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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

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 convect this profits.

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

2009

OMB No 1545-1150

Open to Public Inspection

4 Investment income 5a Gross amount from sale of assets other than inventory 5a	Α	For the 2009 calendar year, or tax year beginning , 2009, and ending				
Website: N/A	В		ployer identification number			
Temporal color Temp		Address change [use instruction of EXPRESS PUMPKIN FEST, INC. 4.	43-1751412			
Section 507(c/G) organizations and 4947(a/f) nonexempt charitable trusts must affach a completed Schedule A (Form 390 or 590-EZ). Section 507(c/G) organizations and 4947(a/f) nonexempt charitable trusts must affach a completed Schedule A (Form 390 or 590-EZ). Section 507(c/G) organizations and 4947(a/f) nonexempt charitable trusts must affach a completed Schedule A (Form 390 or 590-EZ). Section 507(c/G) organization is not required. (builded Schedule B (Form 990). Section 507(c/G) supporting organizations and its gross receipts in the complete return. Section 507(c/G) supporting organizations and its gross receipts are normally not more than 525,000 A 707, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990. \$96,162. Port 11 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Port 12 Port 14 Port 14 Port 14 Port 15 Port 16 Po	`	print or IFU DUX 120	Telephone number			
# Section 2016(x) organizations and 4947(x)1) nonexempt charitable trusts	∵ ⊨		816) 279-5059			
**Section 501(c/3) organizations and 4947(s/T) nonexempt charitable trusts must attach a completed schedule A (Form 930 or 950-E2). Website: N/A H Check If the organizations and 4947(s/T) nonexempt charitable trusts must attach a completed schedule A (Form 930 or 950-E2). Website: N/A H Check If the organization is not a section 509(s)(3) supporting organization and its gross receipts are normally not more than 500-E2, 2000 A mm 90 e2 or Form 930 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, 1b ine 9 to determine gross receipts, if \$500,000 or more, file Form 990 e2 or Form 930 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, 1b ine 9 to determine gross receipts, if \$500,000 or more, file form 990 e2 or Form 930 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, 1b ine 9 to determine gross receipts, if \$500,000 or more, file form 990 e2 or Form 930 return is not required, but if the organization chooses to file a return, be sure to file a complete return dead of form 990 e2 or Form 930 returns in ordinary and sure than 1b in the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, 1b in 99 or 90 e2 or Form 930 returns in ordinary and sure than 1b in 99 e2 or Form 930 e2 or Form 930 returns and sure than 1b in 99 e2 or Form 930 e2 or Form 930 returns in ordinary and sure than 1b in 99 or Form 930 e2 or F	; ⊨	Specific				
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Website: N/A Survival Survi	3—					
Check	Ì I	Website: ► N/A required to attach	Schedule B (Form 990,			
\$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. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 \$\frac{96, 162}{9}\$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less. cost or other basis and sales expenses 6 Contributions or floss) from sale of assets other than inventory 6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here 7 Contributions 7 Contributions 8 Other revenue (not including \$\frac{9}{2}\$ of contributions 8 Other revenue (describe \tau See Statement 1) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 62, 7c, and 8 9 Gross profit or (loss) from sales of inventory (Subtract line 6) 10 Grants and similar amounts paid (attach schedule) 11 Grants and similar amounts paid (attach schedule) 12 Total revenue (describe \tau See Statement 1) 13 Grants and similar amounts paid (attach schedule) 14 Occupancy, rent, utilities, and mantenance 15 Printing, publications, postage, and shipping 16 Were peases (describe \to See Statement 3) 17 Total expenses. Add lines 10 through 16 18 Excess or (defact) for the year (Subtract line 17 from line 9) 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 returning) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 2 Cash, savings, and investments 2 Land and buildings 2 Cash, savings, and investments 2 Cash, savings, and investments 3 Gross profit or figure reported or for or experts returning or year's (either or profit line) 10 Cash, savings, and investments 2 Cash,	<u>J</u>	143 - Children of the control of the	<u> </u>			
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	к —	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sur	ally not more than e to file a complete return.			
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17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 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. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments 2, 037. 22 14,325. 23 Land and buildings 24 Other assets (describe ► See Statement 4 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Specific 29 Specific 10 G9, 337. 11		15 Printing, publications, postage, and snipping				
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Form 990-EZ (2009) PONY EXPRESS PU	MPKIN_FEST, INC.		43	3-17	51412 Page 2
Part III Statement of Program Se					Expenses
What is the organization's primary exempt purpose?	<u>OMMUNITY FESTIVAL F</u>	FOR PONY EXPRES	S	J (Red 5010	puired for section c)(3) and (4) inizations and section (4)(1) trusts; optional others.)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses, in a clear and cor	ncise manner,	orga	inizations and section
program title.	persons benefited, or other r	elevant information for	eacii	for o	others.)
28 See Statement 5					
				1	
				1	
(Grants \$) If the	nis amount includes foreign or	ants, check here		28 a	37,308.
29			<u> </u>		
				1	i
				1	
(Grants \$) If the	us amount includes foreign or	ants, check here		29 a	
20					
				1	ii
				1	
(Grants \$) If th	us amount includes foreign gr	ants, check here		30 a	
31 Other program services (attach schedule					
	is amount includes foreign gr	ants, check here .	<u>.</u> ► 🔽	31 a	
32 Total program service expenses (add lin				J	37,308.
Part IV List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contribution	s to ne and	(e) Expense account and other allowances
(a) Name and address	to position	not paid, enter -b,	deferred compens	ation	and other anowances
RICHARD N. DESHON	President	0.		0.	0.
	2.00		İ		
RENE ROCHAMBEAU-MCCRARY	Vice President	0.		0.	0.
	2.00		1		
<u></u>					
CANDISE LEONARD-SCHMIDLING	Secretary	0.		0.	0.
	2.00				
		•			
CARLENE MAKAWSKI	Treasurer	0.		0.	0.
	3.00				,
<i></i>					
MARCY COLESCOTT	PUMPKINFEST REP	0.		0.	0.
	1.00				
	"				
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BAA	TEEA0812L 0	01/30/10			Form 990-EZ (2009)

, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2009) PONY EXPRESS PUMPKIN FEST. INC. 43-1751412			
	(2009) PONY EXPRESS PUMPKIN FEST, INC. Other Information (Note the statement requirements in the instrs for Part V.) See Statement Statement Polycometric Statement			age 6
4414 4 1	The moment (Note the Statement requirements in the west of Fact vity		Yes	N
33 Did the	organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
each ac	tivity	33		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	trianges made to the organizing or governing decaments. In rest, attack a sometimes exp, or the same	34		
attach a s	anization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, tatement explaining why the organization did not report the income on Form 990-T.		11.15	4487
	organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, g, and proxy tax requirements?	35 a		2
	g, and proxy tax requirements	35 b		
36 Did the	organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	36		
7a Enter a	mount of political expenditures, direct or indirect, as described in the instructions . > 37a 0.	37 b		,
Ra Did the	organization horrow from, or make any loans to, any officer, director, trustee, or key employee or were	38 a		,
b If 'Yes,'	complete Schedule L, Part II and enter the total			
	involved . 38b N/A 501(c)(7) organizations. Enter.	1		
	n fees and capital contributions included on line 9	- 1		
	eceipts, included on line 9, for public use of club facilities . 39b N/A	- 1		
	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1		
	4911 ► 0., section 4912 ► 0., section 4955 ► 0.	1		
transac prior ye	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit tion during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If omplete Schedule L, Part I	40 b		
c Section manage	501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization ers or disqualified persons during the year under sections 4912, 4955, and 4958			
by the o	501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed organization			
e All orga shelter	inizations. At any time during the tax year, was the organization a party to a prohibited tax transaction? If 'Yes,' complete Form 8886-T	40 e	i	
	tates with which a copy of this return is filed None			
Located a b At any financia	the poly EXPRESS PUMPKIN FEST Telephone no. > (816) Tolephone no. > (816)		505 Yes	- -
c At any	istructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. Itime during the calendar year, did the organization maintain an office outside of the U.S.? enter the name of the foreign country:	42 c		
	4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here the amount of tax-exempt interest received or accrued during the tax year	· -	· 🗌	N N
44 Did the	organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	44	Yes	
of For-	¬ 990-F7			-
of Form	n 990-EZ related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' 90 must be completed instead of Form 990-EZ.	45		

