Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning **and ending**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
SUNFLOWER HOUSE

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
15440 W 65TH ST

City or town, state or country, and ZIP + 4
SHAWNEE, KS 66217

D Employer identification number
48-0918698

E Telephone number
(913)631-5800

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

G Website: ▶N/A

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,063,857.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	288,550.	
	b	Indirect public support	1b	91,325.	
	c	Government contributions (grants)	1c	342,977.	
	d	**Total** (add lines 1a through 1c) (cash $ 722,852. noncash $)			1d 722,852.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 59,756.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 14,815.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶ MUTUAL FUNDS REALIZED GAIN)			7 2,670.
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
			8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1a)	9a	263,764.	
	b	Less: direct expenses other than fundraising expenses	9b	97,087.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 1			9c 166,677.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 966,770.
Expenses	13	Program services (from line 44, column (B))			13 1,004,567.
	14	Management and general (from line 44, column (C))			14 57,282.
	15	Fundraising (from line 44, column (D))			15 104,111.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 1,165,960.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -199,190.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 3,655,457.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 3,456,267.

GK 2

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	53,759.	47,845.	2,688.	3,226.
26 Other salaries and wages	26	569,989.	507,291.	28,499.	34,199.
27 Pension plan contributions	27				
28 Other employee benefits	28	45,216.	40,268.	2,233.	2,715.
29 Payroll taxes	29	44,965.	40,019.	2,248.	2,698.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	14,531.	12,020.	559.	1,952.
34 Telephone	34	20,065.	17,935.	968.	1,162.
35 Postage and shipping	35	8,471.	6,552.	356.	1,563.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	29,813.	15,951.	775.	13,087.
39 Travel	39	9,226.	8,700.	126.	400.
40 Conferences, conventions, and meetings	40	753.	625.	26.	102.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	120,267.	107,038.	6,013.	7,216.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	248,905.	200,323.	12,791.	35,791.
44 **Total functional expenses.** Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,165,960.	1,004,567.	57,282.	104,111.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ;

(iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization s primary exempt purpose? ▶ SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 3

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 1,004,567.

b

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 1,004,567.

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02-03-06

Part IV Balance Sheets *(See the instructions)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*

					(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			7,377.	45	149,156.
	46	Savings and temporary cash investments			233,758.	46	86,720.
	47 a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a	315,532.			
	b	Less allowance for doubtful accounts	48b	22,500.	466,379.	48c	293,032.
	49	Grants receivable			23,674.	49	39,309.
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			6,435.	53	2,898.
	54	Investments - securities ▶ ☐ Cost ☐ FMV				54	
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment basis	57a	2,957,169.			
	b	Less accumulated depreciation STMT 5	57b	569,996.	2,507,441.	57c	2,387,173.
	58	Other assets (describe ▶ SEE STATEMENT 6)			449,209.	58	686,060.
	59	**Total assets** (must equal line 74) Add lines 45 through 58			3,694,273.	59	3,644,348.
Liabilities	60	Accounts payable and accrued expenses			5,405.	60	26,182.
	61	Grants payable				61	
	62	Deferred revenue			3,850.	62	21,835.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 7)			29,561.	65	140,064.
	66	**Total liabilities.** Add lines 60 through 65)			38,816.	66	188,081.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			2,564,940.	67	2,367,295.
	68	Temporarily restricted			641,308.	68	442,188.
	69	Permanently restricted			449,209.	69	646,784.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			3,655,457.	73	3,456,267.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,694,273.	74	3,644,348.

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02-03-06

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions)*

a	Total revenue, gains, and other support per audited financial statements			a	1,063,857.
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) _____	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	1,063,857.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) FUNDRAISING EXPENSES- GALA	d2	-97,087.		
	Add lines d1 and d2			d	-97,087.
e	**Total revenue** (Part I, line 12) Add lines c and d		▶	e	966,770.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	1,263,047.
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) _____	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	1,263,047.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify). FUNDRAISING EXPENSES	d2	-97,087.		
	Add lines d1 and d2			d	-97,087.
e	**Total expenses** (Part I, line 17) Add lines c and d		▶	e	1,165,960.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CYNTHIA SMITH	EXECUTIVE DIRECTOR 37.50	32,500.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 0			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X
Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SALLY FINNEY	0.	7,987.	0.	0.
DONNA SEVERANCE	0.	13,272.	0.	0.

