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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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 2009 calendar year, or tax year beginning JANUARY 01, 2009, and ending DECEMBER 31, 20 09

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

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: [X] Cash [] Accrual Other (specify) . H Check [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

I Website: N/A. J Tax-exempt status (check only one) - [X] 501(c)(3) (insert no) 4947(a)(1) or 527. K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. 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. \$ 108,143

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

Table with 21 rows for revenue and expenses. Includes columns for line number, description, and amount. Total revenue is 97,298. Total expenses is 131,497. Net assets at end of year is 719,990.

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)

Table with 7 rows for balance sheets. Columns: (A) Beginning of year, (B) End of year. Total assets at end of year: 719,990. Total liabilities: 0. Net assets: 719,990.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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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?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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		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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		X
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
42a	The organization's books are in care of <input type="text" value="See attachment #8"/> Telephone no <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
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 <input type="text"/>		X
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 <input type="checkbox"/> <input type="text" value="43"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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

- | | | Yes | No |
|---|-----|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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"

(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 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Dana Brewer* Date: 04/14/2010

Type or print name and title: DANA BREWER PRESIDENT

Paid Preparer's Use Only

Preparer's signature: *Barbara Kor* Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: H&R BLOCK
1584 LONCOLN AVE
Concordia, KS 66901

Check if self-employed:

Preparer's identifying no. (See instr.): _____

EIN: _____ Phone no: 785-243-3400

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization: **CLOUD COUNTY HISTORICAL SOCIETY** Employer identification number: **48-0860878**

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	40,973	28,120	28,120	9,292	32,343	138,848
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	36,000	36,000	36,000	36,000	36,000	180,000
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	76,973	64,120	64,120	45,292	68,343	318,848
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						318,848

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	76,973	64,120	64,120	45,292	68,343	318,848
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			12,352	430	6,345	19,127
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						337,975
12 Gross receipts from related activities, etc (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.34 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33 1/3 % support test -- 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3 % support test -- 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

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

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Open to Public Inspection
 For Calendar year 2009, or tax year period beginning: 01-01-2009 and ending 12-31-2009

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

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold		
To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
Publicly traded securities	12,906	10,050		2,856	
Total					

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning	01-01-2009, and ending	12-31-2009.
Name of Organization CLOUD COUNTY HISTORICAL SOCIETY			Employer Identification Number 48-0860878

Description of Other Revenue	Amount
	36,000
	20,000
BRICKS FOR WHOLE WALL PROJECT	5,850
TOURS	7,250
	2,500
CONVENTION TOURISM	450
WASP	679
TRACES	345
BOOKS AND T SHIRTS	304
COPIES AND REFUNDS	401
CES	600
Total	74,379

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.		
Name of Organization CLOUD COUNTY HISTORICAL SOCIETY		Employer Identification Number 48-0860878	

Description of Changes	Total Amount
WADDELL & REED ACCOUNT INCREASE IN VALUE	29,818
EDWARD JONES ACCOUNT INCREASE IN VALUE	14,643
Total	44,461

SCHEDULE OF OTHER ASSETS

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.
Name of Organization CLOUD COUNTY HISTORICAL SOCIETY	Employer Identification Number 48-0860878

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
CIRTIFICATE OF DEPOSIT	12,464	10,000	
Totals	12,464	10,000	

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	01-01-2009, and ending	12-31-2009.
Name of Organization CLOUD COUNTY HISTORICAL SOCIETY			Employer Identification Number 48-0860878

Description of Other Expenses	Amount
SUPPLIES	7,332
ENVIRO CONTROL REPAIRS	6,095
WHOLE WALL PROJECT	71,560
Total	84,987

PRIMARY EXEMPT PURPOSE

Attachment 6: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	01-01	, and ending	12-31-2009.
Name of Organization				Employer Identification Number
CLOUD COUNTY HISTORICAL SOCIETY				48-0860878

Primary Purpose

MAINTENANCE OF MUSEUM, OPEN TO PUBLIC FOR WITHOUT CHARGE. DEATHS, BIRTHS, MARRIAGE RECORDS ARE AVAILABLE AND NEWSPAPER FILES OF PUBLIC RECORDS ARE MAINTAINED. TOURS ARE GIVEN TO SCHOOL GROUPS , TOUR BUSES , ETC. HIGH SCHOOL , SENIOR PROJECTS AND OTHER PRIMARY, SECONDARY AND COLLEGE RESEARCH PROJECTS ARE ASSISTED.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.
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Name of Organization CLOUD COUNTY HISTORICAL SOCIETY	Employer Identification Number 48-0860878
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(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (if not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
LISA GUERRA 314 EAST 8TH ST Concordia, KS 66901	CURATOR 30.00	0	0	0
DANA BREWER 2201 N 100 ROAD Concordia, KS 66901	PRESIDENT	0	0	0
LORI HALFHIDE 611 E 13TH ST Concordia, KS 66901	VICE PRESIDENT	0	0	0
ALINE LUECKE 410 WEST 9TH STREET Concordia, KS 66901	SECRETARY	0	0	0
MARY COLBY 508 WALNUT STREET Jamestown, KS 66948	TREASURER	0	0	0
JIM BUOY 804 REPUBLICAN STREET Concordia, KS 66901	BOARD MEMBER	0	0	0
DON KERR 309 E 12TH ST Concordia, KS 66901	BOARD MEMBER	0	0	0
TOM GENNETTE 324 E 5TH ST Concordia, KS 66901	BOARD MEMBER	0	0	0
ALICE WALKER 1409 CEDAR Concordia, KS 66901	BOARD MEMBER	0	0	0
WARREN FREEBORN 1904 NORTH 240 ROAD Ames, KS 66901	BOARD MEMBER	0	0	0
HAROLD CHARTIER 618 WASHINGTON Clyde, KS 66938	BOARD MEMBER	0	0	0
NANCY JONES 109 west 7th st Concordia, KS 66901	BOARD MEMBER	0	0	0

BOOKS ARE IN CARE OF

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2009 or tax period beginning 01-01 , and ending 12-31-2009.

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

Part V - Line 42a

Individual Name MARY COLBY
or
Business Name

Street Address 508 WALNUT STREET

U S Address

Zip code 66948 City Jamestown State KS

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (785) 614-0352

Fax Number

2009 DETAIL STATEMENTS

CLOUD COUNTY HISTORICAL SOCIETY
48-0860878

STATEMENT #1 - All other contributions etc. (990-EO PG 9 Line 1f)

.....	23,532
DONATIONS.....	7,755
TOURS.....	7,250
.....	20,000
BRICKS FOR WHOLE WALL PROJECT.....	5,850
FOUNDATIONS.....	8,500
GIVE ME 5.....	220

TOTAL CARRIED TO 990-EO PG 9 Line 1f..... 73,107
