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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 copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

	A	For the 2009 calendar	year, or tax year beginning	, 2009, ar	nd endi	ng		,	
		Check if applicable	C Name of organization				D Emplo	yer ide	entification number
	\square	Address change Please use IRS	84-	-153	3334				
	Ш	Name change label or print or	Number and street (or PO box, if mail is not delivered		Room/		E Telepi	hone nu	umber
	\blacksquare	nitial return type	P. O. Box 3874		1		(97	70)	259-1700
	-	Termination Specific Instruc-							
	$\overline{}$	Application pending	F Grou		emption				
			method	ŤΤ	Cash X Accrual				
		must att	3) organizations and 4947(a)(1) nonexempt cha tach a completed Schedule A (Form 990 or 990	-EZ).		Other (spec			
					Н	Check ►			anization is not
			aplatacountycolorado.org			required to 990-EZ, or		chedu	ıle B (Form 990,
		Tax-exempt status (check o			527				<u></u>
	K	Check ► ∐ıf the org \$25,000 A Form 990-E	anization is not a section 509(a)(3) supporting EZ or Form 990 return is not required, but if the	organization and organization cho	oses to	ss receipts are file a return,	normall be sure	y not to file	a complete return
		Add lines 5b, 6b, and 7 instead of Form 990-E	7b, to line 9 to determine gross receipts, if \$500 Z	0,000 or more, file	e Form	990	ı	- \$	130,166.
	Pa	rt I Revenue,	Expenses, and Changes in Net Asse	ts or Fund Ba	lance	s (See the	ınstruc	tions	s for Part I.)
		1 Contributions, gi	fts, grants, and similar amounts received					1	126,366.
		2 Program service	revenue including government fees and contra	icts				2	
		,	es and assessments				_	3	
		4 Investment incor		f .	- 1		<u> </u>	4	3,800.
			om sale of assets other than inventory		5a 5b				
EP 0 9 2010	R		ner basis and sales expenses sale of assets other than inventory (Subtract line 5b from lin		וטכ			5 c	
	Ē	• •	activities (complete applicable parts of Schedule G). If any a	•	ı. check l	here ►	$\sqcap \vdash$		
	よう かいこ	a Gross revenue (r		tributions	,,		_		
	U E	reported on line			6a				
		b Less direct expe	enses other than fundraising expenses		6 b				
		c Net income or (loss)	from special events and activities (Subtract line 6b from lin	ne 6a)				6c	
S			nventory, less returns and allowances		7a				
		b Less cost of goo			7b				
Ħ			loss) from sales of inventory (Subtract line 7b fi	rom line /a)			—	7 c	
SCANNED		8 Other revenue (descri	-				–′ ⊢	8	120 166
	_		Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	RECEI	VE			9	130,166.
Š			lar amounts paid (attach schedule)		V Been L	് പഠ		0	
-	E	12 Salaries other o	compensation, and employee henefits	\$ 8110.06		S		2	61,008.
	P E	13 Professional fee	s and other payments to independent contract	AUG 1 A	2010		_	3	0.
	N S		t, utilities, and maintenance			182	1	4	6,000.
	S E S	15 Printing, publica	itions, postage, and shipping	OODER	1. W	=	_1	5	2,947.
		16 Other expenses (desc	cribe ► See Other Expenses Statement) [1	6	58,421.
			. Add lines 10 through 16					7	128,376.
		18 Excess or (defic	it) for the year (Subtract line 17 from line 9)				_1	8	1,790.
	NS	19 Net assets or fur	nd balances at beginning of year (from line 27,	column (A)) (mus	st agree	e with end-of-y	ear _	_	161 100
	N S E E T E		on prior year's return)	02)			_	9	161,180.
	Ś	_	n net assets or fund balances (attach explanation nd balances at end of year Combine lines 18 t					21	162,970.
	Pa		Sheets. If Total assets on line 25, column (B)		r more.	file Form 990		_	
	ت.تا	<u> </u>	(See the instructions for Part II)		T	(A) Beginning		Ī	(B) End of year
	22	Cash, savings, and i	investments			166	030.	22	167,674.
	23	Land and buildings	_					23	0.
	24		be See L-24 Stmt)	L			24	4,557.
	25				-			25	172,231.
	26	•	cribe balances (line 27 of column (B) must agree with	_) h line 21\	 			26 27	9,261. 162,970.
	27 BA		Datances (line 27 of column (B) must agree with I Paperwork Reduction Act Notice, see the sep			101	100.	21	Form 990-EZ (2009)
	-	~ i oi i iivacy mci allu	i i abei univ irenaenon ver unnee, see me seh	, <u></u>	٥.				· 51111 550 (2005)