Part VI Other Information *(See the instructions)*		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a Enter direct or indirect political expenditures (See line 81 instructions) 81a 0.			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter. a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			

90 a List the states with which a copy of this return is filed ▶ KS

b Number of employees employed in the pay period that includes March 12, 2005 — 90b: 25

91 a The books are in care of ▶ CYNTHIA SMITH Telephone no. ▶ 913-631-5800

Located at ▶ 15440 W. 65TH STREET, SHAWNEE, KS, SHAWNEE, KS ZIP + 4 ▶ 66217

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.		
91b			X
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		
	If "Yes," enter the name of the foreign country ▶ N/A		
91c			X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

523162
02-03-06

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated*

	Unrelated business income		Excluded by section 512, 513 or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue.					
a PROGRAM SERVICE FEES					59,756.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	14,815.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	2,670.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	166,677.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		184,162.	59,756.
105 **Total** (add line 104, columns (B), (D), and (E))				▶	243,918.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	HELPED PROMOTE GREATER AWARENESS OF THE ORGANIZATION'S MISSION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* (b), *file Form 8870* **and** *Form 4720 (see instructions)*

Please Sign Here

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

▶ Signature of officer | 11-10-06 Date | ▶ Cynthia L. Smith, CEO Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN
STEVE FLEKIER	10/20/06		

Firm's name (or yours if self-employed), address and ZIP + 4 ▶ GOTTLIEB, FLEKIER & CO., P.A.
4501 COLLEGE BLVD, SUITE 160
LEAWOOD, KS 66211

EIN ▶

Phone no. ▶ (913)491-6655

523163
02-03-06

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization

SUNFLOWER HOUSE

Employer identification number

48 0918698

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,114,872.	1,075,353.	2,793,790.	1,740,395.	6,724,410.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	32,271.	17,582.	7,717.	12,199.	69,769.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13,519.	21,655.	11,570.	18,554.	65,298.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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 the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,160,662.	1,114,590.	2,813,077.	1,771,148.	6,859,477.
24 Line 23 minus line 17	1,128,391.	1,097,008.	2,805,360.	1,758,949.	6,789,708.
25 Enter 1% of line 23	11,607.	11,146.	28,131.	17,711.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	135,794.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	6,789,708.
d Add: Amounts from column (e) for lines: 18 65,298. 19 ____ 22 ____ 26b ____ ▶	26d	65,298.
e Public support (line 26c minus line 26d total) ▶	26e	6,724,410.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	99.0383%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: **N/A**
(2004) (2003) (2002) (2001)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: **N/A**
(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶	27c	N/A
d Add: Line 27a total ____ and line 27b total ____ ▶	27d	N/A
e Public support (line 27c total minus line 27d total) ▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	N/A %
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return** Do not include these grants in line 15.
NONE

Part V **Private School Questionnaire** (See page 7 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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02-03-06

