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Department of the Treasury

## **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

2009

Open to Public Inspection

		or the		lar year.	or tax year beginning	April 1	, 2009, and	ending	Ma	rch 31		, 20	10
		neck if ap		Please	C Name of organization						ntification		
[	_	ddress ch		use IRS	The Economic Club of Kan	sas City			-	86	1147091		
	<u> </u>	ame char	change print or Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Tele return type.						E Telepi	none nu	mber		
ļ	=	itial retun								816	-881-681	6	
l l	╡	erminated mended i		Specific	City or town, state or country, a	nd ZIP + 4	<del></del>		F Grou	n Exem	ntion		
ì	ऱ -		etum pending	instruc- tions.	Kansas City, MO 64198					ber ▶	,pao		
	<del></del> -			omenia	rations and 4947(a)(1) nonex	emnt charitable trusts i	nust attach	G Accou			√ Cash	□ Ac	crual
	•	- Secil	011 30 1 (0)(3)	a con	npleted Schedule A (Form 9	90 or 990-EZ).	nuot attaon	1	(specify)				0.00
•	_					<u> </u>		H Check			nanizatro	n is not	
1	ı W	/ebsite	a· <b>&gt;</b>								nedule B (		
				check or	nly one) — 🔲 501(c) ( X ) 🔩	(insert no.) 4947(a)(	(1) or 527		Z, or 990			,, 0,,,, 0	00,
		heck >			zation is not a section 509(a)(3						re than \$2	5 000	Δ
				_	turn is not required, but if the							,,,,,,,,	^
-					9 to determine gross receipts;					\$			
ı		rt I			enses, and Changes in					tions	for Parl	(1.)	
'		1			ts, grants, and similar amo					1			0
		2			evenue including governm					2		··············	
	-	3	-		and assessments				}	3		13	1,500
	ļ	4	Investmen	•					· ·	4		<u>.</u>	0
	- 1	т 5а			m sale of assets other than	n inventory	.   5a						<u>`</u>
		b			er basis and sales expense	•							
		C			n sale of assets other than		· ———	52)		5c			0
	익	6	Special event		-			<u> </u>					
	Revenue			_									
	ě	а	reported o		ot including \$ )...........		1 1						
	œ	<b>h</b>	•		•		. 6b						
		b		-	expenses other than fundraising expenses 6b   or (loss) from special events and activities (Subtract line 6b from line 6a)								n
	l	C 70	Gross sales of inventory, less returns and allowances										
	i	7a			•		<del></del>						
		b Less: cost of goods sold											۸
			c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)										
	l	8				70. and 9			<b>─'</b> }	9		12	1,500
	$\neg$	9			dd lines 1, 2, 3, 4, 5c, 6c, 7		586	B. D. A (200 pm	-	10			0
		10			r amounts paid (attach sch	· "	RECE	EIVED	) [	11			0
	<u>"</u>	11	Solomos o	alu lo o	or for members	a banafita	•		၂၀၄	12			5,000
	xpenses	12 13	Drofossion	oni foco	mpensation, and employe and other payments to inc utilities, and maintenance	lependent centrator	8	M 2010	Ş	13			<del>3,000</del>
=	ᇦ	14	Occupance	iai iees	utilities and maintenance	Tebengeur courractors	SI - JUL B	<b>9-2010</b>	.   i	14			
<b>E</b>						13	~ <u>[                                    </u>		╧╂	<del> </del>			897
20	_	15 16	Other eve		ons, postage, and shipping describe ► Program serv	leas and banking fees	OGDE	N = 11	T : H	15	<del></del>		2,199
abla		17								17			8,096
$\bowtie$	$\dashv$	18	Evenes or	(deficit)	Add lines 10 through 16 . for the year (Subtract line	17 from line (1)	<del> </del>	<u> </u>	•	18			3,404
AUG	Assets	19			id balances at beginning					-'6+			<del>5,404</del>
A	SSI				e reported on prior year's r					19		31	6,772
	ž	20	-	-	net assets or fund balance	•				20			0,772
ũ,	Net	21		_	d balances at end of year.	•				21		<i>A</i> 1	0,176
<b>3</b> 1	Ρ̈́	rt il	Balanc	e Shee	ets. If Total assets on line	25 column (B) are \$1.2	250 000 or moi	e file For	m 990 i		t of Form		
₹ '				<u> </u>	(See the instructions for		200,000 01 11101		inning of			d of year	
SCANNED	22	Ca	eh eavinas	e and in	vestments			44238		_	22		0,176
U)	23		and buil		· · · · · · · · · · · · · · · · · · ·			<u> </u>			23		0,170
	24										24		
	25	To	ici assets ( tal accete	uescrib	e ►		)	<del> </del>		-	25	41	0,176
	26 26							<del> </del>			25 <u> </u>		<del>-,,,,</del>
	27	· · · · · · · · · · · · · · · · · · ·							27	A1	0,176		
_		140	- access to		reserved fund en or column	TO THE ST AGICG WILLI				i 4	- 1		-,