TEEA0812 01/30/10

Form **990-EZ** (2009)

Form	990-EZ(2009) La P	lata Econom	ic Development Act	ion Partnershi	p 84	-153	33334 Page 2
Pan	Statement o	f Program Sei	vice Accomplishments	(See the instruction	ons.)		Expenses
What is	the organization's primary ex	xempt purpose? Ec	onomic development	in La Plata C	county	[Reg	uired for section
Descri descri	be what was achieved be the services provide	in carrying out the	e organization's exempt purpo persons benefited, or other re	ses. In a clear and cond levant information for ea	cise manner, ach	organ 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
	m title	a buginogg	es to expand and t	o achierre		101 01	iners)
	their potentia						
•	 (Grants \$) If th	is amount includes foreign gra	ants, check here		28 a	41,448.
-			jobs and a healthy				
			onomic Advocacy				
-	(Grants \$		ıs amount ıncludes foreign gra		▶ [29 a	36,244.
			ity, expand the ec				
			enhance the earnin				
	<u>oi area residen</u> (Grants \$		rice, Economic Summi is amount includes foreign gra		evelopment)	30 a	16,940.
-	Other program services			ants, check here		30 a	10, 940.
	(Grants \$, is amount includes foreign gra	ants, check here	▶ □	31 a	
	Total program service	expenses (add lin	nes 28a through 31a)		•	32	94,632.
Pari	II List of Offic	ers, Directors	Trustees, and Key Em	ployees. List each on	e even if not com	pensa	ted (See the instrs.)
	(a) Name and ad	ldress	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compens	ns and	(e) Expense account and other allowances
Jac!	k LLewellyn						
P(<u>D_Box_3874</u>		Exec Director				
	ango	CO 81301	45.00	35,966.	2,	948.	
	ela_Miles						
	l E 2nd Ave		President	_			
0		CO 81301	10.00	0.		0.	
	Koso						
	E 5th Ave		vice president			_	
	ango	CO 81301	10.00	0.		0.	
	eph_C.Colgan,_		m				
	Riverview Dr	CO 81301	Treasurer	0		0	
	ango d Tafoya, CPA		10.00	0.		0.	
	E 9th Street		Secretary				
Dur	ango	CO 81 301	10.00	0.		0.	
Dur	<u>go</u>	0001301	10.00	0.		<u> </u>	
							<u> </u>
		- 		,			
			1				

84-1533334 Page 3 Part V Other Information (Note the statement requirements in the instrs for Part V. Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 Х 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, 35 a Х reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the 36 Х year? If 'Yes,' complete applicable parts of Schedule N 0 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 b Х b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were Х 38 a any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total 38 b amount involved 39 Section 501(c)(7) organizations Enter 39 a a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4955 ► section 4911 ► _, section 4912 ► **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 40 b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Х 40 e 41 List the states with which a copy of this return is filed ► Colorado 42 a The organization's books are in care of > Telephone no \triangleright (970) 749-8869 Joseph C. Colgan, CPA Located at ► 130 Riverview Dr _____ Durango _____ Yes No **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)? 42 b Х 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 a Foreign Bank and Financial Accounts 42 c Х c At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country 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 Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead

of Form 990-EZ

Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'

Form **990-EZ** (2009)

44

45

Form 990-EZ (2009) La Plata Economic Development Action Partnership 84-1533334 Part Part VIII 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.