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
If the amount on line 40 is - **The lobbying nontaxable amount is -**			
Not over $500 000 — 20% of the amount on line 40			
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 — $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1 500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
20	BUILDING	08 01 02	SL	39.00	16	2,026,140.			2,026,140.	125,551.		51,952.
	* 990 PAGE 2 TOTAL BUILDINGS					2,026,140.		0.	2,026,140.	125,551.	0.	51,952.
	LAND											
21	2002 LAND IMPROVEMENTS	06 28 02	SL	39.00	16	4,609.			4,609.	295.		118.
62	LAND 2001	12 31 01	L	39.00		358,403.			358,403.			0.
	* 990 PAGE 2 TOTAL LAND					363,012.		0.	363,012.	295.	0.	118.
	OTHER											
1	UTILITY CABINET OFFICE MAX MARKER	01 29 97	200DB	7.00	17	156.			156.	156.		0.
2	BOARD, SCREEN CONFERENCE ROOM	01 16 98	200DB	7.00	17	337.			337.	322.		15.
3	FURNITURE (SQA MARSHAL	02 25 98	200DB	7.00	17	1,500.			1,500.	1,432.		68.
4	CONF. ROOM TABLE	03 03 98	200DB	7.00	17	207.			207.	197.		10.
5	2 TV/VCR COMBOS	04 29 98	200DB	5.00	17	681.			681.	681.		0.
6	CONFERENCE ROOM CHAIRS	05 15 98	200DB	7.00	17	1,316.			1,316.	1,257.		59.
7	COMPUTER SERVER	06 28 99	200DB	5.00	17	7,692.			7,692.	7,692.		0.
8	SOFTWARE (BLACKBAUD)	09 02 99		36M	43	11,170.			11,170.	11,170.		0.
9	FILE CABINET	09 29 99	200DB	7.00	17	309.			309.	269.		28.
10	FURNITURE (RAINEN BUSINESS INTE)	12 20 99	200DB	7.00	17	2,007.			2,007.	1,739.		179.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
11	SOFTWARE (BLACKBAUD)	09 02 99	200DB	5.00	17	2,300.			2,300.	2,300.		0.
12	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	04 25 00	200DB	5.00	17	1,257.			1,257.	1,184.		73.
13	AT&T UNIVERSAL BUSINESS - EQUIPMENT	07 10 00	200DB	5.00	17	2,441.			2,441.	2,300.		141.
14	JOHN MARSHALL CO - FURNITURE	07 28 00	200DB	7.00	17	1,895.			1,895.	1,472.		169.
15	OFFICE EQUIPMENT	01 01 01	200DB	5.00	17	1,070.			1,070.	938.		118.
16	COMPUTER-NOBILIS SERIES BASE SYSTEM	07 20 01	200DB	5.00	17	3,980.			3,980.	3,249.		450.
17	COMPUTER & 17"MONITOR	09 24 01	200DB	5.00	17	1,074.			1,074.	876.		121.
18	SOFTWARE (RAISER'S EDGE)	10 30 01		36M	43	2,565.			2,565.	2,565.		0.
19	COMPTER- CASE TRACKING SERVER	12 21 01	200DB	5.00	17	6,625.			6,625.	5,266.		725.
22	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	01 15 02	200DB	5.00	17	2,478.			2,478.	1,765.		285.
23	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	02 01 02	200DB	5.00	17	1,075.			1,075.	765.		124.
24	COMP USA - EQUIPMENT	03 04 02	200DB	5.00	17	1,530.			1,530.	1,090.		176.
25	PARADISE AQUATICS AQUARIUM	05 03 02	200DB	7.00	17	1,500.			1,500.	843.		187.
26	CITIBUSINESS CARDS	05 23 02	200DB	5.00	17	560.			560.	399.		65.
27	INTER-TEL TECHNOLOGY	06 03 02	200DB	7.00	17	10,400.			10,400.	5,852.		1,299.
28	AUDIOVISUAL	06 28 02	200DB	7.00	17	76,074.			76,074.	42,807.		9,502.
29	COOPER SURGICAL	06 28 02	200DB	7.00	17	31,273.			31,273.	17,598.		3,906.
30	MIDWEST MEDICAL SUPPLIES	06 28 02	200DB	7.00	17	19,138.			19,138.	10,769.		2,390.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
31	SENTRY SECURITY	06 28 02	200DB	7.00	17	6,168.			6,168.	3,471.		770.
32	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	06 28 02	200DB	5.00	17	23,719.			23,719.	16,888.		2,732.
33	SOUTHWESTERN BELL	07 09 02	200DB	7.00	17	2,101.			2,101.	1,182.		262.
34	COMP USA - EQUIPMENT	07 15 02	200DB	5.00	17	510.			510.	363.		59.
35	AMERICAN EXPRESS	08 06 02	200DB	7.00	17	623.			623.	351.		78.
36	COMP USA - EQUIPMENT	08 06 02	200DB	5.00	17	900.			900.	641.		104.
37	INTER-TEL TECHNOLOGY	08 06 02	200DB	5.00	17	21,603.			21,603.	15,382.		2,489.
38	MIDWEST MEDICAL SUPPLIES	08 06 02	200DB	7.00	17	872.			872.	492.		109.
39	OFFICE MAX - EQUIPMENT	08 06 02	200DB	7.00	17	749.			749.	421.		94.
40	COMP USA - EQUIPMENT	08 27 02	200DB	5.00	17	505.			505.	360.		58.
41	ALL NATIONS FLAG	08 28 02	200DB	7.00	17	1,479.			1,479.	832.		185.
42	PARADISE AQUATICS AQUARIUM	08 28 02	200DB	7.00	17	2,061.			2,061.	1,160.		257.
43	SOUTHWESTERN BELL	09 05 02	200DB	7.00	17	1,440.			1,440.	811.		180.
44	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	10 02 02	200DB	5.00	17	3,426.			3,426.	2,439.		395.
45	SCOTT RICE OFFICE WORKS	10 03 02	200DB	7.00	17	881.			881.	496.		110.
46	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	10 24 02	200DB	5.00	17	735.			735.	523.		85.
47	AUDIOVISUAL	11 15 02	200DB	7.00	17	4,163.			4,163.	2,343.		520.
48	GE-ERC APPLIANCES	11 15 02	200DB	7.00	17	3,023.			3,023.	1,701.		378.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
49	AMERICAN EXPRESS	11 21 02	200DB	7.00	17	2,705.			2,705.	1,522.		338.
50	PARADISE AQUATICS AQUARIUM	12 19 02	200DB	7.00	17	375.			375.	212.		47.
