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# SCANNEL NOV 23 2010

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Départment of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Fort	he 2009 calen	dar year,	or tax year beginning 5	/01 ,2	2009, and endir	ng 4/	′30	, 2	010	<u></u>
В		ıf applicable		С	·		<u> </u>		er Identificati	ion Number	
		ddress change	Piease use IRS label	Economic Develop	ment Corporati	on of		43-1	146626	5	
	$\prod_{i}$	lame change	or print or type.	Kansas City, Mis				E Telepho			
	$\vdash$	nitial return	See specific		te 1700			816-	-221-06	536	
	$\vdash$	ermination	Instruc- tions.	Kansas City, MO	64106				<u> </u>		
	$\vdash$	mended return	40/13.					G Gross re		6,216,	9/5
	$\vdash$	pplication pending	F Name :	and address of principal officer	<del></del>		H(a) Is this	a group return			X No
	⊔"	application pending	ł	As C Above				ll affiliates incli		Yes	A No
	To	x-exempt statu			1 4047(-)(1)	🗆 507		' attach a list			
<u> </u>					) 4947(a)(1) o	or 527				•	
<u>J</u>			w.edck		П ь	T		exemption nu		WO	
TD:	rt:1	n of organization	X Corpora	ation Trust Association	0 Other ►	L Year of Forma	tion 197	8 MIS	tate of legal of	domicile MO	
,F, 6	1			ranization's mission or mo	ct constraint actuation	Faranda	D1	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	'	briefly descri	ne the ord	ganization's mission or mo	st significant activities	<u>FCOUODIC</u>	рēлет	robment			
Ç											
Activities & Governance											·
Ş.	2	Check this bo	nx ▶ []	if the organization discont	nued its operations or	disposed of mo	re than 1	25% of its a			
Ğ	3			bers of the governing bod		disposed of file	, and the	20 70 07 113 0	3		42
ص ص	4			it voting members of the g		line 1b)		Ì	4		42
/itie	5			yees (Part V, line 2a)					5		44
cţi	6			eers (estimate if necessar					6		0
٩				ousiness revenue from Par		12		-	7 a		0.
	L)	Net unrelated	business	taxable income from Forr	n 990-1, line 34	/ED			7b		0.
	_				~	၂၀၂	F	Prior Year		Current Ye	
Đ.	8			its (Part VIII, line 1h)	NOV 0 1	2010	ļ	954,9	89.	2,664,	
Revenue	9	Program serv		2 1	36		952.				
Re	10	Other revenu	art VIII, column (A), lines 3	ļ,	3,1			246.			
	11 12	Total revenue	e (Part Vi	II, column (A), lines 5, 6d, nes 8 through 11 (must eq	Sc, Sc, No. and Ele			3,845,7		3,349,	
	13			ounts paid (Part IX, columi		), <del>MIE 121_</del>	<del>- </del>	4,803,9	03.	6,216,	<del>343.</del>
	14			members (Part IX, column					<del>-  </del>		
	15			nsation, employee benefits		.noc 5 10)		3,270,4	60	3,496,	102
ees				ig fees (Part IX, column (A		11162 3-10)		3,210,4	00.	3,430,	102.
Expenses			t .	2 / 2 /							
Exp	ь	Total fundrais	ing expe	nses (Part IX, column (D),	line 25) ▶		10.00				
_	17			X, column (A), lines 11a-1				863,7		1,813,	
	18			nes 13-17 (must equal Par		5)		4,134,2		5,309,	
	19	Revenue less	expense	s Subtract line 18 from lin	e 12			669,6	95.	907,	425.
Net Assets or Fund Balancos							Begi	nning of Ye	ear	End of Yea	ar
seet	20	Total assets (	(Part X, Iı	ne 16)				1,026,2		2,569,	
A Pu	21	Total liabilitie	s (Part X,	, line 26)			L	545,6	73.	1,181,	360.
	22	_Net assets or	fund bala	ances Subtract line 21 from	m line 20			480,5	87.	1,388,	012.
Pa	rt II	Signatu	<u>ire Bloc</u>	: <u>k</u>							
		Under pegaltie	s of perjury	declare that I have examined this peclaration of preparer (other than	return, including accompanying	schedules and stat	ements, and	to the best of	my knowledg	ge and belief it	IS
		ilde coneci, a	· ( ) //	<i>1</i> .	i onicer) is based on all informa	ation of which prepa	irer nas any	Knowledge	1		
Sig		XIII	a XIII	pool				10/25	10		
He	re	Signature			m 6		Da	ate			
		<u> </u>			20						
		Type or pr	int rame and	1 title							
_				10()		Date		heck if	Prepare (see ins	rs identifying n tructions)	umber
Pai		Preparer s		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		10 20		mployed ►	$\Box$		
Pre	:- er's	signature	ID L. COCHRAN, CE	10 u	טונ		P006	33062			
Us		rims name (or COCHRAN READ VICK & CO., P.C.									
On		employed) address and		1 NW BRIARCLIFF F		····	Ε		3-1028	532	
		ZIP + 4		SAS CITY, MO 6411			P	Phone no		287-443	3
				with the preparer shown at		•			X		No
BA	A Fo	r Privacy Act a	and Paper	work Reduction Act Notic	e, see the separate ins	tructions.		TEEA0113L	12/29/09	Form <b>990</b>	(2009)

