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SCANNED SEP 2 6 2010

Form 1990

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)

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u> _	For th	ne 2009 ca	alendar	year, or tax year				ina enaing		D. Fla-	er identification	
В	Check if	applicable	Please use IRS	C Name of organizat		ounty Econon	nic Develo	pment Alli	ance			
	Address	s change	label or	Doing Business As				Т		26	00427	99
	Name c	change	print or type	Number and street (o	or PO box if mail is	not delivered to stree	et address)	Room/surte		E Telepho		
	Initial re	eturn	See	225 North 4th S			 			(402)	768-74	107
	Termina	ated	Specific Instruc-	City or town, state	• •	ŽIP + 4						
	Amende	ed return	tions	Hebron, NE 68						G Gross red	eipts \$	180,632
		on pending	F Nar	me and address of pri	ncipal officer				H(a) is this	a group return	for affiliates? Ye	s 🗹 No
	FF	- 1	Arlis i	Hohl 225 North 4	th Street, He	bron, NE 683	70		1		ncluded? 🗆 Ye	_
T	Tax-ex	empt status		501(c) () ∢ (insert					1		list (see instruct	
J	Webs	ite: ▶ htt	tp://ww	w.thayercounty.	.org/				H(c) Group	exemption num	ıber ▶	
K				poration 🗌 Trust 🔲 As		r >	L Yea	r of formation	2001	M State of	legal domicile	NE
Р	art I	Summ	nary				_					
	1	Briefly de	escribe	the organization	's mission or	most significal	nt activities	Econom	ic Devel	opment o	f the Thayer	
•	ı	County	Nebra	ska Area, servin	g 11 commu	nities and sur	rounding a	area.	. 			
Governance	.											
Ē									. .			
Š	2	Check this	s box ►	if the organization	n discontinued its	operations or dis	posed of more	e than 25% of	its net ass	ets		
G.	3	Number	of votir	ng members of th	ne governing b	oody (Part VI,	line 1a).			. 3		12
Se	4			ependent voting n				/I, line 1b)		4		12
Ŧ	5			f employees (Par			• .			5		0
Activities &	6			f volunteers (estir	•	sarv)	_			6		0
_				elated business re			nn (C), line	12		7a		0
				ousiness taxable ii						7b		0
									Prior Ye	ear	Current Y	'ear
	8	Contribu	tions a	ind grants (Part V	'III. line 1h)					59,540		179,670
Ę	9			o-revenue (Part V			•			0		
Revenue	10			ome@art(V)IF-do)						988		962
æ	11	Other rev	venue ((Part VIII, column	(A)_lines.5\6	d. 8c. 9c. 10c	and 11e)			0		
	12	Total reve	enue—a	add lines 8 through	h 11 (must eau	al Part VIII, col	umn (A), lin	e 12)		60,528		180,632
				ilar amounts paid						53,146		130,511
	13	Donofito	nu sing	o or for members	(Bort IX, Con	mn (A) line 4\	1-0) .	, .		43,338		44,982
S	14							5 10)		465		
SUS.	15	Salaries,	otner co	ompensation remaindraising fees (Pai	bloyee benefits	(Part IX, Colum		3-10)				· · ·
Expenses	10a						•	• •				
ш	~			g expenses (Part I) s (Part IX, column				1		11,465		10,463
								· · · -		108,414		185,956
				s. Add lines 13-17 openses Subtract			in (A), iine i	23)		-47,886		-5,324
<u> </u>	19	neveriue	ICSS CX	penses Subtract	ine to nom ii	10 12	.	Bed	ginning of C		End of Yo	
sets or	<u> </u>	Takal asa	- - /D-	V line 16\				-	<u>, , , , , , , , , , , , , , , , , , , </u>	24,222		44,628
ا پر	<u> ا</u>			art X, line 16)				-		0		0
ě				(Part X, line 26) und balances. Su	 btract line 21	from line 20			-	24,222		44,628
	art II			Block	Diract into E1		•	·				
	<u> </u>	Under no	enalties o	of nerury. Lideclare tha	it I have examined	this return, includ	ling accompar	nying schedule	s and state	ments, and to	the best of my	knowledge
		and belie	ef, ttys tri	ue, correct, and comp	lete Declaration	of, preparer (other	than officer) is	s based on all	Information	of which pre	eparer has any k	inowledge
Si	gn		Nor	remary	Licego.	weder			1	8-18	-10	
	ere	Sign	gature of	officer V		<u> </u>	00		Dat	te		
• • • •		K	5,03	5ms Ld	Dage.	tarde	Cha	J'mai	1			
		Type	e or print	t name and title								
_		Preparer	, <u>,</u>	1	in		Date	Chec	k ıf		dentifying number	,
- 2-		signature			") / n	0		self- emple	oyed ▶ 🗌	(see instruct	ions)	
-Pai			1	11/2	LIK L		8-13	1/0	_			
	eparer's	Firm's na	ame (or y		· **/ \				EIN	>		
ŲS	e Only	ıf self-en address.	nployed), , and ZIP			-			Phone r	10 🕨 ()	
M	av the			s return with the	preparer show	vn above? (se	e instructio	ons)			. Yes	☐ No
_				nwork Reduction					Cat No. 1	1282V	Form 9	90 (2009)