51	TEAM OFFICE EQUIPMENT	05 22 02	200DB	7.00	17	94,000.			94,000.	52,895.		11,741.
52	PEOPLE FRIENDLY PALCES	06 28 02	200DB	7.00	17	1,152.			1,152.	648.		144.
53	TEAM OFFICE EQUIPMENT	06 28 02	200DB	7.00	17	106,217.			106,217.	59,768.		13,267.
54	HEGARTY OFFICE EQUIPMENT	08 27 02	200DB	7.00	17	2,575.			2,575.	1,449.		322.
55	TEAM OFFICE EQUIPMENT	08 27 02	200DB	7.00	17	792.			792.	446.		99.
56	BYERLEY EQUIPMENT	09 27 02	200DB	7.00	17	1,765.			1,765.	993.		220.
57	TEAM OFFICE EQUIPMENT	10 24 02	200DB	7.00	17	8,415.			8,415.	4,736.		1,051.
58	TEAM OFFICE EQUIPMENT	11 15 02	200DB	7.00	17	4,865.			4,865.	2,737.		608.
59	TEAM OFFICE EQUIPMENT	12 04 02	200DB	7.00	17	13,710.			13,710.	7,715.		1,712.
60	VIC GRAF GALLERY	12 19 02	200DB	7.00	17	450.			450.	253.		56.
61	TEAM OFFICE EQUIPMENT	12 30 02	200DB	7.00	17	721.			721.	406.		90.
63	OFFICE EQUIPMENT	02 04 03	200DB	7.00	17	842.			842.	326.		147.
64	OFFICE EQUIPMENT	02 14 03	200DB	7.00	17	620.			620.	241.		108.
65	OFFICE EQUIPMENT-SCOTT RICE	03 04 03	200DB	7.00	17	878.			878.	340.		154.
66	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	04 22 03	200DB	5.00	17	1,737.			1,737.	903.		334.
67	TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	07 14 03	200DB	7.00	17	810.			810.	314.		142.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
68	OFFICE EQUIPMENT	06 16 03	200DB	7.00	17	2,176.			2,176.	844.		381.
69	OFFICE EQUIPMENT	07 14 03	200DB	7.00	17	704.			704.	273.		123.
70	BUILDING-FINAL CONSTRUCTION PMT	02 28 03	SL	39.00	17	19,826.			19,826.	953.		508.
71	BUILDING-IMPROVEMENTS	01 21 03	SL	39.00	17	1,019.			1,019.	51.		26.
72	BUILDING-IMPROVEMENTS	04 04 03	SL	39.00	17	1,220.			1,220.	53.		31.
73	BUILDING-IMPROVEMENTS	06 30 03	SL	39.00	17	2,633.			2,633.	105.		68.
74	BUILDING-IMPROVEMENTS	07 30 03	SL	39.00	17	426.			426.	16.		11.
75	SOUNDMASKING EQUIPMENT & INSTALL	03 03 03	200DB	5.00	17	769.			769.	400.		148.
76	PHILLIPS DVD RECORDER	03 03 03	200DB	5.00	17	838.			838.	436.		161.
77	AQUARIUM & SUPPLIES	03 12 03	200DB	7.00	17	228.			228.	89.		40.
78	MEDICAL CABINETS	03 12 03	200DB	7.00	17	4,600.			4,600.	1,784.		805.
79	TACKBOARD FOR OBS ROOM & DISPLAY CASE	01 21 03	200DB	7.00	17	1,326.			1,326.	514.		232.
80	ARMOIRES & MORE(IN KIND GIFT)	02 28 03	200DB	7.00	17	1,199.			1,199.	465.		210.
81	CHILD ASSESSMENT MURAL	03 04 03	200DB	7.00	17	4,000.			4,000.	1,552.		700.
82	OFFICE EQUIPMENT	05 23 03	200DB	7.00	17	503.			503.	195.		88.
83	PICTURES FOR NEW OFFICE	10 06 03	200DB	7.00	17	688.			688.	266.		120.
84	PC & MONITOR MEDICAL NURSE	01 08 04	200DB	5.00	17	875.			875.	175.		280.
85	PC & MONITOR DEVELOPMENT	01 08 04	200DB	5.00	17	814.			814.	163.		260.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
86	COMPUTER- WINDOWS XP & OFFICE 2003-MEDICAL	03 17 04	200DB	5.00	17	635.			635.	127.		203.
87	SOFTWARE LICENSE	08 30 04	200DB	3.00	17	1,000.			1,000.	333.		445.
88	LAPTOP -EDUCATION	09 29 04	200DB	5.00	17	1,113.			1,113.	223.		356.
89	LAPTOP -EDUCATION	09 29 04	200DB	5.00	17	1,113.			1,113.	223.		356.
90	PROJECTOR- EDUCATION	09 29 04	200DB	5.00	17	1,118.			1,118.	224.		358.
91	COMPUTER SERVER	09 29 04	200DB	5.00	17	4,545.			4,545.	909.		1,454.
92	COMPUTER-ADMIN	10 19 04	200DB	5.00	17	555.			555.	111.		178.
93	COMPUTER-PAYROLL	10 19 04	200DB	5.00	17	555.			555.	111.		178.
94	CAMERA LENS	12 15 04	200DB	5.00	17	768.			768.	154.		246.
95	TABLE- MEDICAL	02 27 04	200DB	7.00	17	963.			963.	138.		236.
96	FILE CABINET-MEDICAL	03 01 04	200DB	7.00	17	705.			705.	101.		173.
97	DRYER-MEDICAL	09 17 04	200DB	5.00	17	427.			427.	85.		137.
98	WASHER-MEDICAL	09 17 04	200DB	5.00	17	481.			481.	96.		154.
	* 990 PAGE 2 TOTAL OTHER					568,019.		0.	568,019.	323,882.	0.	68,201.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					2,957,171.		0.	2,957,171.	449,728.	0.	120,271.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VALENTINE GALA	263,764.		263,764.	97,087.	166,677.
TO FM 990, PART I, LINE 9	263,764.		263,764.	97,087.	166,677.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	14,352.	12,773.	718.	861.
STAFF DEVELOPMENT	10,615.	4,785.	192.	5,638.
VOLUNTEERS	11,080.	10,079.	205.	796.
PROFESSIONAL SERVICES	106,069.	81,035.	836.	24,198.
AFFILIATION PAYMENT	1,801.	1,515.	45.	241.
MEDIA PURCHASE	2,234.	1,675.		559.
MILEAGE EXPENSES	9,392.	7,693.	71.	1,628.
MISC.	5,774.	2,352.	2,338.	1,084.
DATA PROCESSING	18,602.	15,210.	2,367.	1,025.
PUBLIC RELATIONS	1,896.	1,713.		183.
UTILITIES	25,526.	22,720.	1,275.	1,531.
DUES AND SUBSCRIPTIONS	0.			
MAINTENANCE	44,013.	36,789.	4,744.	2,480.
BAD DEBT EXPENSE	-4,433.			-4,433.
CONTRACT EXPENSES	1,984.	1,984.		
TOTAL TO FM 990, LN 43	248,905.	200,323.	12,791.	35,791.

