

## 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



### Form

## **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

Department of the Treasury Internal Revenue Service

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

l	2009
	©pento Public.  Inspection p

A	or the	2009 calenda	ar year, or	tax year beginning	<del></del>	07-01 , 2009,	and ending	]	06-30 ,	20 10			
		applicable	Please	C Name of organization GOOI	FRIENDS INC				D Employ	er identification no.			
	Address		use IRS	Doing Business As	<del></del>			<del></del>	23-20	55761			
$\equiv$	Name ch	=	label or print or	Number and street (or P O b	ov if mail is not delivered to	street address)	1	Room/suite	E Telepho	one number			
一	nitial retu	=	type. See	PO BOX 165	TOX II TIZZII IS TIGI GOLITCI GO	02 00t 022 000)	1			736-2861			
<del></del>	reminate		Specific	City or town, state or country	and 7iD + 4				G Gross r				
	Amended		Instruc- tions.	MORRISVILLE, PA					\$	818,849			
Ħ		n pending	E Name	and address of principal officer						<del></del>			
								(a)—Is this a gro affiliates?		Yes X No			
			X 501(c) ( @VERIZO		4947(a)(1) or 527			if "No," atta	ates included? ch a list. (see ins	Yes No tructions)			
	Nebsite:	<del></del>			7.	<del></del>		<del>```\``</del>	nption number	PA			
			Corporation	Trust Association	Other	L Year of forma	tion 1977	M State	of legal domicile				
Pa		Summar				REHABILIT	D IT ON						
	1	briefly descr	noe the or	ganızatıon's mission or mo	st significant activities	KERABILII	ALLON			<del></del>			
Α						<del></del>							
c G t o	1									<del></del>			
i y		Charle thin h		f the commission discost	and its assertions of	dispessed of mars that	- 3E9/ of d	not consts					
į	2			f the organization disconti	•	disposed of more that	11 <b>23% O</b> F II	s net assets. {	2	0			
t n i a	3		_	nbers of the governing boo	• • • •		• • • • •		3	<u>0</u>			
e n	4			nt voting members of the (		1, line 1b) • • • • •	• • • • •		4	<del>0</del>			
s c	5		•	yees (Part V, line 2a)			• • • • •		5				
&	6			teers (estimate if necessal	• •		• • • • •		6				
	7a	l otal gross	unrelated	business revenue from Pa s taxable income from Foi	irt VIII <u>column (G)</u> Inne	ENED	• • • •		7a	0			
2030	b	Net unrelate	d busines	s taxable income from For	m 990-14 line (34.		<del></del>	• • • • • • • • • • • • • • • • • • • •	7b	0			
€\R					8	SS	ļ	Prior Year		Aurrent Year 65,238			
ev <sup>e</sup>	8	Contributions and grants (Fait vin, line III) O NOV ( 1.7(1)) 1.1											
>e	9	_				· · · · · · · ·	· • •	710,		751,758			
ΛÖΚ	10	Investment	income (P	art VIII, column (A), lines 3	3, 4, at (176)	ENI IIT	• • •		700	1,635			
_ е	111	Other reven	ue (Part V	III, column (A), lines 5, 6d	, 8c, 965100 and 186)		••		200	218			
O HARRING EXPE	12			nes 8 through 11 (must eq		A), line 12) • • • • •	• • •	749	648	818,849			
<b>2</b>	13			ounts paid (Part IX, colum		• • • • • • • • • •	• • -			0			
≨E	14			members (Part IX, column	• •	• • • • • • • • • •	•••			0			
3 ×	15		•	nsation, employee benefit		lines 5-10) • • • •	· • • [			0			
	16a	Professiona	i fundraisi	ng fees (Part IX, column (/	A), fine 11e) • • • •		a e l			0			
n S	b			enses (Part IX, column (D)	·	48,573							
e	17	-	•	IX, column (A), lines 11a-	•		· · ·	727		856,316			
•	18	Total expen	ses. Add	lines 13-17 (must equal Pa	art IX, column (A), line	25) • • • • • •	· · ·		575	856,316			
	19	Revenue les	ss expens	es. Subtract line 18 from l	ine 12 • • • • • •	· · · · · · · · · · · · · · · · · · ·		22	,073	(37,467)			
Net	_						Begir	ning of Current \	ear I	End of Year			
Asse or	20	Total assets	(Part X, I	ne 16) • • • • • • • •	• • • • • • • • • •	• • • • • • • • • •	· · ·	569		537,728			
Fund Bal-	21	Total liabiliti	•	•	• • • • • • • • • •		· • •		,425	9,979			
ance		Net assets of	or fund bal	ances. Subtract line 21 fr	om line 20 · · · ·	<del> </del>	<u>· • •  </u>	565,	216	527,749			
<b>Pa</b>	AU.		<u>ire Bloc</u>										
				declare that I have examined to d, and complete Declaration of p						1.			
		1. 1.		$O(\Lambda \Lambda \Lambda)$	1			•	11/10	100/10			
Sig	n		12		1				<u> </u>	12210			
He	re	Signatu	re of officer	IMMI		1 - 7		4	Date	•			
			155	711/1/11/	IRC 2	xecutive.	) rec	cter					
		Type or	print name a	and title	·	· p · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del> _					
		Preparer's	1	1.1		Date	Check if		er's identifying nu	mber			
Paic	ı	signature	<b>y</b> h	16 k- 10h			self- employed		structions)				
	oarer's					10-08-2010	<u> </u>						
-	Only	Firm's name	(Or voure	COMPLETE TAX &	ACCOUNTING SER	VICE	EIN	<b>▶</b> 73	2400451				
		if self-employ	/ed),	246 W BRIDGE S	T								
		address, and	3 ZIP + 4	MORRISVILLE, P.	A 19067-7119		Pho	one no ▶215	-736-1535	/			
May	the IR	S discuss this	return wit	th the preparer shown abo	ve? (see instructions)				· · · · · [X	Yes No			
									_				