47 48 49 a b	Did the organization engage in direct or indirect for public office? If 'Yes,' complete Schedule of Did the organization engage in lobbying activities the organization a school as described in so Did the organization make any transfers to an If 'Yes,' was the related organization a section Complete this table for the organization's five employees) who each received more than \$10 (a) Name and address of each employee paid more than \$100,000	C, Part I ties? If 'Yes,' complete S ection 170(b)(1)(A)(ii)? If i exempt non-charitable r i 527 organization? highest compensated en	chedule C, Part II 'Yes,' complete Sche elated organization? nployees (other than o	dule E	46 47 48 49 a 49 b
		-			
51	Total number of other employees paid over \$ Complete this table for the organization's five compensation from the organization If there	highest compensated inc	dependent contractors	who each received more	than \$100,000 of
	(a) Name and address of each independent coi	nacco para mole man \$100,000		(b) Type of service	(c) Compensation
d	I Total number of other independent contractor Under penalties of perjury, I declare that I have exa	armined this return, including acco	ompanying schedules and sta		nowledge and belief, it is
Sigr Here		- (52.5. d.s 5tor) is vased off	a	08/11/10 Date Treasurer	
Paid Pre- pare Use Only	er's Firm's name (or yours if self-employed). The self-employed by the s		Date 08/11/1		reparer's Identifying Number See instructions)
	the IRS discuss this return with the preparer s	hown above? See instruc			►X Yes No Form 990-EZ (2009)

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
La Plata Economic Development Action Partnership	84-1533334

Line 24 - Other Assets:	Beginning of Year	End of Year
Organization Costs	505.	505
Airline Travel Vouchers		2,500
Prepaid Insurance	1,560.	1,550
Rounding	2.	2
	0.067	4 553
Totals to Form 990-EZ, Part II, line 24	2,067.	4,557
Line 26 - Total Liabilities:	Beginning of Year	End of Year
	1	

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 16 **Other Expenses Statement**

•	
Other expenses (describe)	
Depreciation	<u> </u>
Advertising	30.
Bank Service Charges	75 <u>.</u>
Colorado Enterprise Fees	1,305.
Directors & Officers Insurance	1,064.
Dues & Subscriptions	1,940.
Liability Insurance	<u>875.</u>
Licenses & fees	20.
Meals & Entertainment	1,121.
Miscellaneous	96.
Parking	80.
Telephone	2,741.
Travel	<u>987.</u>
Web Development/Maintenance	373.
Air Service	1,577.
Business Advocacy	8,085.
Business Inventory	1,900.
Economic Summit	6,428.
La Plata Loyalty	23,720.
La Plata County Marketing	100.
Board Meeting Expenses	2,505.
Education and Training	903.
Accounting Services	2,496.
Talai	
Total	<u>58,421.</u>

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545 0172

2009

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number 84-1533334

	Plata Economic D		Action Partners	ship			84-	-1533334
Busine	ess or activity to which this form rela	tes						
	m 990 / Form 990	EZ						
Par		pense Certain In In the state of the state	Property Under Sec complete Part V before	ction 179 you complete Par	t /			
1	Maximum amount See the	e instructions for a	higher limit for certain b	usinesses			1	\$250,000.
2	Total cost of section 179 p	roperty placed in s	service (see instructions))			2	
3	Threshold cost of section		3	\$800,000.				
4	Reduction in limitation Su	btract line 3 from I	ine 2 If zero or less, en	ter -0-			4	
5	Dollar limitation for tax yes separately, see instruction	ar Subtract line 4 t			arried filii	ng	5	
6		Description of property		(b) Cost (business	use only)	(C) Elected co	st	
								,
7	Listed property Enter the	amount from line 2	29	•	7			
8	Total elected cost of section), lines 6 and 7			8	
9	Tentative deduction Enter	the smaller of line	e 5 or line 8				9	
10	Carryover of disallowed de						10	
11	Business income limitation					(see instrs)	11	
12	Section 179 expense dedu	iction Add lines 9	and 10, but do not enter	more than line 1			12	
	Carryover of disallowed de				► 13			
Note	: Do not use Part II or Part					_		
Pai	rt II Special Deprec	iation Allowan	ce and Other Depr	eciation (Do no	t include	listed property)	(See II	nstructions)
14	Special depreciation allow tax year (see instructions)	ance for qualified p	property (other than liste	ed property) place	d in serv	ice during the	14	
15	Property subject to section						15	
	Other depreciation (includ						16	
			nclude listed property) (See instructions)				-
r ai	It III IIIAGNO DEPIC	Clation (Do not ii	Section Sectio					
17	MACRS deductions for as	ente placed in corv			-		17	0.
18	If you are electing to grou asset accounts, check her	p any assets place	, ,	-	r more g	eneral ►		<u> </u>
			in Service During 2009	Tax Year Using t	he Gener	ral Depreciation	Syster	n
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convent	(f)		(g) Depreciation deduction
19	a 3-year property							
	b 5-year property							
	c 7-year property	7						
	d 10-year property	7						
	e 15-year property	1						
	f 20-year property	7						_
	g 25-year property			25 yrs		S/I		_
	h Residential rental			27.5 yrs	ММ	1		-
'	property			27.5 yrs	MM			
—	i Nonresidential real			39 yrs	MM			
	property			39 yrs	MM			
		A A . Di d .	- Ci Di 2000 7					
		— Assets Placed I	n Service During 2009 T	ax Year Using the	e Alterna T			em
	a Class life	4		10		S/I		
	b 12-year			12 yrs		S/I		· · · · · · · · · · · · · · · · · · ·
	c 40-year		<u></u>	40 yrs	MM	I S/I		
	rt IV Summary (See							
21	Listed property Enter am						21	
22	the appropriate lines of your ret	urn Partnerships and S	corporations — see instructio	ns	and on		22	0.
23	For assets shown above a the portion of the basis at	and placed in servi	ce during the current year n 263A costs	ar, enter	23			