STATEMENT(S) 1, 2

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

SUNFLOWER HOUSE, INC. IS A NOT-FOR-PROFIT CORP ORGANIZED & OPERATED TO PROMOTE DEVELOPMENT OF COMMUNITY RESOURCES & SUPPORT LOCAL, STATE & NATL PROGRAMS THAT PREVENT CHILD ABUSE IN JOHNSON COUNTY, KS.

THE 4 SERVICES THAT THE COALITION PROVIDES ARE: PUBLIC EDUCATION FOR THE PREVENTION OF CHILD ABUSE, ADVOCACY & PREVENTION OF CHILD ABUSE, EXERCISES BY ABUSED CHILDREN TO PROVIDE THEM WITH BEHAVIORAL ALTERNATIVES THROUGH SELF ESTEEM

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,004,567.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO PREVENT CHILD ABUSE AND NEGLECT IN THIS COMMUNITY THROUGH CHILD CENTERED PROGRAMS AND INTERVENTIONS

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
UTILITY CABINET	156.	156.	0.
OFFICE MAX MARKER BOARD, SCREEN	337.	337.	0.
CONFERENCE ROOM FURNITURE (SQA MARSHALL)	1,500.	1,500.	0.
CONF. ROOM TABLE	207.	207.	0.
2 TV/VCR COMBOS	681.	681.	0.
CONFERENCE ROOM CHAIRS	1,316.	1,316.	0.
COMPUTER SERVER	7,692.	7,692.	0.
SOFTWARE (BLACKBAUD)	11,170.	11,170.	0.
FILE CABINET	309.	297.	12.
FURNITURE (RAINEN BUSINESS INTE)	2,007.	1,918.	89.

