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Form 990

Department of the Treasury

For the 2009 calendar year, or tax year beginning

Internal Revenue Service

#### **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)

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

2009, and ending

OMB No 1545-0047

2009

Open to Public Inspection , 20

	applicable Address ch Name chai Initial return Terminated Amended r Application bending	print or type. C/O PRATT AREA ECONOMIC DEVELOPMENT CO See C/O PRATT AREA CHAMBER OF COMMERCE Specific Instructions. PRATT KS 67124	48-1160138  E Telephone number				
		114 N MAIN PRATT KS 67124	Н(р	) Are all affiliat	es included?		
_		npt status 🔀 501(c)( 6 ) ◀ (insert no )   4947(a)(1) or   527	—	(see instructi	ions)	∐ Yes ∐ No	
	Vebsite: orm of orga		of formation	<del>'</del>	M State of leg	al domicile KS	
	art i	Summary	Of TOTTHALION		M State of leg	ar domicile 105	
Activities & Governance	1 B	riefly describe the organization's mission or most significant activities RECRUIT NEW BUSINESSES AND INDUSTRIES TO THE RESIST IN EXPANDING EXISTING BUSINESSES	COMM	IUNITY	AND T	0	
Š	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of more	than 25%	6 of its net as	ssets.		
ž	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	5	
S	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	5	
Ž	l	otal number of employees (Part V, line 2a)			5		
5		otal number of volunteers (estimate if necessary)			6		
•		otal gross unrelated business revenue from Part VIII, column (C), line 12			7a	- <del></del>	
	b N	et unrelated business taxable income from Form 990-T, line 34			7b		
				ior Year	Cu	rrent Year	
2		ontributions and grants (Part VIII, line 1h)		12000	_	80000.	
		rogram service revenue (Part VIII, line 2g)		130000		128500.	
		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	···	7467	-	5157.	
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		127467		212657	
		tal revenue God line 18 terough 11 (must equal Part VIII, column (A), line 12)		137467		213657.	
500000	14 Be 15 Sa 16a Pe b To 17 Of 18 To	ofessional fundraising fees (Part IX, column (A), line 4)  ofessional fundraising fees (Part IX, column (A), line 11e)  otal fundraising expenses (Part IX, column (D), line 25)  ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)  evenue less expenses Subtract line 18 from line 12		68392 68392 69075		100941. 100941. 112716.	
_		evenue less expenses Subtract line 16 nontinue 12	Beginnir	g of Curren		d of Year	
ances.	<b>20</b> To	otal assets (Part X, line 16)		<del>7ear</del> 352113		461764.	
Fund Balance		otal liabilities (Part X, line 26)		9500		6500.	
E la		et assets or fund balances Subtract line 21 from line 20		342613		455264.	
	rt II	Signature Block					
ig er		Under pepalities of perjury, I declare that I have examined this return, including accompanying schedules and stateme and belief, it is true, correct, and complete Declaration of preparer (other than officer) in Dased on all information of we Signature of officer			dge	-lu	
se	arer's Only	Preparer's signature PATTON CRAMER & LAPRAD CHTD PO DRAWER PRATT KS 67124-1108	Check if self-employe	ed 🕨 🗍		3906	
		discuss this return with the preparer shown above? (See instructions)	· · · · · · · · · · · · · · · ·	<u></u>		res No	
	-	Act and Paperwork Reduction Act Notice, see the separate instructions.  It form software only, 2009 Universal Tax Systems, Inc. All rights reserved US990\$\$1 Rev. 1			Fo	rm <b>990</b> (2009) (	

