #2	(c) Other Events	(d) Total Event (Add col. (a) thro col (c))	ts
R I			(event type)	(event type)	(total number)		
KE>E2DE	1	Gross receipts	57,400.			57,4	00.
-	2	Less: Charitable contributions		- · · · · · · · · · · · · · · · · · · ·			
	_3	Gross income (line 1 minus line 2) .	57,400.	-		57,4	00.
	4	Cash prizes	_				
	5	Noncash prizes					
D-RECT	6	Rent/facility costs					
	7	Food and beverages .					
E P	8	Entertainment					
EXPESSES	9	Other direct expenses	14,201.			14,2	01.
S	10	,				14,2	
Par	11	Net income summary Combine lines 3,		al ta Farma 000 Do	rt IV/ June 10 or rev	43,1	
Par	T III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered Te	s to Form 990, Pa	rt IV, line 19, or rep	orteu more tha	ai i
REVESUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gamin (Add col (a) thro col. (c))	ig ugh
N D E							
	1	Gross revenue .					
D X	2	Cash prizes					
DIRECT	3	Non-cash prizes					
' š	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		
	7	Direct expense summary Add lines 2 thi		<u>II</u>	<u> </u>		
		Not assume the second of the s	lunca 1 calumn (d) and	lima 7	•		
	8	Net gaming income summary Combine	illes 1, column (u) and	ine /		YES	NO
		er the state(s) in which the organization of ne organization licensed to operate gaming				9a	
t	) If 'N	lo,' explain:					
10		e any of the organization's gaming license	es revoked suspended	or terminated during th	e tay year?		
		e any or the organization's gaming license 'es,' explain	sa revokeu, suspended	or terminated during th	c tax year:	100	
		s the organization operate gaming activiti	es with parmembers?			 	
12		•		ember of a partnership	or other entity formed to		
BAA		ne organization a grantor, beneficiary or tr ninister charitable gaming?	TEEA3702L			m 990 or 990-EZ)	2000

Schedule G (Form 990 or 9	990-EZ) 2009 GREAT PLAINS TECHNOLOGY CENTER	73-110875.	<u> </u>	P	age <b>3</b>
<u> </u>				YES	
13 Indicate the percenta	ge of gaming activity operated in:				1
a The organization's fa	· ·	13a <u></u> %_			ļ
<b>b</b> An outside facility		13b %	.		ì
14 Enter the name and a	address of the person who prepares the organization's gaming/special events	books and records:	,		
Name: ►			,		1
			,		
Address			.		
	n have a contact with a third party from whom the organization receives gam		15a		
	iount of gaming revenue received by the organization \$	_and the amount	.		
	etained by the third party \$  and address of the third party:			,	i
c ii res, enter name a	and address of the third party.		,		
Name: ►					
Address· ►					-
			:		
16 Gaming manager info	ormation		, I		
					i
Name: ►					
•				•	
Gaming manager cor	mpensation • \$				
Description of service	es provided >				
Description of service				*	*
Director/officer	Employee Independent contractor			s.	į
				* *	i . t
17 Mandatory distribution	ns				į
a Is the organization re	equired under state law to make charitable distributions from the gaming proc ?	ceeds to retain the	<u> </u>		
			17a		<del></del>
	distributions required under state law to be distributed to other exempt organ	izations or spent in the			1
	xempt activities during the tax year: ► \$	C-1		)0 E3	2002
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 95	•U-⊏Z)	2009

# SCHEDULE I

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization

3	Yes X No	s' to Form ). Use	(h) Purpose of grant or assistance				
73-1108753	e, and	ion answered 'Ye more than \$5,000	(g) Description of non-cash assistance				
	ne grants or assistanc	e if the organizat ecipient received	(f) Method of valuation (book, FMV, appraisal, other)				
	rantees' eligibility for the States.	ed States. Complet sox if no one re	(e) Amount of non-cash assistance				
	nt of the grants or assistance, the grantees he use of grant funds in the United States.	<b>nd Organizations in the United States.</b> Complete if the organization answered 'Yes' to Form d more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	(d) Amount of cash grant				
9746	e amount of the grance?	ents and Organizations received more than \$5,0 itional space is needed	(c) IRC section if applicable				
VIER	ds to substantiate the grants or assistant procedures for mon	nce to Governme  by recipient that r  orm 990) if addi	( <b>b</b> ) EIN				
SREAT PLAINS TECHNOLOGY CENTER	1 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		1 (a) Name and address of organization or government				

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant GREAT PLAINS TECHNOLOGY CENTER (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Part III ₩

73-1108753

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047

2009

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Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization GREAT PLAINS TECHNOLOGY CENTER Employer Identification number FOUNDATION, 73-1108753 __Form 990, Part VI, Line 11 - Form 990 Review Process No review was or will be conducted.

Schedule <b>0</b> (Form 990) 2009	Page 2
Schedule <b>O</b> (Form 990) 2009  Name of the organization GREAT PLAINS TECHNOLOGY CENTER FOUNDATION, INC	Employer identification number 73-1108753
Tookbillony Inc	110 2250100