SOFTWARE (BLACKBAUD)	2,300.	2,300.	0.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	1,257.	1,257.	0.
AT&T UNIVERSAL BUSINESS - EQUIPMENT	2,441.	2,441.	0.
JOHN MARSHALL CO - FURNITURE	1,895.	1,641.	254.
OFFICE EQUIPMENT	1,070.	1,056.	14.
COMPUTER-NOBILIS SERIES BASE SYSTEM	3,980.	3,699.	281.
COMPUTER & 17"MONITOR	1,074.	997.	77.
SOFTWARE (RAISER'S EDGE)	2,565.	2,565.	0.
COMPTER- CASE TRACKING SERVER	6,625.	5,991.	634.
BUILDING	2,026,140.	177,503.	1,848,637.
2002 LAND IMPROVEMENTS	4,609.	413.	4,196.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	2,478.	2,050.	428.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	1,075.	889.	186.
COMP USA - EQUIPMENT	1,530.	1,266.	264.
PARADISE AQUATICS AQUARIUM	1,500.	1,030.	470.
CITIBUSINESS CARDS	560.	464.	96.
INTER-TEL TECHNOLOGY	10,400.	7,151.	3,249.
AUDIOVISUAL	76,074.	52,309.	23,765.
COOPER SURGICAL	31,273.	21,504.	9,769.
MIDWEST MEDICAL SUPPLIES	19,138.	13,159.	5,979.
SENTRY SECURITY	6,168.	4,241.	1,927.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	23,719.	19,620.	4,099.
SOUTHWESTERN BELL	2,101.	1,444.	657.
COMP USA - EQUIPMENT	510.	422.	88.
AMERICAN EXPRESS	623.	429.	194.
COMP USA - EQUIPMENT	900.	745.	155.
INTER-TEL TECHNOLOGY	21,603.	17,871.	3,732.
MIDWEST MEDICAL SUPPLIES	872.	601.	271.
OFFICE MAX - EQUIPMENT	749.	515.	234.
COMP USA - EQUIPMENT	505.	418.	87.
ALL NATIONS FLAG	1,479.	1,017.	462.
PARADISE AQUATICS AQUARIUM	2,061.	1,417.	644.
SOUTHWESTERN BELL	1,440.	991.	449.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	3,426.	2,834.	592.
SCOTT RICE OFFICE WORKS	881.	606.	275.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	735.	608.	127.
AUDIOVISUAL	4,163.	2,863.	1,300.
GE-ERC APPLIANCES	3,023.	2,079.	944.
AMERICAN EXPRESS	2,705.	1,860.	845.
PARADISE AQUATICS AQUARIUM	375.	259.	116.
TEAM OFFICE EQUIPMENT	94,000.	64,636.	29,364.
PEOPLE FRIENDLY PALCES	1,152.	792.	360.
TEAM OFFICE EQUIPMENT	106,217.	73,035.	33,182.
HEGARTY OFFICE EQUIPMENT	2,575.	1,771.	804.
TEAM OFFICE EQUIPMENT	792.	545.	247.

BYERLEY EQUIPMENT	1,765.	1,213.	552.
TEAM OFFICE EQUIPMENT	8,415.	5,787.	2,628.
TEAM OFFICE EQUIPMENT	4,865.	3,345.	1,520.
TEAM OFFICE EQUIPMENT	13,710.	9,427.	4,283.
VIC GRAF GALLERY	450.	309.	141.
TEAM OFFICE EQUIPMENT	721.	496.	225.
LAND 2001	358,403.	0.	358,403.
OFFICE EQUIPMENT	842.	473.	369.
OFFICE EQUIPMENT	620.	349.	271.
OFFICE EQUIPMENT-SCOTT RICE	878.	494.	384.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	1,737.	1,237.	500.
TWENT-FIRST CENTURY - COMPUTER EQUIPMENT	810.	456.	354.
OFFICE EQUIPMENT	2,176.	1,225.	951.
OFFICE EQUIPMENT	704.	396.	308.
BUILDING-FINAL CONSTRUCTION PMT	19,826.	1,461.	18,365.
BUILDING-IMPROVEMENTS	1,019.	77.	942.
BUILDING-IMPROVEMENTS	1,220.	84.	1,136.
BUILDING-IMPROVEMENTS	2,633.	173.	2,460.
BUILDING-IMPROVEMENTS	426.	27.	399.
SOUNDMASKING EQUIPMENT & INSTALL	769.	548.	221.
PHILLIPS DVD RECORDER	838.	597.	241.
AQUARIUM & SUPPLIES	228.	129.	99.
MEDICAL CABINETS	4,600.	2,589.	2,011.
TACKBOARD FOR OBS ROOM & DISPLAY CASE	1,326.	746.	580.
ARMOIRES & MORE(IN KIND GIFT)	1,199.	675.	524.
CHILD ASSESSMENT MURAL	4,000.	2,252.	1,748.
OFFICE EQUIPMENT	503.	283.	220.
PICTURES FOR NEW OFFICE	688.	386.	302.
PC & MONITOR MEDICAL NURSE	875.	455.	420.
PC & MONITOR DEVELOPMENT	814.	423.	391.
COMPUTER- WINDOWS XP & OFFICE 2003-MEDICAL	635.	330.	305.
SOFTWARE LICENSE	1,000.	778.	222.
LAPTOP -EDUCATION	1,113.	579.	534.
LAPTOP -EDUCATION	1,113.	579.	534.
PROJECTOR- EDUCATION	1,118.	582.	536.
COMPUTER SERVER	4,545.	2,363.	2,182.
COMPUTER-ADMIN	555.	289.	266.
COMPUTER-PAYROLL	555.	289.	266.
CAMERA LENS	768.	400.	368.
TABLE- MEDICAL	963.	374.	589.
FILE CABINET-MEDICAL	705.	274.	431.
DRYER-MEDICAL	427.	222.	205.
WASHER-MEDICAL	481.	250.	231.
TOTAL TO FORM 990, PART IV, LN 57	2,957,171.	569,999.	2,387,172.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
CASH-PERMANENTLY RESTRICED	646,784.
INSURANCE SETTLEMENT RECEIVABLE	33,951.
MISCELLANEOUS RECEIVABLE	1,005.
AUCTION INVENTORY	4,320.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	686,060.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
ACCRUED VACATION PAYABLE	28,901.
DUE TO TEMPORARILY RESTRICTED NET ASSETS	111,163.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	140,064.