۲a	It III Statement of Progra	n Service Accomplishments	
1	'Briefly describe the organization		EXISTING BUSINESS
2	the prior Form 990 or 990-EZ?	ny significant program services during the year which were	
	If "Yes," describe these new serv		
3	If "Yes," describe these changes	icting, or make significant changes in how it conducts any p on Schedule O	orogram services? Yes ⊠ No
4	Describe the exempt purpose ac Section 501(c)(3) and 501(c)(4)	nevements for each of the organization's three largest progrganizations and section 4947(a)(1) trusts are required to reenses, and revenue, if any, for each program service repor	eport the amount of grants and
4a	(Code ) (Expenses \$	100941. including grants of \$	)(Revenue \$ 213657.)
	RECRUITMENT OF N	EW INDUSTRY AND BUSINESS	
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$
ŀc	(Code ) (Expenses \$	including grants of \$	) (Revenue \$
ld	Other program services (Describe (Expenses \$	ın Schedule O ) including grants of \$ )(Rever	nue \$)
le	Total program service expenses		

48-1160138

Page 2

Form 990 (2009) PRATT AREA ECONOMIC DEVELOPMENT COR

Par	t IV Checklist of Required Schedules			<del></del> -
			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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4	l l	х
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	ĺ	Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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,"			ì
	complete Schedule D, Part IV	9		Х
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		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	27714.25	<u> </u>	
	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 <sup>9</sup> 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.			NEET I
•	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.		<b>E</b>	
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12	1	X
12Δ	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			# # # # # # # # # # # # # # # # # # #
127				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
.o 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,		<del></del>	
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	Х
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		Х
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		Х
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		$\frac{X}{X}$

Form **990** (2009)

	<del>`</del>	-1160138	Pag	e <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)		Voc	N.
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
41	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			х
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		
22		22		x
	· · · · · · · · · · · · · · · · · · ·			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	<b>I</b>	·	
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			v
	complete Schedule J	23		X
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			v
	24b through 24d and complete Schedule K If "No," go to question 25	<del></del>		X
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			3.7
	to defease any tax-exempt bonds?	<del></del>		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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			
	990EZ? If "Yes," complete Schedule L, Part I	<del></del>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee,	l t		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part	II 26		X
7	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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28ь		X
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		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
10	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part			X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
_	If "Yes," complete Schedule N, Part II	32		Х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
.5	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
-	III, IV, and V, line 1		j	Х
_	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
5		05		v
	Schedule R, Part V, line 2	35		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
_	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
7	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		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and		.,	
	19? Note. All Form 990 filers are required to complete Schedule O		X	

Ð	art V Statements Regarding Other IRS Filings and Tax Compliance			.001		rage
	. Otacements Regulating Other Into 1 mings and Tax Compliance				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	1		162	
	U.S Information Returns Enter -0- if not applicable	1a	О			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole			F.T.
	gaming (gambling) winnings to prize winners?	· 	• • • • • • • • • • • • • • • • • • • •	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			(1.5 x 1.5 x		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	• • • • • • • • • • • • • • • • • • • •	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
	this return?		• • • • • • • • • • • • • • • • • • • •	3a		X
	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					
	a financial account in a foreign country (such as a bank account, securities account, or other financia	l acco	unt)?	4a	adio il ve i s	X
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					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		• • • • • • • • • • • • • • • • • • • •	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b	-	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regai	ding	_		
e -	Prohibited Tax Shelter Transaction?			5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
<b>L</b>	organization solicit any contributions that were not tax deductible?		• • • • • • • • • • • • • • • • • • • •	6a		X
D	gifts were not tax deductible?	iis oi		6.		
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • •	• • • • • • • • • • • • • • • • • • • •	6b		\$,502@n.c
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	nods				
_	and services provided to the payor?			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				THE S
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a po	ersona	ıl			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Х	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as re	quired?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization.	organi	zation,			
	have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		- Markey and Sand
	Section 501(c)(7) organizations. Enter.				ANTERIO	
	Initiation fees and capital contributions included on Part VIII, line 12	_				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
Þ	Gross income from other sources (Do not net amounts due or paid to other sources					
2-	against amounts due or received from them.)	0440			<u> </u>	لنضفت
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	U417	• • • • • • • • • • • • • • • • • • • •	12a		27.523
ມ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				m 990	(2000)

