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Form 990-EZ

Short 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. 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For 2008 calendar year, or tax year beginning JANUARY 01, 2008, and ending DECEMBER 31, 20 08

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: CLOUD COUNTY HISTORICAL SOCIETY. D Employer identification number: 48-0860878. E Telephone number: (785) 243-2866. F Group Exemption Number.

G Accounting method: [X] Cash [] Accrual. Other (specify):

I Website: N/A. H Check [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527. K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 51,332

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for revenue and expenses. Revenue total: 51,332. Expenses total: 93,932. Net assets at end of year: 709,728. Includes a 'RECEIVED' stamp dated MAR 25 2010 from IRS OSC OGDEN, UT.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for balance sheet items. (A) Beginning of year, (B) End of year. Total assets: 709,728. Total liabilities: 0. Net assets: 709,728.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form 990-EZ (2008)

Handwritten number 2467

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		
	section 4911; section 4912; section 4955		
b	Section 501(c)(3) and (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," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed.	NONE	
42a	The books are in care of	See attachment #7	
	Located at	Telephone no	
		ZIP + 4	
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)?	42b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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(s) a section 527 organization? | 49b | | X |
- 50 Complete this table for the 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) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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		
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: *Dana Brewer* Date: 3/23/2010

Type or print name and title: DANA BREWER PRESIDENT

Paid Preparer's Use Only

Preparer's signature: *Barbara Korbman* Date: 3/23/10 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: 1584 LONCOLN--PO BOX 628 Concordia, KS 66901- EIN: Phone no.: 785- 243-3400

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CLOUD COUNTY HISTORICAL SOCIETY

Employer identification number

48-0860878

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 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. _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e 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.
- g 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) and (iii) below, the governing body of the supported organization? ... N/A
- (ii) A family member of a person described in (i) above? ... N/A
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... N/A

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,591	40,973	28,120	28,120	11,110	113,914
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	32,400	36,000	36,000	36,000	36,000	176,400
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	37,991	76,973	64,120	64,120	47,110	290,314
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						290,314

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	37,991	76,973	64,120	64,120	47,110	290,314
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,682	11,023	12,307	12,307	430	44,749
9 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						335,063
12 Gross receipts from related activities, etc. (see instructions)					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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	86.64 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	84.00 %

16a **33 1/3 % support test -- 2008.** 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

b **33 1/3 % support test -- 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test -- 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test -- 2007.** 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

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

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2008 or tax period beginning	01-01-2008, and ending	12-31-2008.
Name of Organization CLOUD COUNTY HISTORICAL SOCIETY			Employer Identification Number 48-0860878

Description of Other Revenue	Amount
TREASURER	22,116
CLOUD COUNTY	13,884
HAIL INSURANCE PAYMENT	2,670
Total	38,670

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	01-01-2008, and ending	12-31-2008.
Name of Organization CLOUD COUNTY HISTORICAL SOCIETY			Employer Identification Number 48-0860878

Description of Other Expenses	Amount
PAYROLL TAXES	6,102
WHOLE WALL PROJECT	26,897
Total	32,999

SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

Name of Organization: CLOUD COUNTY HISTORICAL SOCIETY
 Employer Identification Number: 48-0860878

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
CIRITIFICATE OF DEPOSIT	12,460	12,464	
Totals	12,460	12,464	

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	01-01	, and ending	12-31-2008.
Name of Organization				Employer Identification Number
CLOUD COUNTY HISTORICAL SOCIETY				48-0860878

Primary Purpose

MAINTAIN MUSEUM, OPEN TO PUBLIC WITHOUT CHARGE. DEATH, BIRTH, AND MARRIAGE RECORDS AND NEWSPAPER FILES ARE AVAILABLE TO THE PUBLIC. HISTORICAL FILES OF PUBLIC RECORDS ARE MAINTAINED. TOURS ARE GIVEN TO SCHOOL GROUPS, TOUR BUSES, ETC. HIGH SCHOOL SENIOR PROJECTS AND OTHER PRIMARY, SECONDARY AND COLLEGE RESEARCH PROJECTS ARE ASSISTED.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Open to Public Inspection For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.				
Name of Organization CLOUD COUNTY HISTORICAL SOCIETY			Employer Identification Number 48-0860878	
LISA GUERRA 314 EAST 8TH ST Concordia, KS 66901 See Comp. Expl. #1	CURATOR 30.00	16,911	0	0
DANA BREWER 2201 N 100 ROAD Concordia, KS 66901	PRESIDENT 0.00	0	0	0
LORI HALFHIDE 611 E 13TH STREET Concordia, KS 66901	VICE PRESIDENT	0	0	0
ALINE LUCKE 410 WEST 9TH STREET Concordia, KS 66901		0	0	0
MARY COLBY 508 WALNUT STREET Jamestown, KS 66948	TREASURER	0	0	0
JIM BUOY 804 REPUBLICAN STREET Concordia, KS 66901	BOARD MEMBER	0	0	0
DON KERR 309 EAST 12TH STREET Concordia, KS 66901	BOARD MEMBER	0	0	0
TOM GENNETTE 324 E 5TH STREET Concordia, KS 66901	BOARD MEMBER	0	0	0
ALICE WALKER 1409 CEDAR Concordia, KS 66901	BOARD MEMBER	0	0	0
WARREN FREEBORN MD 1904 NORTH 240 ROAD Ames, KS 66901	BOARD MEMBER	0	0	0
HAROLD CHARTIER 618 WASHINGTON Clyde, KS 66938	BOARD MEMBER	0	0	0

COMPENSATION EXPLANATION

Attachment 6: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public
Inspection

and ending 12-31-2008

For Calendar year 2008, or tax year period beginning 01-01-2008

Name of Organization

Employer Identification Number

CLOUD COUNTY HISTORICAL SOCIETY

48-0860878

Name

Explanation

Officer Comp. Expln. #1
LISA GUERRA

DIRECTOR AND CURATOR OF MUSEUM OVERSEES ALL ASPECTS OF RUNNING
MUSEUM

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2008 or tax period beginning 01-01 , and ending 12-31-2008.

Name of Organization CLOUD COUNTY HISTORICAL SOCIETY Employer Identification Number 48-0860878

Part V - Line 42a

Individual Name MARY COLBY

or

Business Name:

Street Address 508 WALNUT STREET

U.S. Address.

Zip code 66948 City Jamestown State KS

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (785) 614-0352

Fax Number