SUNFLOWER HOUSE
2006 BOARD OF DIRECTORS
12/21/2005

Jenny Barton

Johnson Co D A. Office
P O. Box 728
Olathe, KS 66051
Work. 913-715-3064
Fax· 913-715-3050
jennifer.barton@jocogov.org

1507 Stratford Road
Lawrence, KS 66044
Home: (785) 840-9038

Service Began:
Term Expires: 2006

Sue Bond

9823 Nall Avenue
Overland Park, KS 66207
Work·
Fax: (913) 648-3096

9823 Nall Avenue
Overland Park, KS 66207
Home: (913) 648-5201

Service Began:

Term Expires: 2006

Sally Bukaty

Junior League of WY & JO Counties
11129 Sloan Avenue
Kansas City, KS 66109
Work·
Fax·
mrsjudge@hotmail.com

11129 Sloan Avenue
Kansas City, KS 66109
Home: 913-721-2274

Service Began
Term Expires: 2006

Randy Davis

Entrepreneaur
6900 W 180th St
Stillwell, KS 66085
cell.913-220-7021

HilbrichDavis@kc.rr.com

6900 W. 180th Street
Stilwell, KS 66085
Home: (913) 402-0812

Service Began:
Term Expires: 2006

Nile Glasebrook

Yellow Roadway Corporation
10990 Roe Avenue
Overland Park, KS 66209
Work. 913-344-3611
Fax: 913-323-9677
nileriver49@yahoo.com

12085 West 154th Terrace
Overland Park, KS 66221
Home: 913-897-4177

Service Began:
Term Expires· 2006

Bob Bjerg

911 Main, Suite 2800
Kansas City, MO 64105
Work: 8164214460
Fax: (816) 474-3447
robertb@sblsg.com

440 Lakeshore Drive West
Lake Quivira, KS 66217
Home: (913) 631-0679

Service Began:
Term Expires: 2006

Beth Brown

The Private Bank at Bank of America
1200 Main Street, 14th Floor
Kansas City, MO 64105
Work: 816-979-7037
Fax: 816-979-7916
elizabeth.c.brown@bankofamerica.co

411 West 46th Terrace, #302
Kansas City, MO 64112
Home: 816-531-8194

Service Began:
Term Expires: 2006

Irene Caudillo

Catholic Charities, Inc.
2220 Central Avenue
Kansas City, KS 66102
Work: 913-621-5255
Fax: 913-621-4507
ICaudillo@ccsks.org

2425 North 72nd Place
Kansas City, KS 66109
Home: (913) 299-3886

Service Began:
Term Expires: 2006

Joseph Gadberry

Johnson County Community College
12345 College Blvd
Overland Park, KS 66210
Work: 9134693826
Fax: (913) 469-2517
jgadber@jccc.edu

9868 W 101st Street
Overland Park, KS 66212
Home:

Service Began:
Term Expires: 2006

Chris Hansen

The University of KS Hospital
3901 Rainbow Blvd
Kansas City, KS 66160
Work: 913-588-1014
Fax: 913-588-1280
chansen@kumc.edu

