

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

Expenses

What is the organization's primary exempt purpose?
PROMOTE ECONOMIC DEVELOPMENT IN ALLEN COUNTY, KANSAS

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

for others.)

28 SEE STATEMENT 6

(Grants \$) If this amount includes foreign grants, check here 28a **34,955**

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

34,955

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

	(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	(e) Expense account and other allowances
	BRIAN WOLFE, MD 2 EAST JACKSON KS 66749	BOARD CHAIR 1.00	0	0	0
	RANDY WEBER 2 EAST JACKSON KS 66749	TREASURER 1.00	0	0	0
	NANCY MAIER 2 EAST JACKSON KS 66749	SECRETARY 1.00	0	0	0
	KAREN GILPIN, R.N. 2 EAST JACKSON KS 66749	DIRECTOR 1.00	0	0	0
	BARBARA CHALKER 2 EAST JACKSON KS 66749	DIRECTOR 1.00	0	0	0
	ALAN WEBER 2 EAST JACKSON KS 66749	BOARD VICE-CHAIR 1.00	0	0	0
	CONNIE MCWHIRTER 2 EAST JACKSON KS 66749	DIRECTOR 1.00	0	0	0
	DAVID TOLAND 2 EAST JACKSON KS 66749	EXECUTIVE DIRECTOR 40.00	29,644	0	0

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributors to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors each receiving over \$100,000		

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.

Sign Here
 Signature of officer: **DAVID TOLAND** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature PHILIP A JARRED CPA	Date 02/23/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) P00012189
Firm's name (or yours if self-employed) JARRED, GIMORE & PHILLIPS, PA	P.O. BOX 779	Phone no. 620-431-6342	
address, and ZIP + 4 CHANUTE, KS 66720		Yes <input type="checkbox"/> No <input type="checkbox"/>	

May the IRS discuss this return with the preparer shown above? See instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(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.")			50,657	99,424	76,415	226,496
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			50,657	99,424	76,415	226,496
5 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)						
6 Public support. Subtract line 5 from line 4						226,496

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			50,657	99,424	76,415	226,496
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				6,845	2,027	8,872
11 Total support. Add lines 7 through 10				6,845	2,027	235,368
12 Gross receipts from related activities, etc. (see instructions)						6,719
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) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))						14 %
15 Public support percentage from 2008 Schedule A, Part II, line 14						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						<input type="checkbox"/>
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

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

Section A. Public Support

Calendar 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".)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Federal Statements

Form 990-EZ General Footnote

Description

THIS RETURN IS BEING FILED TO SWITCH THE ORGANIZATION TO A JUNE 30 FISCAL YEAR END TO MATCH THE WAY THEIR OPERATIONS AND GRANTS ARE CONDUCTED. 2009 FEDERAL FORM 990-EZ WAS NOT AVAILABLE BY NOVEMBER 15, 2009, AND ONLY RECENTLY BECAME AVAILABLE, THEREFORE, IT WAS IMPOSSIBLE TO FILE UNTIL NOW. THERE SHOULD BE NO PENALTY FOR LATE FILING OF THE RETURN FOR CONVERTING TO A FISCAL YEAR END, WHEN THE ORGANIZATION'S PRIOR REGULAR YEAR END WOULD NOT HAVE BEEN UNTIL DECEMBER 31, 2009, WITH A RETURN DUE DATE OF MAY 15, 2010.

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
ADVERTISING REVENUE	\$ 1,760
OTHER MISC	267
TOTAL	\$ 2,027

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING AND PROMOTION	3,879
OFFICE EXPENSE	110
INFORMATION TECHNOLOGY EXPENS	-1,203
TRAVEL EXPENSE	934
INTEREST EXPENSE	453
INSURANCE EXPENSE	565
BANK CHARGES	10
ALLEN COUNTY MELTDOWN	5,624
EQUIPMENT RENTAL & MAINT	-816
EQUIPMENT & FURNITURE	365
IOLA HS SADD ANTI-TOBACCO	1,250
MELVIN RUN EXPENSES	1,079
SUPPLIES	1,633
TELEPHONE, TELECOMMUNICAT	1,659
WELL-BEING REPORT	396
TOTAL	\$ 15,938

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
CHANGE FROM CASH TO ACCRUAL BASIS	\$ -3,070
TOTAL	\$ -3,070

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 4,817	\$ 9,260
FURNITURE AND EQUIPMENT	212	8,091
LESS ACCUMULATED DEPRECIATION	4,605	1,426
		15,925

Federal Statements

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,670	\$ 9,827
MORTGAGE AND OTHER NOTES PAYABLE	3,670	2,499
		12,326

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

BY CO-ORDINATION OF LOCAL BUSINESS, CIVIC, GOVERNMENTAL AND ORGANIZATION THE ORGANIZATION WILL ENDEAVOR TO REALIZE ITS PURPOSE OF ALLEN COUNTY ECONOMIC DEVELOPMENT. THE ORGANIZATION OF APPROXIMATELY 13,000 PEOPLE.