						l age =
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
Wha	t is the organization's primary exempt purpose?	Educational - economic iss	ues		(Requ	ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar		501(c	)(3) and 501(c)(4) izations and section
man	ner, describe the services provided, the number of	f persons benefited, and c	rmation for		a)(1) trusts, optional	
each	program title.					hers.)
28	Club sponsored five conferences to enhance the known	wledge of economics. Thes	e conferences inclu	ided world		
	leaders in business and government that met with bu					
	members and other attendees. Approximately 200 p		ļ			
	(Grants \$ ) If this amount	28a	21,869			
29						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ □	29a	
30			<del>-</del>			
					1	
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	•		ctions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution	ons to	(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe		other allowances
	nas M. Hoenig	Director/Chairman				
One	Memorial Drive, Kansas City, MO 64198	Director/Chairman	0		0	0
		Nil				
		1411				
	ela Berneking	Director		ŀ		
1112	0 W. 135th Street, Overland Park, KS 66221	Director	0		0	0
		Nil				
		<u> </u>				
Paul	Thompson	Director/Sec		ĺ		
P.O.	Box 410889, Kansas City, MO 64141	Director/dec	0		0	0
		Nil				
		1411				
Ten-	kee Tan	Director				
5100	Rockhill Road, Kansas City, MO 64110	Director	0		0	0
		Nil				
John	1 E. Yorke	Ex.Dir/President				
One	Memorial Drive, Kansas City, MO 64198	Ex.Diff rediacit	15,000		0	0
(See	Statement 1)	5				
				<u> </u>		
				ļ		
						<u> </u>
<del>-</del> -				1		
		1		1		}

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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?	35a		<b>√</b>
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u>-</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	4		,
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	40b		✓
С	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			;
е	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	40e		<u>.</u>
41	List the states with which a copy of this return is filed. ▶			
42a	The diganization of books are in date of a second s	816-88	1-681	6
	Located at ▶ One Memorial Drive, Kansas City, MO ZIP + 4 ▶	64	198	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		124	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	<del> </del>	<b>✓</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.	40-		
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		٠ . ا	<b>►</b> ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
- •	Form 990-EZ	44	1 -	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
			\ E7	<del></del>