5710 West 128th Street
Overland Park, KS 66209
Home: 913-814-9933

Service Began:
Term Expires. 2006

Wednesday, December 21,

SUNFLOWER HOUSE
2006 BOARD OF DIRECTORS
12/21/2005

Janelle Hegarty

Warden Triplett Grier
9401 Indian Creek Pkwy, #1100
Overland Park, KS 66210
Work 913-345-5105
Fax· 913-491-2979
jhegarty@wtglaw.com

9703 W 144th Ter
Overland Park, KS 66221
Home: 913-897-4645

Service Began:
Term Expires: 2006

Brian Miller

Sprint
6360 Sprint Parkway
Overland Park, KS 66251
Work: 9137624530
Fax:
brian.miller@sprint.com

1012 SE 12th Street
Lee's Summit, MO 64081
Home. (816) 678-4508

Service Began.
Term Expires: 2006

Donna Severance, Ed.D.

Education Consultant
6509 West 49th Street
Mission, KS 66202
Work:
Fax:
dosever@kctera.net

6509 West 49th Street
Mission, KS 66202
Home: 913-384-2723

Service Began:
Term Expires: 2006

Sgt. Dan Tennis

Shawnee Police Department
6535 Quivira Road
Shawnee, KS 66216
Work: 913-631-2155
Fax: 913-631-5657
dtennis@ci shawnee ks us

22007 West 64th Terrace
Shawnee, KS 66226
Home: 913-422-7847

Service Began:
Term Expires· 2006

Shirley Mitchell

Baker Sterchi Cowden
and Rice. L L.C.
2400 Pershing Road Ste 500
Kansas City, Missouri 64108-2533
Work: 816-448-9309
Fax: 816-472-0288

Mitchell@bscr-law.com
6603 West 125th Terr
Leawood, Ks. 66209
Home· 913-491-6668

Service Began· March 2006
First Term Expires 2007

Tony Jackson

Sprint
6130 Sprint Pkwy.
KSOPHJO202-2B851
Overland Park, KS 66251
Work: 913-762-6968
Fax: 913-762-0806
tony.jackson@mail.sprint.com

18922 West 117th Street
Olathe, KS 66061
Home: (913) 219-3688

Service Began:
Term Expires. 2006

Michael Russell

Wyandotte County
710 North 7th Street
Kansas City, KS 66101
Work: 9135732851
Fax: (913) 573-2948
mrussell@wycokck.org

10938 Oak Drive
Kansas City, KS 66109
Home: (913) 721-5168

Service Began:
Term Expires: 2006

John Sullivan

Hallmark Cards, Inc.
P.O. Box 419580, Mail Drop 502
Kansas City, MO 64141
Work: 816-274-5803
Fax: 816-545-3209
jsulli3@hallmark.com

11203 West 140th Terrace
Overland Park, KS 66221
Home. 913-681-3396

Service Began:
Term Expires: 2006

Cheryl Tolbert

Kansas City Metro SRS
8915 Lenexa Drive
Overland Park, KS 66214
Work: 913-826-7384
Fax: 913-826-7541
cet@srskansas.org

7344 McCoy
Shawnee, KS 66227
Home: 913-441-8075

Service Began:
Term Expires: 2006

Wednesday, December 21,

Form **8868**
(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	SUNFLOWER HOUSE	48-0918698
	Number, street, and room or suite no. If a P.O. box, see instructions. 15440 W 65TH ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHAWNEE, KS 66217	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MARSHALL HOLLINGSWORTH
  Telephone No. ▶ 913-631-5800 FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2006 .
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2005 or
▶ [ ] tax year beginning _____ , and ending _____ .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	SUNFLOWER HOUSE		48-0918698
	Number, street, and room or suite no. If a P.O. box, see instructions. 15440 W 65TH ST		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHAWNEE, KS 66217		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MARSHALL HOLLINGSWORTH
  Telephone No. ▶ 913-631-5800 FAX No. ▶
- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ▶ [ ]. If it is for **part** of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2006.

5 For calendar year 2005, or other tax year beginning _____ and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ALL INFORMATION NECESSARY TO FILE AN ACCURATE RETURN HAS NOT YET BEEN COMPILED

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ AUG 11 2006

Notice to Applicant - To Be Completed by the IRS

[ ] We **have** approved this application. Please attach this form to the organization's return.

[ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

[ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

[ ] Other _____

_____ By. _____ _____
Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	
	Name GOTTLIEB, FLEKIER & CO., P.A.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 4501 COLLEGE BLVD., SUITE 160
523832 05-01-05	**City or town, province or state, and country (including postal or ZIP code)** LEAWOOD, KS 66211