Form	1990 (2009) GOOD FRIENDS INC	23-2055761	. Page 2
Par	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	REHABILITATION		
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	· · · · _ Yes	⊠No
	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		<b>5</b> -7
	services? · · · · · · · · · · · · · · · · · · ·	· · · · Yes	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		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$642,161 including grants of \$) (Revenue	\$	)
	REHABILITATION CENTER FOR DRUG & ALCOHOL CLIENTS		
	(O. I.)		
4b	(Code) (Expenses \$	<b>»</b>	′
		<del></del>	
		<del></del>	
		<del></del>	
		<del></del>	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue		
40	(Code) (Expenses \$) (Nevenue	Ψ	
		<del></del>	
		<del></del>	
<del></del>	(0)		
4d			
	(Expenses \$ including grants of \$ ) (Revenue \$		
40	Total program service expenses		

Pa	間V: Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		
•	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	- V
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	<del> </del>	X
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<b>├</b>		^
*	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)	<del>-</del>		_
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
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,"		-	ł
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	Ť		<del>  ^</del>
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u>                                     </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			1
•	Schedule D, Part VI.			
	Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
·	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		1	
•	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	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			11-17
	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		Х
14a	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? 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

# a	TAIV: Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
۲.	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	!	х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	-		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III • • • • • • • • • • • • • • • • •	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<del></del>		
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization mivest 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			
С		24c		
	,,,	24d		<del></del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? • • • • • • • • • • • • • • • • • • •	240		$\vdash$
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			1
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ł		
	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	0.0200	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	400 mg 2		
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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		l	
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part ! • • • • • • • • • • • • • • • • • •	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part li · · · · · · · · · · · · · · · · · ·	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<u> </u>	T
-	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ••••••• 1b 0	1 - 1 - 1	4	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		;	
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. ^ {		
	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		í	
	instructions)	- i - j		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	: .		
	this return? · · · · · · · · · · · · · · · · · · ·	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>—</b> —
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			İ
_	account)?	4a		X
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			13445
_	and Financial Accounts.			
_	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? • • • • • • • • • • • • • • • • • • •	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding  Prohibited Tax Shelter Transaction?	F.		
c-		5c		<del> </del>
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		v
b	organization solicit any contributions that were not tax deductible?	- Oa		X
U	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		;; <b>:::::</b> ::	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	5		
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
٠	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		l
ď	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • 7d		Ser.	, <del>, , , ,</del> 7
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		, ,	
	benefit contract? • • • • • • • • • • • • • • • • • • •	7e		
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? • • • • • • • • • • • • • • • • • • •	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	THE S		1,31
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		<u> </u>	
	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •		- E - 2	heji s
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·		إ .	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			4.
	amounts due or received from them ) · · · · · · · · · · · · · · · · · ·		1 %	1.0
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year			