04-10000004	L533334	4	3	3	3	3	5	1	_	4	8
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Page 2

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

	columns	r any vehicle fo (a) through (c)	of Section A,	all of Sec	tion B, a	nd Sect	tion C if	app.	lıcabl	e						
		n A – Deprecia				ution: S		$\overline{}$						mobiles		No
24 a	Do you have evident	, <u>, , </u>	T			. <u>l</u>	Yes_				'	evidence		<u></u>		
Ту	(a) pe of property (list vehicles first)	(b) Date placed In service	Business/ investment use percentage	other basis (busin		(busine:	(e) Basis for depreciation (business/investment use only)		Re	(f) ecovery period	(g) Method/ Convention		(h) Depreciation deduction		Elected section 179 cost	
25	Special depreci used more than	ation allowance 50% in a qual	e for qualified l ified business	isted propuse (see	perty plac instruction	ced in sons)	ervice d	uring	g the	tax yea	r and	25				
26	Property used r	nore than 50%	in a qualified	business i	use											
						-	<u> </u>									
27	Property used 5	0% or less in a	qualified busi	ness use					<u> </u>							
											-				-	
	Add amounts in		•				e 21, pa	ige 1	l		-L	28				
29	Add amounts in	column (ı), lın	e 26 Enter he	re and on Section							·			29		
to yo	plete this section our employees, fi Total business/ during the year commuting mile	ection C t		you mee		cept		comple		s sectio	n for the		les (f) icle 6		
31	Total commuting m	•	the year													
32	32 Total other personal (noncommuting) miles driven															
33	33 Total miles driven during the year Add Innes 30 through 32										,					
				Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34	during off-duty	hours?		ļ												
35	Was the vehicle than 5% owner	e used primarily or related pers	y by a more son?													
36	ls another vehic personal use?	cle avaılable fo	r													
	wer these question	ons to determin		-	-					_				are not	more t	.han
37	Do you maintain by your employ	n a written poli ees?	cy statement tl	nat prohib	ots all pe	rsonal ι	use of v	ehicl	es, ın	ncluding	comm	uting,			Yes	No
38	Do you maintai employees? Se	n a written police the instruction	cy statement ti ns for vehicles	nat prohib used by	nts perso corporate	nal use e officer	of vehics, direc	cles, tors,	exce or 19	pt com	muting, ore own	by your ers				
39	Do you treat all	use of vehicles	s by employee	s as perso	onal use	7										
40	Do you provide vehicles, and re	more than five etain the inform	vehicles to yo ation received	ur employ ?	yees, obt	aın ınfoi	rmation	fron	1 youi	r emplo	yees at	out the	use of t	he		
41	Do you meet th Note: If your ar															
Pa	rt VI Amort	ization														
	Des	(a) scription of costs		Date ar	(b) mortization egins		(c) Amortizab amount	le		Co sect	de	Amo	(e) rtization riod or centage		(f) mortization or this yea	
42	Amortization of	f costs that beg	ıns durıng you	r 2009 tax	year (se	ee instru	uctions)									
						+			+	_		_				
43	Amortization o	of costs that beg	gan before you	r 2009 tax	x year								43			
44	Total. Add am	ounts in columi	n (f) See the i	nstruction	s for whe	ere to re	eport						44			

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Servece

► File a separate application for each return.