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 Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? b Each committee with authority to act on behalf of the governing body? ..... Х 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ...... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Νo X 10a Does the organization have local chapters, branches, or affiliates? 10a b 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 X 11 Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form? .......... 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a b 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 X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? X 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? X The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? ....... 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 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? ........... Section C. Disclosure 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)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LINDA LOOMIS 114 N MAIN PRATT KS 67124 620-546-2237

# 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'scurrent 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.

(A) Name and Title		age Position (check all that apply)						1	(E) Reportable	(F) 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
PAUL OLSEN							1			
PRESIDENT				X_				0	0	0
GEORGE M NUSZ							l			
BOARD MEM		X		<u> </u>				0	0	0
KEVIN HAMM								_	_	_
BOARD MEM		X		_			_	0	0	0
FRANK LAUBHAN										
BOARD MEM		Х				<u> </u>		0	0	0
PHIL SHRACK						1		_	_	_
BOARD MEM		Χ		1			<u> </u>	0	0	0
·					ŀ					
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Rev 1

Part VII 'Section A. Officers, Directors,	Trustees,	Key E	mploy	ees.	, and	d High	nest (	Compensated Empl	oyees (continued)	
· (A)	(C)						(D)	(E)	(F)	
Name and title	Average			heck	all (	that ap		Reportable	Reportable	Estimated
	hours per	일필	Inst	Լ	<u>\$</u>	용	Former	compensation	compensation	amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	from	from related	other
		호텔	ona		횽	8 8	'	the	organizations	compensation
		rust	2		yee	퓛	:	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	1	8	stee			Sansa		(***-2/1099-14113C)		and related
		1	"	1	l	l te				organizations
	T			ļ —						- Organizations
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							ĺ			]
1b Total							<b>•</b>	0	0	0
2 Total number of individuals (including but no	ot limited to	those	e listed	d abo	ove)	who r	ecei	ved more than \$100,	000 in reportable co	ompensation
from the organization										
2. Did the experimental hat any face a second	l		. 1							Yes No
3 Did the organization list anyformer officer, of employee on line 1a? If "Yes," complete Sch							-	•		3 X
4 For any individual listed on line 1a, is the su								compensation from		3   X
the organization and related organizations g										
individual										4 X
5 Did any person listed on line 1a receive or a	ccrue com	pensa	ition fr	om a	any i	unrela	ted c	organization for		
services rendered to the organization? If "Ye	es," comple	ete Sc	hedule	J fo	or su	ich pe	rson		··· ·····	. 5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest con compensation from the organization.</li> </ol>	npensated	ınaep	enden	t cor	ntrac	ctors ti	hat re	eceived more than \$	100,000 of	
(A)								(B)		(C)
Name and business	address							Description of se	ervices	(C) Compensation
										- Componidation
		_				.				
		<del></del>						<del></del> -		
Total number of independent contractors (in-	oludine bii	l pat l	mita d	to #L	00-	light -	ah -	(a) whe	so these	a magasarjada, in ing ngend
2 Total number of independent contractors (in \$100,000 in compensation from the organizary	-	i noi III	miled '	เบ เท	use	usted	a00\	ve) wno received mo	ie inan	

Rev 1

Total. Add lines 11a-11d

Total revenue

See instructions

е 12

213657

133657.

#### Part IX Statement of Functional Expenses

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

	All other organizations must complete			columns (B), (C) and	
	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	· · · · · · · · · · · · · · · · · · ·	СХРОПОСО		
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22		}		
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			belease - It & Man do a	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
•	trustees, and key employees		ļ		
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal		497.		<u> </u>
c	Accounting				
d	Lobbying		430.	<del></del>	
e	Professional fundraising services See Part IV, line 17			Carried Colored  <u> </u>	
f	Investment management fees		harman - marinatan and and and and and and and and and a	and the second of the second o	
	Other		600.		
g 42	Advertising and promotion				
12	Office expenses		000.		
13	·				
14	Information technology				<del></del>
15	Royalties				
16	Occupancy	410.	410.	<u> </u>	<del></del>
17		410.	410.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	256.	256.		
19	Conferences, conventions, and meetings	230.	230.	<del></del>	
20	Interest	<del></del>			
21	Payments to affiliates	<del></del> -			
22	Depreciation, depletion, and amortization	1575.	3 5 7 5		
23	Insurance	10/0.	1575.	ويدر الانوريد الانوان الانوان والانا	m og 18 lags flesse som brevanglig visled
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 )	F007		<u> </u>	
a	SEE STMT	59827.			
b		34800.			
C		550.			
d		40.			
0	Alleria	243.			
f	All other expenses	842.	100041		
<u> 25</u>	Total functional expenses. Add lines 1 through 24f	100941.	100941.		
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				
BCA	Copyright form software only, 2009 Universal Tax Systems, Inc. All rigid	nts reserved l	US990\$10 Rev 1		Form <b>990</b> (2009)