Part VI G

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 • • • • • • • • • • • • • • • • • • •		AND S	- 3-4
b	Enter the number of voting members that are independent • • • • • • • • • • • • • • • • • • •			40,100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1.55	-3
	any other officer, director, trustee, or key employee?	2		<u> </u>
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	1		
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	टाइट्स
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		<b>3</b> 1	一般。
	the year by the following.			
a	The governing body?	8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_		١
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	Mo X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		-	
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the		<del>                                     </del>	$\vdash \vdash$
	form?	11	х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	Cost March
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		<del></del> -	
	rise to conflicts? · · · · · · · · · · · · · · · · · · ·	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<u> </u>
	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?		Delay e	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	<b>15</b> b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
þ	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>	
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	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 ▶ TED MILLARD (215) 736–2861			
	PO BOX 165 MORRISVILLE PA 19067			

### <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated <u>Employees, and Independent Contractors</u>

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Аvегаде	-	_			at apply)	_	Reportable	Reportable	Estimated
	hours per week	t d nr: dur sec lee vee de or a or	nr su ts tte	fice	e y e m	H c e m p n e o y e n s e e t e d	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
TED MILLARD	<u> </u>									
EXECUTIVE DIRECTOR	40.00			- 1	Х				ļ	
HARRY GLOSSER										
PRESIDENT				х						
SARITA TIRPAK										
VICE PRESIDENT				Х						
DAVID EMGE							ļ			
SECRETARY				Х			ł			
J CHRISTOPHER NERNEY										
TREASURER				Х						
REV MEL BROWN								_		
BOARD MEMBER				_X						
MARTY SULLIVAN										
BOARD MEMBER				_X				_	<u> </u>	
JOHN HERMANN										
BOARD MEMBER				X						
RICHARD WEAVER								-		
BOARD MEMBER		_		X						
WILLIAM SOWERBUTTS										
BOARD MEMBER	j	_		X		_				
NANCY SHERLOCK										
BOARD MEMBER	1			X		<u></u>				
JULIAN HENDRYX										
BOARD MEMBER	<u></u> .	<u> </u>		X						
GLENN GREENBLATT										
BOARD MEMBER				_X					}	
CC MCCABE	T									
BOARD MEMBER				_X						
JAMES OLIVER										
BOARD MEMBER				_X						
									}	
		_							l	L

Pä	Section A. Officers, Directors, Trustees, K	ey Employe	es, an	d Hi	ghe	st Co	omper	ısate	ed Employees (co	ntinued)	
	(A)	(B)				C)			(D)	<b>(E)</b>	(F)
	Name and Title	Average hours per week	Positi t d n r r r d u r r s e v t c r e t d e o u r a o l r	nr su ts tte	O f i c e	K e y e m	at apply) H c e m p n p o p n e e o p s s e e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	<del></del>				-						
										·	
-											
					Ĺ.				<del></del>		
	Total		• • •	• •	• •	• •			0400 000		0 0
2	Total number of individuals (including but not limited to reportable compensation from the organization	o those listed	abov	e) w	no r	ecei\ 	vea m	ore ti	nan \$100,000 in		0
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for										Yes No
4	For any individual listed on line 1a, is the sum of repor the organization and related organizations greater that	rtable compe	nsatio	n an	nd ot	her o	compe	nsat	ion from		
5	Individual • • • • • • • • • • • • • • • • • • •									• • • • • •	· 4 X
	services rendered to the organization? If "Yes," comple	ete Schedule	J for	sucl	h pe	rson	• •	• •	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· 5 X
<u>Sec</u>	Complete this table for your five highest compensated	l independen	it conti	racto	ors ti	nat re	eceive	d mo	ore than \$100,000	of	
	compensation from the organization.				_				(B)		(C)
	Name and business address	<u> </u>							Description of s	ervices	Compensation
				_							
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization from the organizatio		to thos	se lis	sted	abo	ve) wh	o re	ceived		