	n <b>990</b> (2009)					43-1	14662	26		Page 2
Pai		tatement of Program		lishments		· · · · · · · · · · · · · · · · · · ·				
1		cribe the organization's mi	ssion							
•	Economi	ic Development								
					<del></del>	<del></del>				
	Dod the see									
Z	Form 990 c	ganization undertake any s	ignificant program :	services during the y	ear which were no	it listed on the pri	or $\square$	V	v	
		scribe these new services	an Sahadula A				لــا	Yes	X	No
3		janization cease conductin		ent changes in how	it conducts, any ar	2012m 50mu0062	$\Box$	Yes	X	No
3		scribe these changes on S		ant changes in now	it conducts, any pri	ogram services.	لا	162	$\nabla$	NO
4	Describe th	ne exempt purpose achieve (4) organizations and sect	ements for each of ion 4947(a)(1) trust	s are required to red	nree largest programount of	m services by exp grants and allocat	enses s	Section others	n 501	(c)(3) total
	expenses,	and revenue, if any, for ea	ach program service	reported					•	
4 <i>a</i>	(Code <u></u> Develop	) (Expenses \$) ment & Expansion	1,011,442. of Central I	including grants of Kansas City	\$	•) (Revenue	\$	19	17 <u>,9</u> :	52 <u>.</u> )
			<del>-</del>							
				. – – – – – <del>–</del>						
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			· <b></b>			<del>-</del>		:		
4 b	(Code	) (Expenses \$		including grants of	\$	) (Revenue	\$			)
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						<del>-</del>				
40	:(Code 🎉	) (Expenses \$		including grants of	\$	) (Revenue	\$			)
						·		·		<b>-</b>
			·							
			·			·				
4 d		ram services (Describe in	·							
	(Expenses	\$	including grants		) (Rev	enue \$			)	
<u>4e</u>	Total progr	ram service expenses 🕨	1,011,	442.	····					

•			Tes	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		X
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		
5	Section 501(c)(2), 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		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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
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,' 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 $Y$	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	(A) 3
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete 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? 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			
•	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	* 88		
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	· <u>a</u>
12 <i>A</i>	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X		**************************************	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
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		X
	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		X
<b>2</b> U	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		_ X

Checklist of Required Schedules (continued)

Part IV

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X Schedule J 23 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 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 Х 25 a 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 990 EZ? If 'Yes,' complete Schedule L. Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a 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 Х 28b **c** 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 37 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38 X

•				Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		1	Masin	\$ × 5 × 5
	Information Returns Enter -0- if not applicable	1a 31	346		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	20		
C	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c	X	S. L. L
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 44	الرومسة المرابعة		¥1,32
2 t	If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn (see instructions)	7.6766. At	i saztus	Àsi-4
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	ar covered by	3a		Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other to	e or other authority over, a financial account)?	4a		х
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 Financial Accounts	Foreign Bank and			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shel	ter transaction?	5b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Regarding Prohibited	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such c deductible?	ontributions or gifts were not			
7	Organizations that may receive deductible contributions under section 170(c).		~ * 2	, .	, á
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	 7a	. 57. 242.74.	X
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	thich it was required to file	7c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	ئىشد قىرىد	Tall Visc	Yida
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiul benefit contract?	ms on a personal	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as		7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization.	ng organizations. Did the		عَلَيْدُ	
_	holdings at any time during the year?		8	(15° * .	35.3
	Sponsoring organizations maintaining donor advised funds.			بغدد سمشه	lag Li
	Did the organization make any taxable distributions under section 4966? Did the organization make any distribution to a donor, donor advisor, or related person?		9a 9b		
	Section 501(c)(7) organizations. Enter		3D	7 7	7. E. a.
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter	100		, y	}
	Gross income from other members or shareholders	11 a	7. 3	( 5	2
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	, ja , ja	1 1 1 mm	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	25.		

BAA

Form **990** (2009)

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.