,	· Balance Sheet		(A)		(B)
			Beginning of year		End of year
1	Cash - non-interest-bearing		00011	1	17000.
2	Savings and temporary cash investments		2252	2	429291.
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		19573.	4	12973
5	Receivables from current and former officers, direct				
	employees, and highest compensated employees. C	•		5	
6	Receivables from other disqualified persons (as defi				
	4958(f)(1)) and persons described in section 4958(c				
	Part II of Schedule L			6	
y 7	Notes and loans receivable, net			7	
Assets	Inventories for sale or use	• • • • • • • • • • • • • • • • • • • •		8	
8   8	Prepaid expenses and deferred charges			9	<u> </u>
10	a Land, buildings, and equipment cost or other				
	basis Complete Part VI of Schedule D 1	0a 2500.			
	Less <sup>-</sup> accumulated depreciation	0b	2500.	10c	2500
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11	•••••		13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets Add lines 1 through 15 (must equal line	e 34)	352113.	16	461764
17	Accounts payable and accrued expenses		9500.	17	6500
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
, 21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
22	Payables to current and former officers, directors, tru	ustees, key			
	employees, highest compensated employees, and d	ısqualified			
ן בֿ	persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated	third parties		23	
24	Unsecured notes and loans payable to unrelated thir	rd parties		24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities Add lines 17 through 25	<u></u>	9500.	26	6500.
	Organizations that follow SFAS 117, check here	▶ X and		ry W	
,	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		342613.	27	455264.
28	Temporarily restricted net assets		28		
29	Permanently restricted net assets			29	
<u> </u>	Organizations that do not follow SFAS 117, check	here 🕨 🗌			
5	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipn	nent fund		31	
27 28 29 30 31 32 31 32 32	Retained earnings, endowment, accumulated income	e, or other funds		32	
ž   33	Total net assets or fund balances		342613.	33	455264.
34	Total liabilities and net assets/fund balances		352113.	34	461764.

Form **990** (2009)

Par	t XI Financial Statements and Reporting			
,			Yes	No
1	Accounting method used to prepare the Form 990	200		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	2002		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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 selected process during the tax year, explain in			
	Schedule O.	in the same		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
		Form	990	(2009)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