23-2055761

Part \	VIII	Statement of Revenu	ıe						
	<i>,</i>		•		· •	(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
<u> -, , , , 4</u>	1a	Federated campaigns · · ·	• • • • •	1a				· · · · · · · · · · · · · · · · · · ·	
	Ь	Membership dues · · · ·		1b			:		<b>[</b>
Contri-	C	Fundraising events · · ·		1c					-
butions, gifts,	d	Related organizations · · ·		1d		^		, ,	
grants	e	Government grants (contributi	ons) · ·	1e					,
and other		All other contributions, gifts, g	•	<u> </u>					<u>.</u>
similar	١.	and similar amounts not include		1f	65,238	1			
amounts	g	Noncash contributions include		a-1f \$					
	h	Total. Add lines 1a-1f · ·	• • • • • •	•••		65,238			
		<del></del>	. <del></del> .		Business Code				
	2a	FEES FOR SERVICE			900099	709,936	709,936		
	Ь	CLIENT FEES			900099	7,884	7,884		
Program Service	c	BOB'S PLACE RENT		900099	11,766	11,766			
Revenue	d	OTHER			900099	22,172	22,172		
	e						· · · · · ·		
	f	All other program service rever	nue · · · ·	<del></del> .					
	g	Total. Add lines 2a-2f · · ·			• • • • • • •	751,758			
	3	Investment income (including of other similar amounts)	dividends, in		and	1,635	1,635		
	4	Income from investment of tax			eeds				
	5		-						
		rtojanico	(i) Rea		(ii) Personal	7		= 5	, , , , ,
	6a	Gross Rents · · · · · ·	(1) 1166		(ii) i ciscilai				
		Less: rental expenses • • • •				3% b	,	,	
	1	Rental income or (loss) • • •				870, 3,			
	1	Net rental income or (loss) •	• • • • •				<del></del>		
	]	Gross amount from sales of	(i) Secun	ties	(ii) Other	, ,			
		assets other than inventory	() 0002		(1) 0 1 1 1	- <del>व</del> ं - '	• • •	- , , , ,	
	b	Less: cost or other basis				4		7 11 2	
0	1.	and sales expenses · · · ·	<del></del>				, .e. , .		
t	1	Gain or (loss)	L		L	,			<u> </u>
e		Net gain or (loss) • • • • • • • Gross income from fundraising				g 97.3			F 21 11 3
r	Ga	events (not including \$	}			ر و ر		03,	i i
R		of contributions reported on lin	ne 1c)				,		
0		See Part IV, line 18 • • • •	•			a' a °	;	, ,	
V 8		Less. direct expenses · · ·					,	4.0 2 22 74	
n		Net income or (loss) from fund				<del> </del>			<del></del>
u e		Gross income from gaming ac	-	1113				-	
•	"	See Part IV, line 19 · · · ·		a					
	١,	Less: direct expenses • • • •			<del></del>	<b>1</b> , ,		,	
	l .	Net income or (loss) from gam				<del>                                     </del>		<u> </u>	15
	1		ing dollfillo			<del></del>	1		- 3, 13
		Gross sales of inventory, less returns and allowances • • •	• • • • •	_					13.
		Less cost of goods sold · ·			L	» .	<u></u>	<b>}</b>	ļ
	_ c	Net income or (loss) from sale		ry · ·	T		<u> </u>		
	<b> </b>	Miscellaneous Revenue			Business Code	<del> </del>			<del> </del>
	l .	UNREALIZED GAIN ON I	NV V		900099	218	218	<b> </b>	<del> </del>
	b	'				<del> </del>		-	
	c								
	1	All other revenue · · · · ·	• • • • •	• • •	L				100
	0	Total. Add lines 11a-11d •			• • • • • • •	218 818 849			<u> </u>
	1 7 7	TARAL PANAMILA CAA MARMALAMA				, XIX XAU	. / 77 7 1		

## Partix Statement of Functional Expenses

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

	All other organizations must complete colum	n (A) but are not requi	red to complete colum	ins (B), (C), and (D).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			1	
	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				1.2
	U.S See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	_	}		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			}	
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) • • • • • •		<u></u>		
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees).				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
C	Accounting				
d	Lobbying				
6	Professional fundraising services See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other				
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •				
13	Office expenses · · · · · · · · · · · · · · · · · ·				
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 • • • • • •	<u> </u>			
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed				
	•				
а	5% of total expenses shown on line 25 below ) SEE ATTACHED	856,316	642,161	165,582	48,573
b	SEE ATTACHED	830,310	042,101	105,502	40,575
c d		<u></u>	ļ ————————————————————————————————————		
			<del> </del>	<del> </del>	
<b>0</b>	All other expenses	<u> </u>	<del> </del>		
f 25		856,316	642,161	165,582	48,573
25 26	Total functional expenses. Add lines 1 through 24f · · Joint Costs. Check here ▶ If following	656,516	042,101	103,362	40,5/3
-0	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				