Sec	tion A. Gove	rning Body and	d Manageme	ent	<del></del>						
	<del></del>	<del></del>	~		···					Yes	No
1 a	a Enter the number	of voting membe	rs of the govern	ning body			1 a	4	2	\$2.25 3.25	72357
Ŀ	<b>b</b> Enter the number	of voting membe	rs that are inde	pendent		Ì	1 b	4	2	37 3 4 24 3 4	
2	Did any officer, do	rector, trustee, or rustee or key emp	key employee	have a family	relationship or a bu	ısıness re	elationship w	th any other	2 2	ALL Y	X
3	Did the organizati	on delegate contr	ol over manage	ement duties c	customarily performe ment company or ot	ed by or u	under the dir	ect supervision	3		х
4	Did the organizati			-		o. poro	-,.		4		X
		rm 990 was filed?	•	,							
5	Did the organizati	on become aware	during the year	ar of a materia	I diversion of the or	ganızatıo	n's assets?		5		Х
6	Does the organiza	ation have membe	ers or stockhold	lers?					6		Х
7 a	a Does the organization governing body?	ation have membe	ers, stockholder	s, or other per	rsons who may elec	t one or i	more membe	rs of the	7a		х
t	<b>b</b> Are any decisions	of the governing	body subject to	o approval by i	members, stockhold	ders, or o	ther persons	7	7b		X
8	Did the organizati	on contemporane	ously documen	t the meetings	s held or written acti	ions unde	ertaken durın	g the year by			
a	a The governing bo	dy?							8a	+	
t	<b>b</b> Each committee v	with authority to a	ct on behalf of	the governing	body?				8b	X	
9	Is there any office organization's ma	er, director or trus illing address? <i>If '</i>	tee, or key emp <i>'Yes,' provide th</i>	oloyee listed in he names and	n Part VII, Section A addresses in Sched	A, who ca dule O	nnot be read	hed at the	9_		X
Sec	ction B. Polici	<b>es</b> (This Sec	tıon B reque	ests informa	tion about polici	ies not i	required b	y the Interna	a/		
Reve	enue Code )		· · · · · · · · · · · · · · · · · · ·								
					_					Yes	No
	a Does the organiza								10 a		X
	and branches to	ensure their opera	itions are consi	stent with thos	ires governing the a se of the organizatio	on <sup>9</sup>			10b		
	-	-			mbers of its governi		-		11		X
		•			ation to review this		See S	chedule O	^``\$\(\frac{1}{2}\)		
	•				If 'No,' go to line 13				12a	X	<del></del>
	to conflicts?				o disclose annually				12b	Х	
	Schedule O how	this is done	See Schedu	ule O	force compliance wi	ith the po	licy? <i>If 'Yes</i>	' describe in	12c	<del></del>	
13	Does the organiza			. ,					13	X	<b> </b>
14	Does the organization	ation have a writte	en document re	tention and de	estruction policy?				14	X	7 - 11 1
15	persons, compara	ability data, and co	ontemporaneou	is substantiatio	ersons include a rev on of the deliberation	view and in and de	approval by cision?	ındependent			لنثنا
	<b>a</b> The organization'			_	t official				15a	1	
t	<b>b</b> Other officers of I		-		-				15 b	4 . 12	X
	If 'Yes' to line 15	a or 15b, describe	the process in	Schedule O (	(See instructions)				3 8	<b>第</b>	· «
16 a	a Did the organizate entity during the		ribute assets to	o, or participate	e in a joint venture o	or sımılar	arrangemer	it with a taxabl	e <u> </u>	See See See	X
ŀ	in joint venture ai	rganization adopt rrangements unde ct to such arrange	r applicable fed	licy or procedu deral tax law, a	ure requiring the org and taken steps to s	ganızatıor safeguard	to evaluate the organiz	its participatio ation's exempt	n <u>, ;</u> 16b		
Sec	ction C. Discle	osures									
17	List the states with	h which a copy of	f this Form 990	is required to	be filed • None		<del>-</del> <del>-</del> -				
18	Section 6104 requires Indicated Own website	te how you make	ion to make its these available ther's website	Check all that	or 1024 if applicable at apply Upon request	e), 990, a	nd 990-T (50	1(c)(3)s only)	avaılab	le for p	public
19	Describe in Scher statements availa	dule O whether (a ble to the public	nd if so, how) t See Sch	he organizatio edu1e 0	on makes its governi	ıng docur	nents, confli	ct of interest po	olicy, ar	nd fina	ancial
20	State the name, p	ohysical address,	and telephone	number of the	person who posses wite 1700 Ka	sses the b	ooks and re	cords of the or	ganızat	tion	

# 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 organizations'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's current key employees
     See instructions for definition of 'key employees'