	Form 990-EZ (2009) PONY EXPRESS	PUMPKI	N FEST,	INC.			43-1751	412	Р	age 4
46 bit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to calculate for public office? If Yes, complete Schedule C, Part II 47 X X 48 is the organization engage in lobbying activities? If Yes, complete Schedule E 48 X 49 a Did the organization as extended in section 1700(1)(1/4)(n)? If Yes, complete Schedule E 48 X X 49 a Did the organization make any transfers to an exempt non-charitable related organization? bif Yes, was the related organization a section 527 organization? 50 Complete lists 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 the position of the position of the organization of the organization and the position of the organization organization organization or the organization of the organization of the organization organization or organization or the organization or the organization or the organization or organization or the organization or organization or organization organization organization organization organization organization organization organi	Dart VI Saction F01(a)(2) area	mization	c and coc	tion 191	7(a)(1) none onexempt ch 51.	xempt naritab	charitable trusts or le trusts must answe	ily. All s er questi	ectio ons	n
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)()(A)(ii)? If 'Yes,' complete Schedule E 49 Did the organization as activated as a second process of the s	46 Did the organization engage in direct	ct or indired	ct political ca	-						
48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization is section 527 organization? 51 Complete this table for the organizations 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 where the position of the position of the organization is employee than \$100,000 of compensation of the organization of the organization is employee than \$100,000 of compensation of the organization				' complete :	Schedule C. Pa	rt II		_		
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f Total number of other employees paid over \$100,000 51 Complete this table for 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 (e) Type of service (f) Compensation (g) Compensation	(a) Name and address of each employee p. more than \$100,000	aıd	hours po	er week	(c) Compens	ation	benefit plans and	accou	nt and	<u>. </u>
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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	(a) Name and address of each inde	ependent cont	ractor paid more	e than \$100,00	0	1	(b) Type of service	(c) Comp	ensatio	
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	None									
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										
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true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	d Total number of other independent	contractors	each receiv	ring over \$	100,000	•				
Sign Here Signature of officer Date	Under penalties of perjury, I declare the true, correct, and complete Declaration	nat I have exam n of preparer	nined this return (other than offic	n, including acc er) is based or	companying schedule a all information of w	es and stat which prepa	ements, and to the best of my kn rer has any knowledge	owledge and	belief, it	is
	Sign Signature of officer	<u>~</u>					\$ 1/28/10 Noate			

TEEA0812L 01/30/10

Preparer's Identifying Number (See instructions)

27-1579646

►X Yes No

Form **990-EZ** (2009)

(816) 279-7450

P00013516

Check if self employed

Phone no. P

EIN

7/24/2010

Type or print name and title

SUMNER, CARTER, HARDY

SAINT JOSEPH, MO 64506-2461

1604 CROSS ST

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

Preparer's signature

Firm's name (or yours if self employed), address, and ZIP + 4

Paid

Pre-

Only

BAA

parer's Use

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

Name of the organization Employer identification number 43-1751412 PONY EXPRESS PUMPKIN FEST, INC 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. (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 X Type II Type III - Functionally integrated Type III - Other e X 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) Х below, the governing body of the supported organization? 11 g (i) X a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported (iii) Type of organization (iv) Is the (v) Did you notify (vı) Is the (vii) Amount of Support (described on lines 1.9 above or IRC section (see instructions)) rganization in col (i) listed in your governing document? the organization in col (i) of your support? organization in col (i) organized in the US? Organization Yes No Yes Yes No No PONY EXPRESS MUSEUM, INC X X 43-1567246 501 (c) (3) Х 28,575.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

28,575.