Par	W)	Balance Sheet			
<u> </u>	<u> </u>	Dalatice Officet	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	348,962	1	230,867
	2	Savings and temporary cash investments	99,904	2	99,799
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	95,100	4	98,184
	5	Receivables from current and former officers, directors, trustees, key	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section	<u> </u>		
_		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	and the second s		and the same and the same sections are
-A -		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
e	8	Inventories for sale or use		8	
t S	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·	4,995	9	11,552
	10a	Land, buildings, and equipment: cost or			F 4 B 34 T 1 F 5 C.
		other basis Complete Part VI of Schedule D · · · · · 10a 470,772			-
	b	Less accumulated depreciation · · · · · · · · · 10b 403,686	20,680	10c	67,086
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	30,240
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	569,641	16	537,728
	17	Accounts payable and accrued expenses	3,705	17	9,009
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	
į	22	Payables to current and former officers, directors, trustees, key			
i	İ	employees, highest compensated employees, and disqualified			
t		persons. Complete Part II of Schedule L	<u>լատ, բար բեր ու առեւ ու ըստր անջ օր ը և անձ ։</u>	22	
i '	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	
s	24	Unsecured notes and loans payable to unrelated third parties • • • • • • • • • • • • • • • • • • •		24	
	25	Other liabilities Complete Part X of Schedule D	720	25	970
	26	Total liabilities. Add lines 17 through 25	4,425	26	9,979
		Organizations that follow SFAS 117, check here 🕨 🗓 and			
NF		complete lines 27 through 29, and lines 33 and 34.	The second of the second		
e u	27	Unrestricted net assets	565,216	27	527,749
t n d	28	Temporarily restricted net assets		28	
Α	29	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •		29	
s B s a		Organizations that do not follow SFAS 117, check here			
e i		and complete lines 30 through 34.		Paris .	
t a	30	Capital stock or trust principal, or current funds		30	
s n C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
0 6	32	Retained earnings, endowment, accumulated income, or other funds		32	
rs	33	Total net assets or fund balances • • • • • • • • • • • • • • • • • • •	565,216	33	527,749
	34	Total liabilities and net assets/fund balances	569,641	34	537,728

Page 12	

Form	990 (2009) GOOD FRIENDS INC 23-20	5 <b>5761</b>	Pá	age 12
Par	校 Financial Statements and Reporting		<b>.</b>	
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O		1112	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • 2a	X	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	- · · 2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	- · · 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1
	Schedule O			
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	10.54		
	issued on a consolidated basis, separate basis, or both.			100
	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		1	
	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	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· 3b	1	
	EEA	For	n <b>990</b> (	2009)

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

Department of the Treasury

## **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.

2009

OMB No 1545-0047

Internal Revenue Service Employer identification number Name of the organization 23-2055761 GOOD FRIENDS INC 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 119(1) 11g(a) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... 1100 Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (wi) Is the (vii) Amount of organization in col (in listed in your the organization in organization in col (described on lines 1-9) support governing document? col (f) of your (i) organized in the above or IRC section support? (see instructions) ) Yes No Yes No Yes No

Total

23-2055761

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Parin (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (b) 2006 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 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 shown on line 11, column (f) . . . . . Public support. Subtract line 5 from in 4 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 · · · · · Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . . . . 11 Total support. Add lines 7 through 10 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2008 Schedule A, Part II, line 14 ........ 15 % 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 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 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

# Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1)