						•		_
	e filing for an Automatic 3-Mont						► 2	<u> </u>
-	e filing for an Additional (Not Ai	· ·			-		_	
	plete Part II unless you have alre					d Form 886	98	_
	Automatic 3-Month Exter	nsion of Time.(Only submit origin	nal (no copies	s needed).			
								_
A corporation	n required to file Form 990-T an	d requesting an aut	omatic 6-month exter	sion – check thi	s box and cor	nplete Part	I only	┙
All other corp income tax r	porations (including 1120-C filei eturns	rs), partnerships, RE	EMICS, and trusts mu	st use Form 700	4 to request a	n extensior	of time to file	
Electronic Fi	iling (e-file). Generally, you can	electronically file Fo	orm 8868 if you want	a 3-month auton	natic extension	n of time to	file one of the	
returns noted the additiona Form 990-T	d below (6 months for a corpora il (not automatic) 3-month exter Instead, you must submit the fu sit www.irs.gov/efile and click or	tion required to file ision or (2) you file illy completed and s	Form 990-T) Howeve Forms 990-BL, 6069, signed page 2 (Part II	r, you cannot file or 8870, group r	e Form 8868 e eturns, or a c	electronicali omposite o	ly ıf (1) you want r consolıdated	
	Name of Exempt Organization		a nonpromo			Employeride	entification number	_
Type or	Name of Exempt Organization					Linployer luc	manuel number	
print				, .		04 152	2224	
File by the	La Plata Economic Number, street, and room or suite number			rsnip		84-153	3334	
due date for filing your		ber if a r o box, see ins	idelions					
return See instructions	P. O. Box 3874 City, town or post office, state, and ZIP	code. For a foreign addre	ss see instructions					_
		code i oi a loreign addre	33, 300 1130 000013			CO	01201	
Oh l- 4	Durango					CO	81301	—
Form 99	of return to be filed (file a sepa				☐ Form 472	ın.		
Form 99		Form 990-T (c	orporation) ection 401(a) or 408(a) truct)	Form 522			
-					Form 606			
X Form 99 Form 99		Form 1041-A	ust other than above)		Form 887			
I I FOIIII 99	U-FF	FOIIII 1041-A			1 11 01111 007	<u> </u>		
Telephor If the org	ne No (970) 749-8869 ganization does not have an officer a Group Return, enter the or		FAX No ►_(<u>970</u> ess in the United Stat)) <u>247-3548</u> es, check this bo	3	this is for t	► [he whole group.	
	is box ► If it is for part of							
	nsion will cover	the greap, entern						
	est an automatic 3-month (6 mo	nths for a corporation	on required to file For	m 990-T) extens	on of time			
-	Aug 16 , 20 10 , to f	•						
_	tension is for the organization's			3				
► X	calendar year 20 09 or							
	tax year beginning	, 20 ,	and ending	, 20				
	tax year is for less than 12 mon		Initial return	Final retu		hange in a	ccounting period	
	application is for Form 990-BL, undable credits. See instruction		0, or 6069, enter the t	entative tax, les	s any	3a \$	(<u> </u>
	application is for Form 990-PF o Include any prior year overpayr			d estimated tax p	oayments	3ь\$	(<u>).</u>
deposi	ce Due. Subtract line 3b from lint t with FTD coupon or, if required structions	ne 3a Include your p d, by using EFTPS (payment with this form	n, or, if required, x Payment Syste	em)	3c \$	(<u>).</u>
Caution. If y payment ins	ou are going to make an electro tructions	onic fund withdrawa	with this Form 8868,	see Form 8453-	EO and Form	8879-EO f	or	
BAA For Pr	ivacy Act and Paperwork Redu	ction Act Notice, se	e instructions.			Forr	n 8868 (Rev 4-200)9)