	ie of the organization RATT AREA ECONOMIC DEVELOPMENT COR		Employer identification number 48-1160138
	art I Organizations Maintaining Donor Advised Fun	ls or Other Similar Funds	
	Complete if the organization answered "Yes" to Form 990, I		3. 7.000 a.m.c.
		Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	Boner advised failed	(2) : 2::20 2::2 01:0: 20002::20
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t	at the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors		<u> </u>
٠	for charitable purposes and not for the benefit of the donor or donor		
D.	art II Conservation Easements. Complete if the organiz		
1	Purpose(s) of conservation easements held by the organization (che		0,1 artiv, inic 7.
•	Preservation of land for public use (e.g., recreation or pleasure)		n of an historically important land area
	Protection of natural habitat	H	of certified historic structure
	H		Tor certified filstoric structure
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified con	constion contribution in the form of	of a consequation easement on the
2		ervation contribution in the form c	or a conservation easement on the
	last day of the tax year.		Held at the End of the Yea
_	Total number of conservation easements		24.44
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure in		
	Number of conservation easements on a certained historic structure in Number of conservation easements included in (c) acquired after 8/1		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the	organization during
	the taxable year	Innated N	
4	Number of states where property subject to conservation easement i		volotiona
5	Does the organization have a written policy regarding the periodic m		п. п.
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo		•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisf		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation ease		
	include, if applicable, the text of the footnote to the organization's fine	ncial statements that describes th	e organization's accounting for
-	conservation easements	interioral Transpures of Oth	or Similar Assets
Fa	organizations Maintaining Collections of Art, H		ier Sillilar Assets.
4	Complete if the organization answered "Yes" to Form 990, F		lance shoot works of art historical
1 2	If the organization elected, as permitted under SFAS 116, not to repo		
	treasures, or other similar assets held for public exhibition, education		nic service, provide, in Fait XIV, the
	text of the footnote to its financial statements that describes these ite	ns	
	. If the consequent are already as a constituted under CEAS 44C to separate	to the same of the same of the same	an about warks of ort buttering! trop
	olf the organization elected, as permitted under SFAS 116, to report in		
	sures, or other similar assets held for public exhibition, education, or	esearch in furtherance of public s	service, provide the following amounts
	relating to these items:		<b>.</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial	gain, provide the following amounts
	required to be reported under SFAS 116 relating to these items.		
	Revenues included in Form 990, Paπ Viii, line 1		5
·	Assets included in Form 990 Part X		▶ \$

-	Tomanon ondomion F			
С	Term endowment ▶ 0.00 %			
3а	Are there endowment funds not in the possession of the organization that are held and administered for the organization by		Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b		
4	Describe in Part XIV the intended uses of the organization's endowment funds			

Investments - Land, Buildings, and Equipment. Part VI See Form 990, Part X, line 10 Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) Depreciation 1a Land ...... **b** Buildings ..... c Leasehold improvements ..... 2,500. 2,500 d Equipment ..... 2,500.

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 PRATT AREA ECONOMIC DEVELOPME		48-11601.	38 Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to			<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			213,657.
2	Total expenses (Form 990, Part IX, column (A), line 25)			100,941.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			112,716.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		5	
6	Investment expenses			<del>.</del>
7	Prior period adjustments			
8	Other (Describe in Part XIV)			<del> </del>
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			112,716.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme		i i	···-
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
а	Net unrealized gains on investments		orita ess.	
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV)			
0	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		— — — — — — — — — — — — — — — — — — —	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	<del></del>		
Ь	Prior year adjustments			
C	Other losses	<del> </del>		
d	Other (Describe in Part XIV)		157.5	
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	[4b]	200	
С	Add lines 4a and 4b			<del> </del>
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	• • • • • • • • • • • • • • • • • • • •		
	t XIV Supplemental Information	<del>- ; ; - :</del>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, III			
Part 2	K, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	emplete this part to	provide any additional	I information.
		· · · · · · · · · · · · · · · · · · ·		
				<del></del>
		·		

#### SCHEDULE O (Form 990) `

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service		Open to Public Inspection			
Name of the organization	ECONOMIC	DEVELOPMENT	ttach to Form 990.	Employer iden	tification number
	2001.01.10			1 10 110	0130
				_	
					<u></u>
					<del></del>
					<del></del>
					<del></del>
					<del></del>

Schedule O (Form 990) 2009	Page 2
Name of the organization PRATT AREA ECONOMIC DEVELOPMENT COR	Employer identification number 48-1160138
FORM 990, PART VI-LINE 19: THE ORGANIZATION MAKES ITS G	OVERNING
DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL ST	ATEMENTS
AVAILABLE TO TEH PUBLIC UPON REQUEST.	
	·
<del></del>	
<del></del>	· · · · · · · · · · · · · · · · · · ·