Sec	ction A. Public Support		<del></del>				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	26,000	26,000	51,732	38,714	65,238	207,684
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	698,240	710,880	730,252	705,473	729,586	3,574,431
<b>3</b> 	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·	724,240	736,880	781,984	744,187	794,824	3,782,115
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						3,782,115
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	724,240	736,880	781,984	744,187	794,824	3,782,115
IVA	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,883	3,918	12,264	700	1,635	27,400
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b · · · · · · · ·	8,883	3,918	12,264	700	1,635	27,400
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.)				4,761	22,390	27,151
13	Total support. (Add lines 9, 10c, 11, and 12.)						3,836,666
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganızatıon's first, s	econd, third, fourth	, or fifth tax year a	s a section 501(c)(	3)	▶ 📋
	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, c	• • •	•			15	98.58 %
16	Public support percentage from 2008 Sched			• • • • • • • • • • • • • • • • • • • •	• • • • • • •	16	%
	ction D. Computation of Investme			-l (D)		47	0.71 %
17 18	Investment income percentage for 2009 (line					17	0.71 % %
	Investment income percentage from 2008 Se						%
	33 1/3% support tests - 2009. If the organization is not more than 33 1/3%, check this box	and stop here. Th	e organization qua	lifies as a publicly	supported organiza	ation • • • •	▶ 🗓
	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publ	licly supported orga	anization • • •	•••••
20_	Private Foundation: If the organization did r	iot cneck a box on	iine 14, 19a, or 19	D, CNECK THIS DOX A	ind see instructions	• • • • • • • • • • • • • • • • • • • •	· · · · · • • <u> </u>

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

See separate Instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

if the	organization answered "Yes," to Form 9	90, Part IV, line 5 (Proxy Tax), then			
•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nar	me of organization			Employer id	lentification number
_GO	OD FRIENDS INC			23-205	5761
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section 527 org	anization.
1	Provide a description of the organization's	s direct and indirect political campaign	activities in Part IV	!. — — — — — — — — — — — — — — — — — — —	
2	Political expenditures • • • • • • •			• • • • • • • • • • • • • • • • • • •	
3	Volunteer hours · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •		
Pα	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incurr				
2	Enter the amount of any excise tax incurr				
3	If the organization incurred a section 495				· · Yes No
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • • • • •	· · Yes No
b	If "Yes," describe in Part IV				
Pa		ization is exempt under secti		cept section 501(c)(	3)
1	Enter the amount directly expended by th		-		
	activities · · · · · · · · · · · · · · · · · · ·		• • • • • • • •	· · · · · · ▶ \$	
2	Enter the amount of the filing organization	n's funds contributed to other organizat	ions for section		
	527 exempt function activities • • • • •			· · · · · · • \$	- <u>-</u>
3	Total exempt function expenditures Add				
	line 17b • • • • • • • • • • • • • • • • • • •				
4	Did the filing organization file Form 1120-				Yes No
5	State the names, addresses and employe			*	
	were made For each organization listed,	-			
	contributions received that were promptly		=	•	egated
	fund or a political action committee (PAC	). If additional space is needed, provide	information in Pa	rt IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-

					00.0055	7.61 D	_
	dule C (Form 990 or 990-EZ) 2009 GOOD FRIENDS		day andian FC	14/a\/2\ and file	23-2055		_
ra	<u>Irt II-A</u> Complete if the organizatio	n is exempt un	aer section 50	rr(c)(3) and me	u romii 5766 (ele	Cuon	
	under section 501(h)).  Check In the filing organization belongs to	an affiliated group	<del></del>		···		-
	Check In the filing organization checked b	• •	ntrol" provisions ar	oply			
		ying Expenditures	millor providions ap	2017.	(a) Filing	(b) Affiliated	-
	(The term "expenditures" m		or incurred.)		organization's totals	group totals	
1a	Total lobbying expenditures to influence public of						-
b	Total lobbying expenditures to influence a legisla						-
С	Total lobbying expenditures (add lines 1a and 1)						
d	Other exempt purpose expenditures • • • • •						
6	Total exempt purpose expenditures (add lines 1	c and 1d)				·	-
f	Lobbying nontaxable amount Enter the amount	•					_
	columns.				T		
	If the amount on line 1e, column (a) or (b) is:	The lebbying	nontaxable amount	t le ·	, ,	J. 3. + .	2
	Not over \$500,000		ount on line 1e	. 13 .	Section of the sectio	Tukanesa, igi ini <del>Tu</del> gi	
1	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			,	
- 1	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	over \$1,500,000.			
	Over \$17,000,000	\$1,000,000			· · · · · · · · · · · · · · · · · · ·	ر د دونو د دونو	
g	Grassroots nontaxable amount (enter 25% of lin	e 1f) • • • • •					
h	Subtract line 1g from line 1a If zero or less, ente	er-0- • • • • •					-
i	Subtract line 1f from line 1c If zero or less, ente	r-0-					_
j	If there is an amount other than zero on either li	ne 1h or line 1i, did t	he organization file	Form 4720 reporting	g		
	section 4911 tax for this year?					Yes N	o
	(Some organizations that r		h) election do not		of the five		
	Lobby	ying Expenditures D	uring 4-Year Avera	aging Period	<del></del>	<del></del>	_
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount						_
b	Lobbying ceiling amount		4 4 4 4 4 4 4 4				