Form **990-EZ** (2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(1) n 7(a)(1) nonexempt of d 51.	onexem charitable	pt charita trusts m	able ust	e trusts only. A answer question	ll sec ons 4	tion 6-49	b b
	Did the organization engage in direct or indirect		tivities on	behalf of	or	n opposition to		Yes	No
	candidates for public office? If "Yes," complete S	Schedule C, Part I .			•		46		1
	Did the organization engage in lobbying activities						47	<u> </u>	1
	Is the organization a school as described in section						48	<u> </u>	<b>✓</b>
49a	Did the organization make any transfers to an exe	empt non-charitable r	elated org	anization?	٠.		49a	L	✓
	If "Yes," was the related organization a section 52						49b	<u></u>	<u> </u>
	Complete this table for the organization's five hig								
	employees) who each received more than \$100,0								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c)	Compensatio		(d) Contributions to employee benefit plans & deferred compensation	ac	Experiount a rallowa	and
					4				
					$\dashv$			<del></del>	
					$\dashv$				
						·····			
	Total number of other employees paid over \$100,	000			L		l		
	(a) Name and address of each independent contractor p	oald more than \$100,000		(b)	Туре	e of service	(c) Co	mpens	ation
d	Total number of other independent contractors ea	ach receiving over \$1	00,000 .	. ▶					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration of	d this return, including according preparer (other than office	ompanying so er) is based o	chedules and on all informat	state	ements, and to the best of which preparer has	st of m	y knowi owledg	ledge je.
Sign Here	John E. York	'e			Ť	7-9-20	10		
	Signature of officer  Tohn E Yorke,  Type or print name and title	President \$	Exec	utive	Ð	irector	· · · · · ·		
Paid Prepare	Preparer's signature	Dat	1 :	Check if self- employed >		Preparer's identifying nur	nber (Se	e instruc	ctions)
Use On	Firm's name (or L				EIN	<b>&gt;</b>			
	address, and ZIP + 4				Pho	ne no. ▶			
Mayth	a IDS discuss this return with the property shown	shows? Con instructi					٦٧		A1

### SCHEDULE A (Form 990 or 990-EZ)

**L**..

## **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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			The Economi	c Club of Kansas Cit	у				86 :		1147091	
Pa	rt I	Reason	for Public Ct	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	ora	anızation ıs n	ot a private four	dation because it is:	(For lines	1 through	h 11, ch	eck only	one box.	)		
1	_	ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	$\overline{\Box}$			on 170(b)(1)(A)(ii). (Att						,,,,		
3				nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).			
4		•	•	•						170/h)/1	MAMiii). Enter	the
•	_	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	$\Box$		·								Lunit describe	d in
•	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit descrisection 170(b)(1)(A)(iv). (Complete Part II.)										a dini describe	, G III
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d ın <b>sect</b>	ion 170(l	b)(1)(A)(v)	).		
7		An organizat	tion that normally	receives a substantia	al part of	its suppo	ort from a	governm	nental uni	t or from	the general pu	ıblic
		described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)							
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9	✓	An organizat	ion that normally	receives: (1) more that	an 33⅓ %	of its su	pport fro	m contrib	utions, m	embersh	ıp fees, and gr	oss
				ed to its exempt funct								
				ent income and unre						511 tax	) from busines	sses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509(	( <b>a)(2).</b> (Co	omplete f	Part III.)			
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety	. See <b>sec</b>	tion 509	(a)(4).		
11		An organiza	tion organized a	and operated exclusiv	ely for the	he benefi	t of, to	perform t	he functi	ons of, o	r to carry out	the
		purposes of	one or more pul	blicly supported organ	nizations	describe	d in secti	on 509(a	)(1) or sec	ction 509	(a)(2). See <b>sec</b>	tion
		<b>509(a)(3).</b> Cl	neck the box tha	it describes the type	of suppo	rting orga	anızatıon	and com	iplete line	s 11e thi	rough 11h.	
		a 🗌 Type	l b □	] Type II	: 🗌 Тур	e III-Fun	ctionally	ıntegrate	d	d□	] Type III–Oth	er
е		By checking	this box, I cert	tify that the organizat	tion is no	ot control	led direc	tly or inc	directly by	y one or	more disquali	fied
		persons other	er than foundatio	n managers and other	r than on	e or more	publicly	supporte	ed organiz	ations de	escribed in sec	tion
		509(a)(1) or	section 509(a)(2)	-								
f		If the organ	ization received	a written determinati	on from	the IRS	that it is	а Туре	I, Type II	, or Type	III supporting	3
		organization	, check this box									
g		Since Augus	st 17, 2006, has	the organization acce	epted any	gift or c	ontributio	on from a	iny of the	!		
		following pe	rsons?									
		(i) A persor	n who directly or	r indirectly controls, e	either alo	ne or tog	jether wi	th persor	ns describ	oed in (ii)		No
		and (III) b	pelow, the gover	ning body of the sup	ported or	ganızatıo	n? .				11g(i)	
				rson described in (i) a							11g(ii)	
				of a person described							11g(iii)	
<u>h</u>				ation about the suppo					r			
(i)		of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization		ou notify	(vi) i organizat	s the	(vii) Amount of support	of
	Si S	janization		above or IRC section	in col. (i) listed in your the organization in governing document? col. (i) of your				zed in the	зарроге		
				(see instructions))				port?	<del></del>	S?		
					Yes	No	Yes	No	Yes	No		
				:								
								<u> </u>				
				<u> </u>				_				
				<u> </u>								

