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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning 4/1, 2009, and ending 3/31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>Allen Development Group Inc./Day Care</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 40</u> City or town, state or country, and ZIP + 4 <u>Allen, NE 68710</u>	<b>D</b> Employer identification number <u>47-0747057</u> <b>E</b> Telephone number <u>(402) 635-2424</u> <b>F</b> Group Exemption Number ▶
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• 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  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

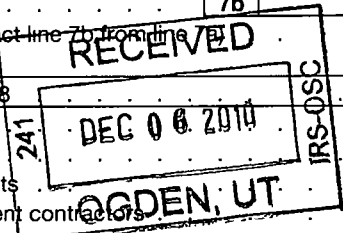
**J** Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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 ▶ \$ 250,085

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

	Description		Amount	
Revenue	1	Contributions, gifts, grants, and similar amounts received	143,756	
	2	Program service revenue including government fees and contracts	83,140	
	3	Membership dues and assessments		
	4	Investment income	1,645	
	5a	Gross amount from sale of assets other than inventory	15,500	
		Less: cost or other basis and sales expenses	15,018	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	482	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
		a	Gross revenue (not including \$ _____ of contributions reported on line 1)	3,630
		b	Less: direct expenses other than fundraising expenses	1,698
6c		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	1,932	
7a		Gross sales of inventory, less returns and allowances		
7b		Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8	Other revenue (describe ▶ _____)			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	230,955		
Expenses	10	Grants and similar amounts paid (attach schedule)		
	11	Benefits paid to or for members		
	12	Salaries, other compensation, and employee benefits	53,603	
	13	Professional fees and other payments to independent contractors	2,650	
	14	Occupancy, rent, utilities, and maintenance	7,717	
	15	Printing, publications, postage, and shipping	2,620	
	16	Other expenses (describe ▶ <u>Ins.-2,312 Food-7,335 Interest-9,040 Depr.-2,080 Misc.-2,685</u> )	23,452	
	17	<b>Total expenses.</b> Add lines 10 through 16	90,042	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	140,913	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	96,191	
	20	Other changes in net assets or fund balances (attach explanation)		
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	237,104	



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**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.)

	Description	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	111,945	22	253,742
23	Land and buildings	127,312	23	112,232
24	Other assets (describe ▶ _____)		24	
25	<b>Total assets</b>	239,257	25	365,974
26	<b>Total liabilities</b> (describe ▶ <u>Real Estate Loans</u> )	143,066	26	128,870
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	96,191	27	237,104

67 8



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35</b>	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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b>	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b>	Section 501(c)(7) organizations Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b>	Initiation fees and capital contributions included on line 9	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	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 ▶ <u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>42a</b>	The organization's books are in care of ▶ <u>Rob Bock</u> Telephone no ▶ <u>(402) 635-2424</u> Located at ▶ <u>101 W 2nd St. Allen, NE</u> ZIP + 4 ▶ <u>68710</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	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="checkbox"/>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45</b>	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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                                  |
|--|------------|-------------------------------------|
| <b>46</b> 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 . . . . . | <b>46</b>  | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> | <input 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: *Robert K. Brock* Date: 12-3-2010

Type or print name and title: ROBERT K BROCK, PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: *Michael J. Pommer* Date: 12/3/10

Firm's name (or yours if self-employed), address, and ZIP + 4: Michael J Pommer, CPA, PO Box 479 Wakefield, NE 68784

Check if self-employed:  Preparer's identifying number (See instructions): P00477071

EIN: 20-5989613 Phone no: (402) 287-2060

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: Allen Development Group Inc / Day Care Employer identification number: 47: 0747057

**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	
<b>Total</b>									

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	150	500	625	96,470	143,756	241,501
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	64,602	66,498	63,704	70,182	83,140	348,126
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513			5,147	13,451	1,932	20,530
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	64,752	66,998	69,476	180,103	228,828	610,157
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						610,157

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	64,752	66,998	69,476	180,103	228,828	610,157
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,126	4,500	1,907	691	1,645	12,869
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	4,126	4,500	1,907	691	1,645	12,869
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	68,878	71,498	71,383	180,794	230,473	623,026
<b>14 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.9 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	96.9 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.1 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.1 %

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# ALLEN DEVELOPMENT GROUP, INC.

## Board Members As of January 1, 2009

Robert R Bock, President P.O. Box 58 Allen, Ne. 68710

Jerry Schroeder, Secretary P.O. Box 133 Allen, Ne. 68710

Duane D Chase, Treasurer P.O. Box 15 Allen, Ne. 68710

Larry Boswell P.O. Box 8 Allen, Ne. 68710

Courtland Roberts 58651 866 Rd Allen, Ne. 68710

Larry Koester 58169 869 Rd Allen, Ne. 68710

Dale Strivens P.O. Box 64 Allen, Ne. 68710

Ricki Smith 204 East 6<sup>th</sup> St. Allen, Ne. 68710