(150% of line 2a, column (e))

c Total lobbying expenditures

d Grassroots nontaxable amount

Grassroots ceiling amount
 (150% of line 2d, column (e))

f Grassroots lobbying expenditures

ANTERIOR TO THE PROPERTY OF TH

GOOD FRIENDS INC 23-2055761 Page 3 Schedule C (Form 990 or 990-EZ) 2009 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X Х Mailings to members, legislators, or the public? X Х Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? f X Х Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? . . . . . . . . . . . . X Х ı i 2a Х b If "Yes," enter the amount of any tax incurred under section 4912 ....... If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ..... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members ............... 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues • • • • • • • 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the A. J. excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information** Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information.

# SCHEDULE D

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009



Employer identification number

23-2055761 GOOD FRIENDS INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (dunng year) .... Aggregate grants from (during year) ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .......... Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements ........ 2a Total acreage restricted by conservation easements ............. 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items 

Pai	t III Organizations Maintaining								<u>Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, accession,	and of	ther records,	, check any	of the fol	llowing that are	a signi	ficant use of its			
	collection items (check all that apply):										
а	Public exhibition		d $\square$ Lo	an or excha	nge prog	grams					
b	Scholarly research		=	her				•			
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions	and evoluin	how they fur	ther the	organization's	exemni	nurnose in			
•	Part XIV.	CHOILS	and explain	now they run	tilei tile	Organization o	CACINIPI	purpoco in			
5			danakana ai	Carl bustaria	al traces	ima aratharai	milar				
5	During the year, did the organization solicit or re										
ξΞ	assets to be sold to raise funds rather than to be								<del></del> -	Yes	No
Pai	Escrow and Custodial Arra				ganizatio	on answered "Y	es" to h	om 990,			
	Part IV, line 9, or reported an amoun										
1a	Is the organization an agent, trustee, custodian										_
	included on Form 990, Part X?	• • •	• • • • • •	• • • • •	• • • •		• • • •	• • • • • • •	• • •	Yes	No
b	If "Yes," explain the arrangement in Part XIV an	d com	plete the follo	owing table							
								A	moun	t	
С	Beginning balance						10	:			
d	Additions during the year						10	i			
е	Distributions during the year • • • • • •							,			
f	Ending balance · · · · · · · · · · · · · · · · · · ·						11				
2a	Did the organization include an amount on Form									Yes	No
	If "Yes," explain the arrangement in Part XIV.	11 330,	rait A, inic 2	211							
		St alson			/!! +- F	000 Dad	0 / En -	40			
Pai	<b>Endowment Funds.</b> Complete			answered "	es to F						
		(a)	Current year	(b) Pno	r year	(c) Two years		(d) Three years bad		(e) Four year	s back
1a	Beginning of year balance		<del></del>					<b>BY BUT IN</b>			2. 2. 19t
b	Contributions · · · · · · · · · · · · · · · · · · ·								930	i i Aight	
C	Net investment earnings, gains, and losses -							Warder & Like			
d	Grants or scholarships							MANUFACTOR		<b>HANNEY</b>	200
е	Other expenditures for facilities					e wish.	* # 472				
	and programs			İ							
f	Administrative expenses					e Terrestorie	- <b>5</b> 70				(M. N.
g	End of year balance			-							
2	Provide the estimated percentage of the year el	nd hala	ance held as	<del></del>		124, 22, 22, 22, 23, 24, 25, 25, 25, 25, 25, 25, 25, 25, 25, 25	The state of the s			*****	
a	Board designated or quasi-endowment	no baic	21100 11010 00 %								
b	Permanent endowment > %										
	Term endowment > %										
2-		6 41	h		hald and	d administrated (	for the				
3a	Are there endowment funds not in the possessi	on or u	ne organizat	ion that are	neiu and	administered i	ior the			[V-	. T NI.
	organization by									Yes	S NO
	(i) unrelated organizations · · · · · · ·	• • •	• • • • • •	• • • • •	• • • •				• •	3a(i)	<del> </del>
	(ii) related organizations · · · · · · · · ·	• • •	• • • • • •	• • • • • •	• • • •	• • • • • • •	• • • •	• • • • • • •	• •	3a(ii)	—
b	If "Yes" to 3a(ii), are the related organizations list		•				• • • •	• • • • • • •	• •	3b	
4	Describe in Part XIV the intended uses of the o	rganiza	ation's endov	wment funds							
Pa	rt. VI Investments - Land, Buildi	ngs,	and Equi	pment. S	ee Form	n 990, Part X, III	ne 10.				
	Description of investment	_	(a) Cost or o	ther basis	<b>(b)</b> (	Cost or other	<b>(c)</b>	Accumulated		(d) Book valu	ue
_			(invest			sis (other)		epreciation			
1a	Land							1. 沙克马			
b	Buildings · · · · · · · · · · · · · · · · · · ·	!									
c	Leasehold improvements • • • • • • • • • • • • • • • • • • •		<del></del>								
d	Equipment · · · · · · · · · · · · · · · · · · ·					·					
e	Other STEMD	1F.		470,772				403,686			7,086
			m 000 Pod	<u> </u>	2) line 4	0(a) \					7,086
OTA	. Add lines 1a through 1e (Column (d) must equ	Jai FOT	ііі ээо, Рап	A, COIUMA (I	o), line 1	0(0))	• • • •	•••••			,,,,,,,,,