Total

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Pai	(Complete only if you check					and 170(b)(	1)(A)(vi)
<u>Sec</u>	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			<u> </u>			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		1			l . <u></u>	<u> </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 2000	(3) 2000	(0) 2007	(4) 2000	(6) 2000	(1) 10121
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .		1				<u></u>
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	
15	Public support percentage from 2008 Sci					15	<u> </u>
	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ 🗆
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circur inces" test. The	nstances" test, o corganization qua	check this box a alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization .	IV how the ▶ □

,

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.)

Sec	tion A. Public Support	d the beat on		,			
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NA	135,000	145,000	116,000	131,500	527,500
2	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	NA NA	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	NA	О	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	NA	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	NA	0	0	0	0	0
6	Total. Add lines 1 through 5	NA NA	135,000	145,000	116,000	131,500	527,500
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	NA NA	0	0	0	0	0
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	NA	0	o	0	0	0
	amount on line 13 for the year	NA NA	0	0	0	0	<u>0</u>
8 8	Add lines 7a and 7b	, NA					527,500
Sec	tion B. Total Support	<del></del>					02.,000
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	NA	135,000	145,000	116,000	131,500	527,500
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	NA	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses	. NA	0	0	0	o	0
С	acquired after June 30, 1975	NA	0	0	0	0	0
11	Add lines 10a and 10b	NA	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	NA	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	NA NA	135,000	145,000	116,000	131,500	527,500
14	First five years. If the Form 990 is for to organization, check this box and stop to the s	. •		nd, third, fourth	•		n 501(c)(3) ▶ ☑
Sec	tion C. Computation of Public Sup	pport Percer	ntage		<del>-</del>		
15	Public support percentage for 2009 (lin			e 13, column (	f))	15	<u>%</u>
16	Public support percentage from 2008 S					16	%
Sec	tion D. Computation of Investmen	it Income Pe	ercentage				
17	Investment income percentage for 2009	•	• • •	•		17	%
18	Investment income percentage from 20					18	<u>%</u>
19a	33% % support tests – 2009. If the orga 17 is not more than 33% %, check this be	ox and <mark>stop he</mark>	re. The organiz	zation qualifies	as a publicly s	supported orga	nization ► 🗆
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	box and stop	h <b>ere.</b> The orgar	nization qualifies	s as a publicly s	supported orgai	nization 🕨 🗌
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see inst	ructions ▶ 🔲

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10;
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The Economic Club of Kansas City 86-1147091

## **Federal Statement**

## Statement 1—Form 990-EZ, Part IV - List of Officers, Directors, and Key Employees

The Economic Club of Kansas City ("Club") has contracted with John E. Yorke (the Club's executive director) for him to provide administrative services for the Club. The Club compensated Mr. Yorke \$15,000 for his services for the tax year ending March 31, 2010 (which is reflected in column (c) of Part IV).