Pa	t III	Statement of Program Service Accomplishments
1	To se	describe the organization's mission rve Thayer County, Nebraska by aiding in the promotion and development of business and industry in this raphic area.
2	the pr	e organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?
•		s," describe these new services on Schedule O.
3	service	e organization cease conducting, or make significant changes in how it conducts, any program es?
4	Descri Section	be the exempt purpose achievements for each of the organization's three largest program services by expenses. In 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and tions to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Exper	
4e	Total	program service expenses ▶

.

	t IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	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	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	,	✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		•	-
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	,		,
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	V	,	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	_ <u> </u>

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization 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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		√

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	r		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	٠	' a 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			· ·
	this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		1
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?.	5c		,
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		1
	benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
••	required?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			<u>- , -</u>
	organization, have excess business holdings at any time during the year?	8		/
	Sponsoring organizations maintaining donor advised funds.			 -
	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Intration fees and capital contributions included on Part VIII line 12	-		
	initiation rees and capital contributions included on Fact vin, line 12.			
	aross receipts, included on Form 550, Fait VIII, line 12, for public asc of olds received			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
IJ	amounts due or received from them)	,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			اــــا
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		- ✓
6	Does the organization have members or stockholders?	6	-	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		,	
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			J
	The governing body?	8a 8b	1	
_	Each committee with authority to act on behalf of the governing body?	OD		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			<u> </u>
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		√
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		✓_
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		√
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	-	✓
15	Did the process for determining compensation of the following persons include a review and approval by	'		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	V	
þ	Other officers or key employees of the organization	15b	✓	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		-
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.	//(0/0	O 1197	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public	J		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Arlis Hohl 402-768-7407 225 North 4th Street Hebron, NE 68370			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	ompensate	any o	curr	ent	offi	cer, d	irec	tor, or trustee		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Positi	on (chec	k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
See Attached Statement	0							0	0	0
										_
			ļ 							
			ļ 							

Par	t VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loye	ees,	an	d Hig	hest	Compensate	d Employees	(continued)
	(A)	(B)	(C) Position (check all that apply						(D)	(E)	(F)
	Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	other compensation
									ı		
											_
								<u>.</u>			
	Total		<u></u>					<u> </u>			
2	Total number of individuals (including but reportable compensation from the organization)	not limited ation ►	to th	ose	IIST	ea a	above	e) Wr	no receivea ma	ore than \$100	,000 in
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the s	chedule J	for su	ıch	ındı	vidu	ıal				Yes No
4	the organization and related organizations individual	greater tha	in \$15	50,0	00?	If "	'Yes,"	cor	nplete Schedu	le J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com _i olete	oen: Sch	satio edu	on 1 le J	from I for s	any uch	unrelated org		5 ✓
	ction B. Independent Contractors		d '			n.			ro that recover	d mara than	\$100 000 of
1	Complete this table for your five highest compensation from the organization	ompensate	u ind			ant C	JUNTE	aCIO			
	Name and business add	dress							(B) Description of s	ervices	(C) Compensation
								-			0
								\vdash			0
		······································									0
2	Total number of independent contractors (i					to	those	liste	ed above) who	received	

:

Par	t VIII	Statement of Revenue					
٠,٠,	, , ,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c	38,778	,	· · · · · · · · · · · · · · · · · · ·	,	
Contributions, gifts, grants and other similar amounts	е	Related organizations . Government grants (contributions) . All other contributions, gifts, grants,	140892				<i>a</i> ,
	١ - ٥	and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		179,670		,	
			Business Code	•			
Ven	2a	Program - Souper Bowl	ļ	405			
Program Service Revenue	b	Leadership Registrations		300			
	С			0			-
တ္မ	d			0			
gran	e	All other program service revenue .		0			
Pog	g	Total. Add lines 2a–2f		0	,	. ,	
	3	Investment income (including dividen other similar amounts)	ds, interest, and	962			
	4	Income from investment of tax-exempt bo	ond proceeds 🕨	0			
	5	Royalties		0			
	6a	Gross Rents (i) Real	(ii) Personal 0				7
	Ь	Less. rental expenses	0 0		. , `		,
		Rental income or (loss)	0 0			<u> </u>	
	d	Net rental income or (loss)	<u> </u>	0			
	7a	Gross amount from sales of assets other than inventory	(ii) Other 0	,	, , ,	50 , A	
		Less. cost or other basis and sales expenses .	0 0	, ,		, ,	
		Gain or (loss)		0			4
Revenue	8a	Gross income from fundraising events (not including \$		3, 34		8	
		See Part IV, line 18	a 0	- No.	r ' ' ' '	, , , , , ,	
Other		Less: direct expenses Net income or (loss) from fundraising	events •	0			,
			a 0			*	
	b	Less: direct expenses	D	. 0		<u>_</u>	· · · · · · · · · · · · · · · · · · ·
	1	, , ,				_ 40 x = - + - + / - +	e -40p
	10a	Gross sales of inventory, less returns and allowances	a 0	1 1, 1			, ,
	h		b 0	, ,,	4		
		Net income or (loss) from sales of inve		0			
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	C			0		<u> </u>	
	d	All other revenue	. L	0		ļ	
		Total. Add lines 11a-11d		0	,	<u> </u>	
	12	Total revenue. See instructions	▶	181,337			_

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0		» «						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	130511		12						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	0 4,080								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	40,902								
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	0								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits	0								
10 11	Payroll taxes	0								
b c	Management	257								
е	Lobbying		er to							
g 12 13	Other	99 557								
14 15 16	Information technology	423								
17 18	Travel	3,722								
19 20	Conferences, conventions, and meetings . Interest	520								
21 22 23	Payments to affiliates	917								
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	1 p. 6								
a b c	Misc Programs, meals, phone, misc supplies, etc.	3,968								
d e f 25	All other expenses Total functional expenses. Add lines 1 through 24f	182,234								
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pá	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	24,222	1	44,628
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of		۲.	
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	6	0
Ş	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	•		
	ь	401	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,222	16	44,628
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	-		
		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
lances		complete lines 27 through 29, and lines 33 and 34.		·	
<u>a</u>	27	Unrestricted net assets		27	
m	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
or Fund Ba		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			, , ,
Net Assets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť.	32	Retained earnings, endowment, accumulated income, or other funds		32	
å	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	24,222	34	44,628

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗎 Other	'		,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	,	,	
	Schedule O		l	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		,	
	issued on a consolidated basis, separate basis, or both		,	, ,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	·		<u>,* , "</u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		i	
	the Single Audit Act and OMB Circular A-133?	3a_		/
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	١ ا		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b_		_

Form **990** (2009)

Thayer County Economic Development Alliance Board Member	mic Develo	ppment Allian	ce Board Members 20	rs 2008 - 09					
BOARD MEMBER	ENTITY	TERM	ADDRESS	TOWN	Zip	Homephone Workphon Cellphone	Workphone	Cellphone	E-MAIL ADDRESS
Rosemary Dageforde	Self	2008/2011	P O Box 316	Hebron	68370	768-7186	768-6414		rdageforde@yahoo com
Randy Stubbs	Business	Business 2008/2011	P O Box 619	Deshler	68340	768-2180	365-7216		stubbsr@gpcom net
Kris Miesner	Deshler	Deshler 2008/2011	P O Box 647	Deshler	68340		365-7212		DshCmptrm@midwestbanks com
Eric Lerchty	Bank	2007/2010	P O Box 647	Deshler	68340		365-7212		eric leichty@midwestbanks.com
Freda Wiedel	Self	2007/2010	RR 1, Box 46	Hubbell	68375	324-4156	768-4620		dfwiedel@gpcom net
Tina Domeier	Bruning	Bruning 2007/2010	117 E Voss St	Bruning	68322	353-4365	353-4785	366-5503	stoney@diodecom net
Gordon Fleming	Deshler	Deshler 2009/2012	P O Box 701	Deshler	68340	365-7785	469-3302		vgbuyer@gpcom net
Robert Reinke	Self	2009/2012	P O Box 519	Deshler	68340	365-4282	768-7251		rnreinke@gpcom net
Mike Starbuck	Reinke's	Reinke's 2009/2012	P O Box 566	Deshler	68340		365-7251		MikeStarbuck@reinke com
Arlıs Hohl		Director	225 N 4th St	Hebron	68370	365-7874	768-7407	768-8321	tced@diodecom net
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J. Chicago	- C:- L								
President	Eric Leichty	ıı							
Vice-President	Robert Reinke	einke							
Treasurer	Randy Stubbs	sqqn		1					
Secretary	Freda Wiedel	edel							
Director	Arlis Hohl								
						i			
Seats Available									
Bruning Bank									
Thayer County Bank									
Village of Byron									
City of Hebron									