23-205576	1 Page 3

Pan VII Investments - Other Securities. Se	ee Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives · · · · · · · · · · · · · · · · · · ·		
Closely-held equity interests		
Other		
<del></del>		
<del>-</del>		
		<u></u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Paনি VIII Investments - Program Related, S	ee 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)		
Park X. Other Assets. See Form 990, Part X, line	15	
	Description	(b) Book value
<del></del>		
	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15		••••••
Other Liabilities. See Form 990, Part X, li		
1 (a) Description of liability Federal income taxes	(b) Amount	
SECURITY DEPOSITS	970	
		3
<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	970	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote		atements that reports the
organization's liability for uncertain tax positions under FIN 48	<del>-</del>	

chec	ule D (Form 990) 2009 GOOD FRIENDS INC	23-2055761	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	818,849
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	856,316
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(37,467)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(37,467)
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	818,849
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	818,849
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		- 020/045
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
h	Other (Describe in Part XIV.) 4b		
	Add lines 4a and 4b	4c	
			818,849
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		010,049
	Reconciliation of Expenses per Audited Financial Statements With Expenses		856,316
1	Total expenses and losses per audited financial statements	De servi	650,510
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 <sup>-</sup> Donated services and use of facilities		
a			
b			
С.		_ <b>           </b>	
d	Other (Describe in Part XIV )		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	056.016
3	Subtract line 2e from line 1	3	856,316
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • • • • • • • • • • •		
b	Other (Describe in Part XIV.) • • • • • • • • • • • • • • • • • • •		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	856,316
	AXIX Supplemental Information		
	plete 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		
	2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete		
his	part to provide any additional information.		
			_
			_
_		<del></del>	

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

## Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

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Employer identification number

GOOD FRIENDS INC	23-2033/61
01. Member election for additional members (Part VI, line 7a)	
ADDITIONAL MEMBERS ARE ELECTED BY THE BOARD.	
02. Governing body decisions (Part VI, line 7b)	
GOVERNING BODY DECISIONS ARE MADE BY THE BOARD.	
03. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS REVIEWED BY THE GOVERNING BODY.	
04. Conflict of interest policy compliance (Part VI, line 12c)	
CONFLICT OF INTEREST POLICY IS IN EFFECT.	
05. CEO, executive director, top management comp (Part VI, line 15a)	
EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD.	
06. Other officer or key employee compensation (Part VI, line 15b	
KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE BOARD.	
07. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	

•	Federal Supporting Statements	2009 <sub>PG01</sub>
Name(s) as shown on return		FEIN
GOOD FRIENDS INC		23-2055761

## FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
LEASEHOLD IMPROVEMENTS	289,750	0	242,474	47,276
FURNITURE FIXTURES & EQUIPMENT	130,096	0	125,796	4,300
VEHICLES	50,926	0	35,416	15,510
TOTAL	470,772	0	403,686	67,086