Rev 1

		enses: Page 10,	Management	200
Description of the Asset	Total	Services	and General	Fundraising
SINESS ASSISTANCE	59,827.	59,827.	<b>\</b>	
NTRACT PAYMENT	34,800.	34,800.		
ES AND SUBS	550.	550.		
CENSE AND PERMITS	40.	40.		
SCELLANEOUS	243.	243.	1	
STAGE AND DELIVERY	178.	178.	]	
			1	
NT	600.	600.	1	
% MEALS/ENTERTAINME	64.	64.	İ	
	96,302.	96,302.		
		-		

#### Form **8868**

(Rev. April 2009) Department of the Treasury

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

OMB No. 1545-1709

Internal Revenue Service			► File a	separate applic	ation for each retur	n.			
If you are filing for an Automatic 3-Month Extens		tension, compl	sion, 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 comp	plete Part II	uniess you have alread	been granted	an automatic 3-	month extension on	a previously filed	Form 8868.		_
Part I	Automa	tic 3-Month Extens	ion of Time.	Only su	bmit original (no cop	ies needed).			
A corporation	n required to	file Form 990-T and red	questing an auto	omatic 6-month	extension - check th	s box and comple	ete Part I only	y	
All other com	oorations (in	cluding 1120-C filers), p	artnerships, RE	MICs, and trust	s must use Form 700	)4 to request an e	xtension of t	ime	
to file income	e tax returns								
Electronic F	iling (e-file).	Generally, you can elec	tronically file Fo	orm 8868 if you	want a 3-month auto	matic extension o	of time to file	one of the returns	
	•	or a corporation required			<del>-</del>				
	•	extension or (2) you file							
•	-	completed and signed	page 2 (Part II)	of Form 8868 F	or more details on th	e electronic filing	of this form,	visit www.irs gov/efile	
		arities & Nonprofits				<del></del>			_
Type or print		xempt Organization T AREA ECONO	MIC DEVI	ELOPMENT	COR		Employer i	identification number 60138	
File by the due date for filing your	Number, s	street, and room or suite no. If a P.O box, see instructions  NORTH MAIN							
retum See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.  PRATT KS 67124								
	of return to	be filed (file a separate	application for	each return)·					_
X Form 9	90		Form 990-1	T (corporation)			Form 4720		
Form 9	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227					Form 5227			
Form 9	90-EZ	H ' ' H							
Form 9	90-PF		Form 1041	-A		∐ '	Form 8870		
									_
		care of ► LINDA					-		
•	-	620-54 <del>6-</del> 2237		X No. ▶				. —	
-		es not have an office or	•		•				
		Return, enter the organiz						e whole group,	
check this bo	× -	t is for part of the group,	cneck this box	and at	ach a list with the ha	mes and EINS of	all members	tne extension	
will cover.	an automat	a 2 marth /6 marths fo	a comparation of	roquired to file E	000 T) extensis	n of time until		<del></del>	_
1 I request		c 3-month (6 months for AUG 15 , 20 10			· ·		above. The	extension is for the	
~ ~	tion's return								
$\vdash$	alendar yea								
► 📙 ta	ax year begii	nning	····	_ , 20	, and ending	<del></del>		, 20	
2 If this tax	year is for l	ess than 12 months, che	ck reason	Initial return	Final return	Change in	accounting p	eriod	
3a If this app	olication is fo	or Form 990-BL, 990-PF	, 990-T, 4720, c	or 6069, enter th	e tentative tax, less	any nonrefundabl	e		_
credits. S	See instructi	ons _					3a	\$	_
b If this app	olication is fo	or Form 990-PF or 990-1	, enter any refu	ndable credits a	and estimated tax pa	yments made In	clude		_
any prior	year overpa	yment allowed as a cred	lit					\$	_
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD									
coupon o	r, if required	, by using EFTPS (Elec	ronic Federal T	ax Payment Sy	stem). See instructio	ns	30	\$	_
Caution. If yo	ou are going	to make an electronic fu	ind withdrawal v	with this Form 8	868, see Form 8453-	EO and Form 88	79-EO for pa	yment instructions.	
For Privacy A	Act and Pan	erwork Reduction Act I	lotice, see Inst	ructions			Form	8868 (Rev 4-2009)	7