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Short Form Return of Organization Exempt From Income Tax

2009

**Open to Public
Inspection**

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.

A For the 2009 calendar year, or tax year beginning _____, **2009, and ending** _____, **20**

<p>B Check if applicable:</p> <p>Address change <input type="checkbox"/></p> <p>Name change <input type="checkbox"/></p> <p>Initial return <input type="checkbox"/></p> <p>Terminated <input type="checkbox"/></p> <p>Amended return <input type="checkbox"/></p> <p>Application pending <input type="checkbox"/></p>	<p>C Name of organization</p> <p>BARBER COUNTY DEVELOPMENT INC</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite</p> <p>PO BOX 4</p> <p>City or town, state or country, and ZIP + 4</p> <p>MEDICINE LODGE, KS 67104-0004</p>	<p>D Employer identification number</p> <p>20-8853072</p>	<p>E Telephone number</p> <p>(620) 886-3988</p>	<p>F Group Exemption Number</p> <p>Number . . . ▶</p>
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● **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) ▶

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

I Website: ▶ _____

J Tax-exempt status (check only one) - 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. A 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 ▶ \$ **46,486**

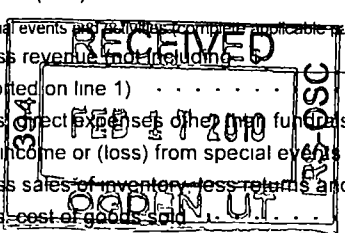
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

	Description	Line	Amount
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	45,868
	3 Membership dues and assessments	3	
	4 Investment income	4	313
	5a Gross amount from sale of assets other than inventory	5a	305
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	305
	6 Special events and activities (including gaming, check here <input type="checkbox"/>) If any amount is from		
	a Gross revenue (including reported on line 1) of contributions	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	46,486	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	26,110
	13 Professional fees and other payments to independent contractors	13	430
	14 Occupancy, rent, utilities, and maintenance	14	175
	15 Printing, publications, postage, and shipping	15	249
	16 Other expenses (describe ▶ STM130)	16	9,009
17 Total expenses. Add lines 10 through 16	17	35,973	
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,513
	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	35,402
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,915

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35,402	47,915
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	35,402	47,915
26	Total liabilities (describe ▶ STM132)		2,000
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,402	45,915

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

		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? 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 why the organization did not report the income on Form 990-T		
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	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	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	
40 a	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 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	40b	X
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		
d	Section 501(c)(3) and 501(c)(4) organizations 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		
42 a	The organization's books are in care of <u>TINA A DAVIS</u> Telephone no <u>620-886-3988</u> Located at <u>PO BOX 4 MEDICINE LODGE, KS</u> ZIP + 4 <u>67104-0004</u>		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	X
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 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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 46-49b.

Table for line 50: Complete this table for the organization's five highest compensated employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

Table for line 51: Complete this table for the organization's five highest compensated independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

Sign Here section containing signature of Tina A Davis, Date 2/9/10, and Preparer's signature of Robert D Householter PA, Date 01-12-2010, and firm information: ROBERT D HOUSEHOLTER PA, 416 W KANSAS, Medicine Lodge, KS 67104.

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

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OFFICE EXPENSE	1,424
MEALS	934
EDUCATION	271
EQUIPMENT	1,702
INSURANCE	325
FRANCHISE FEES	55
DUES AND SUBS	280
PAYROLL TAX	1,997
MILEAGE REIMBURSEMENTS	363
TELEPHONE	<u>1,658</u>
TOTAL	<u><u>9,009</u></u>

**FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PAYROLL TAX PAYABLE	<u> </u>	<u>2,000</u>
TOTAL	<u><u> </u></u>	<u><u>2,000</u></u>