Schedule A (Form 990 or 990-EZ) 2009 PONY EXPRESS PUMPKIN FEST, INC. Page 2 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) ► (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 . 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2008 (e) 2009 (f) Total (b) 2006 (c) 2007 (a) 2005 beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc. (see instructions) 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 2009 (line 6, column (f) divided by line 11, column (f) ... 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the 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 - 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. 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. 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.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2009 PONY EXPRESS PUMPKIN FEST, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ched	ked the box on lir	ne 9 of Part I.)							
Sec	tion A. Public Support				<u> </u>					
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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									
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
	Public support (Subtract line									
_	7c from line 6.)									
Sec	tion B. Total Support			L ,	<u> </u>	<u>L</u>				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	• • • • • • • •	(a) 2003	(8) 2000	(6) 2007	(4) 2000	(0) 2003	(i) rotai			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12)									
14	First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, o	r fifth tax year as a	a section 501(c)(3)			
	tion C. Computation of Pu			10		1.2	r			
15	Public support percentage for 20	•	•	e 13, column (f))		1				
16						1	6 %			
	tion D. Computation of Inv									
17	Investment income percentage for	or 2009 (line 10c, e	column (f) divided	l by line 13, colun	nn (f))	<u> </u>	7 %			
18										
	33-1/3 support tests - 2009. If the more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a put	olicly supported or	ganızatıon	· · · ·			
t	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	ie organization did this box and stop	i not check a box • here. The organi	on line 14 or 19a, zation qualifies as	and line 16 is mo a publicly suppor	re tnan 33-1/3' ted organizatio	m, and line 18			
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

	(Form 99	30 or 990	J-EZ) 2	009	PUNY.	EXPR	<u> </u>	PUME	KIN I	LLSI,	INC			4.3	-1/5	L414		Page 4
Part IV	Supple Part II,	ementa line 1	I Info 7a or	rmatio	on. Co and Pa	omplet art III,	e this	s par 12. P	t to pro rovide	ovide any	the e	xplana additi	ations onal ir	requir nforma	ed by tion. S	Part II See in:	l, line structio	10; ons.
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2009	Federal Statements		Page 1
Client 62840	PONY EXPRESS PUMPKIN FEST, INC.		43-1751412
7/20/10			03.34PM
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue			
CO-OP REFUND .		Total \$	4,773. 4,773.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pai	id		
Payments to AffiliatesName:	PONY EXPRESS MUSEUM, INC.		
Address: Purpose of payment: Amount:	914 PENN ST. JOSEPH, MO 64503, SUPPORT OF CHARITABLE ORG.		20 575
Payments to Affiliates		. \$. \$	28,575. 28,575.
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotion ATTRACTIONS CONTRIBUTIONS		\$	16,389. 14,956. 200.
Depreciation GROUNDS PREPARATION PARTON'S PARTY PROMOTION SUPPLIES			250. 3,665. 3,098. 199. 1,072.
TAXES & LICENSES		Total \$	801. 40,630.
Statement 4 Form 990-EZ, Part II, Line 24 Other Assets			
Inventories		1,537. \$ 1,537. \$ 1,537.	1,246. 1,246.

2009

Federal Statements

Page 2

Client 62840

PONY EXPRESS PUMPKIN FEST, INC.

43-1751412

7/20/10

03:34PM

Statement 5 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

PROVIDED THE GENERAL PUBLIC AN ANNUAL ACTIVITY OF COMMUNITY GATHERING, PROMOTING & PRESERVING THE HISTORY OF THE PONY EXPRESS; ALL AT THE CITY PARK, ADJACENT TO THE SITE OF THE PONY EXPRESS STABLES.

Statement 6 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No

2009	Federal Worksheets	Page 1
Client 62840	PONY EXPRESS PUMPKIN FEST, INC.	43-1751412
7/20/10 Computation of Cost of Go	ods Sold (Form 990-EZ)	03:34PM
1. Inventory at start 2. Purchases 3. Cost of labor 4. Additional 263A costs 5. Other costs 6. Total (Add lines 1 7. Inventory at end of	of year sts	1,537. 1,968. 0. 0. 0. 3,505. 1,246. 2,259.

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Application for Extension of Time To File an **Exempt Organization Return**

MAY 1 2 2010

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box... • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only . . . • All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print PONY EXPRESS PUMPKIN FEST, INC 43-1751412 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions PO BOX 128 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions ST. JOSEPH, MO 64502 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 X Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 • The books are in the care of ► PONY EXPRESS PUMPKIN FEST Telephone No. ► (816) 279-5059 FAX No. ► • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension will cover. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 _ _ , 20 10 _ , to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 09 or tax year beginning _____, 20 ___, and ending Final return 2 If this tax year is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 3a|\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

made. Include any prior year overpayment allowed as a credit

See instructions

Form 8868 (Rev. 4-2009)

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