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# Short Form Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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

► 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 \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public  
Inspection

<b>A For the 2009 calendar year, or tax year beginning</b>		01/01	<b>, 2009, and ending</b>	12/31	, 20 09
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>KS County Clerks &amp; Election Officials Association</b> Number and street (or P O box, if mail is not delivered to street address) <b>1200 SW 10th Ave</b> City or town, state or country, and ZIP + 4 <b>Topeka, KS 66604</b>		<b>20-5889377</b> <b>E Telephone number</b> <b>785-290-5529</b> <b>F Group Exemption Number</b> ►	

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

**G Accounting Method:**  Cash  Accrual  
Other (specify) ►

I **Website:** ► [www.kscountyclerks.org](http://www.kscountyclerks.org)J **Tax-exempt status (check only one)** —  501(c) ( 6 ) ▲ (insert no.)  4947(a)(1) or  527

**H Check** ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 64,148

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	5,165
	2	Program service revenue including government fees and contracts . . . . .	2	0
	3	Membership dues and assessments . . . . .	3	58,772
	4	Investment income . . . . .	4	0
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	b	Less: cost or other basis and sales expenses . . . . .	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a	Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6a	0
<b>Expenses</b>	b	Less: direct expenses other than fundraising expenses . . . . .	6b	0
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0
	b	Less: cost of goods sold . . . . .	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	8	Other revenue (describe ► <b>See Statement 1</b> ) . . . . .	8	211
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	64,148
	10	Grants and similar amounts paid (attach schedule) . . . . .	10	4,500
	11	Benefits paid to or for members . . . . .	11	0
<b>Net Assets</b>	12	Salaries, other compensation, and employee benefits . . . . .	12	0
	13	Professional fees and other payments to independent contractors . . . . .	13	1,101
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	0
	15	Printing, publications, postage, and shipping . . . . .	15	0
	16	Other expenses (describe ► <b>See Statement 2</b> ) . . . . .	16	40,066
	17	<b>Total expenses.</b> Add lines 10 through 16 ►	17	45,667
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	18,481
<b>Net Assets</b>	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	68,776
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ►	21	87,257

<b>Part II Balance Sheets:</b> If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.	
22	(See the instructions for Part II.)
22	<b>Cash, savings, and investments</b> . . . . .
23	<b>Land and buildings</b> . . . . .
24	Other assets (describe ► <b>See Statement 1</b> ) . . . . .
25	<b>Total assets</b> . . . . .
26	<b>Total liabilities</b> (describe ► . . . . .)
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .

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

**What is the organization's primary exempt purpose?** **To promote and enhance the common statutorily defined du**

What is the organization's primary exempt purpose? to promote and enhance the commonwealth's statutory defined a  
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, and other relevant information for  
each program title.

**Expenses**  
Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
501(c)(9) trusts, optional  
for others.)

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**28 See Statement 3**

Grants \$

) If this amount includes foreign grants, check here . . . . ►

28a

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) . . . . . ► 32 22,790

**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
See Statement 4				

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

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
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 why the organization did not report the income on Form 990-T. . . . .	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35b	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	36	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	✓
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 outstanding at the end of the period covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9 . . . . .	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 ► _____	40b	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40e	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .	42b	✓
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .	42c	✓
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. . . . .		
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► Joanne Long	Telephone no. ► 620-223-3800	
Located at ► 210 S National Ave, Fort Scott, KS 66701	ZIP + 4 ► 66701	
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	✓
If "Yes," enter the name of the foreign country: ► _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	✓
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/>		
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	✓
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	✓

**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.

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	Yes	No
46			
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	No
47			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
49a			
b	If "Yes," was the related organization a section 527 organization?	Yes	No
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."	Yes	No

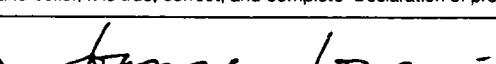
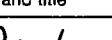
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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 . . ►

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		Date <u>4-6-10</u>	
	► <b>Joanne Long, Treasurer</b>			
Paid Preparer's Use Only	Preparer's signature 	Date <u>4-6-10</u>	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>20-8192997</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 		Kearney Law Office PA 1200 SW 10th Ave, Topeka, KS 66604	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/> 785-290-5529
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Form 990-EZ (2009)

**Statement 1 : Other Revenue Schedule**

**Statement 2 : Other Expenses Schedule**

**Statement 3 : Program Service Accomplishments**

**Statement 4 : Officers, Directors, Trustees and Key Employees Compensation**

Statement 1  
Form 990-EZ  
Page: 1  
Line Number: Part I Line 8

KS County Clerks & Election Officials Association  
20-5889377

**Other Revenue Schedule**

Description	Amount
Misc	\$211
<b>Total:</b>	<b>\$211</b>

**Other Expenses Schedule**

<b>Description</b>	<b>Amount</b>
Annual Conference Expenses	\$21,397
New Clerk School Expenses	\$1,393
KCOA Dues	\$15,750
Misc Expenses (Flowers, refunds, supplies)	\$1,526
<b>Total:</b>	<b>\$40,066</b>

Program Service Accomplishments

Achievement	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
KCC&EO Conference/KCOA Conference (All Members) Educational forum to promote the profession, enhance the credentials of all members and diligently pursue all avenues to enhance the professional and ethical responsibilities of county clerks and Election Officials	\$0		\$21,397
New Clerk School (New Clerks) Training to enhance the professional credentials of all members	\$0		\$1,393
Scholarship Fund (students) Annual fundraiser to provide scholarships to Kansas students	\$0		\$0
<b>Total:</b>			<b>\$22,790</b>

Officers, Directors, Trustees and Key Employees Compensation

Name and address	Title and Hours	Compensation	Benefits	Expense
Stacia D Long 515 N Washington Ste 100 Liberal, KS 67901	President 5 00	\$0	\$0	\$0
Linda M Buttron PO Box 321 300 W Jefferson Oskaloosa, KS 66066	Vice-President 5 00	\$0	\$0	\$0
Donald R Merriman 300 W Ash Salina, KS 67401	Secretary 5 00	\$0	\$0	\$0
Janet R Rumpel 813 Broadway Room 102 Goodland, KS 67735	Treasurer 5 00	\$0	\$0	\$0
Janet Klasinski 30 Walnut Ste 106 Leavenworth, KS 66048	Director and Education Chair 5 00	\$0	\$0	\$0
Susan Meng PO Box 425 McPherson, KS 67460	Director and Bylaws Chair 5 00	\$0	\$0	\$0
Sherrie Riebel 1 N Washington Iola, KS 66749	Director and Election Chair 5 00	\$0	\$0	\$0
Sonya Stohs PO Box 391 1201 Broadway Marysville, KS 66508	Director and Legislative Chair 5 00	\$0	\$0	\$0
Mary Arganbright 307 N Concord Ste 130 Minneapolis, KS 67467	Director and PR Chair 5 00	\$0	\$0	\$0
Inge Luntsford 130 N Spruce Kingman, KS 67068	Director and Scholarship Chair 5 00	\$0	\$0	\$0
Joanne Long 210 S National Ave Fort Scott, KS 67068	Director and Website administrator (indep contractor) 10 00	\$800	\$0	\$0
<b>Total:</b>		<b>\$800</b>	<b>\$0</b>	<b>\$0</b>