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ANTHONY ABBOTT	0	Х						0.	0.	0.
RITA CORTES	0	Х						0.	0.	0.
JACKIE SNYDER Term ended	0	Х						0.	0.	0.
DAVID FOWLER	0	Х						0.	0.	0.
KEVIN BARTH	0	Х			-			0.	0.	0.
RON BORST	0	Х						0.	0.	0.
MELBA_CURLS	0	Х						0.	0.	0.
MICHAEL DEGGENDORF	0	Х						0.	0.	0.
WAYNE CAUTHEN Term ended	0	Х						0.	226,645.	35,309.
BETH DERROUGH Term ended	0	Х						0.	0.	0.
MIKE CHESSER Chairman	0	Х		Х				0.	0.	0.
TOM COYLE	0	X						0.	0.	0.
R MICHAEL DUFFY	0	Х						0.	0.	0.
E FRANK ELLIS	0	Х						0.	0.	0.
WARREN ERDMAN	0	Х						0.	0.	0.
MARK JORGENSON Term ended	0	Х					_	0.	0.	0.
SPENCER FIELDS	0	х						0.	0.	0.

Form 999 (2009) Economic Development Corr				_				43-1146620	
Part VIII Section A. Officers, Directors, Trus	tees, r	<b>(ey</b>	Em	plo	ye	es, an	d Highest Con	npensated Emp	loyees (cont.)
· (A)	(B)			(0	c)		(D)	(E)	(F)
Name and Title	Average	Posi	tion (c			hat apply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	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
JOHN SHARP	0	Х					0.	60,118.	20,090.
ED FORD	0	Х					0.	61,809.	11,607.
DEB HERMANN	0	X					0.	61,997.	11,607.
RICK HUGHES									
LEO MORTON	0	X	1				0.	0.	0.
WILLIAM P DUNCAN	0	Х					0.	0.	0.
Term ended	0	Х	$\perp$	$\dashv$			0.	0.	0.
MARK FUNKHOUSER	0	х					0.	113,485.	36,823.
CHRISTINE KEMPER	0	X					0.	0.	0.
DAVID FRANTZE	0	Х					0.	0.	0.
CLYDE MCQUEEN									
1st Vice Chair	0	Х		x			0.	0.	0.
GREG GRAVES	0	Х					0.	0.	0.
TROY SCHULTE									
	0	Х					0.	127,322.	23,829.
RODGER KAMINSKA									
	0	X					0.	0.	0.
1 b Total						<b>•</b>	1,213,865.	1,017,978.	403,235.
2 Total number of individuals (including but not limite	d to tho	se li	sted	abo	ove)	who re	ceived more than	\$100,000 in reporta	ble compensation
from the organization > 8									
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater transvirdual</li> <li>5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes.' complete Schedule 1a receive or accrue or rendered to the organization?</li> </ul>	ndividua portable han \$15 compens	e cor 50,00 satio	npen 10? /i	nsat f 'Ye m a	ion es' d	and oth complet unrelate	ner compensation te Schedule J for s	from such	3 X  4 X  5 X
Section B. Independent Contractors									
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	con	trac	tors tha	at received more t	han \$100,000 of	
							1	l l	

compe	insation from the organization	·· <del>-</del> · · · · · · · · · · · · · · · · · · ·		
	(A) Name and business address	Descr	( <b>B)</b> iption of Services	<b>(C)</b> Compensation
	· · · · · · · · · · · · · · · · · · ·			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 

0

	rt V.III   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
FTS, GRANTS	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 d				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	e Government grants (contributions)  1 e 2,664,2  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribns included in lns 1a-1f:	93.			
	h Total. Add lines 1a-1f	<b>▶</b> 2,664,293.		<b>《多数》</b>	
PROGRAM SERVICE REVENUE	Business Coo  2a NSP - Program Sales 236000  b	197,952.	197,952.		The state of the s
PROGRAM SI	f All other program service revenue g Total. Add lines 2a-2f	► 197,952.		THE BOOK SE	
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceed</li> <li>Royalties</li> </ul>	<b>►</b> 5,246.			5,246.
	(i) Real (ii) Persona  6a Gross Rents b Less rental expenses	al			
	c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis				
	and sales expenses  c Gain or (loss)  d Net gain or (loss)	And the state of the state of			
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18 a				
된	b Less direct expenses c Net income or (loss) from fundraising events	<u> </u>	**************************************		أستست أست
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses  c Net income or (loss) from gaming activities	<b>P</b>			
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b			, . , .	1/2
	c Net income or (loss) from sales of inventory	<b>&gt;</b>	and the second second second second		* * * * * * * * * * * * * * * * * * *
	Miscellaneous Revenue  Business Cod  11 a Administrative Fees 561000  b 561000	3,349,454.	3,349,454.		
	d All other revenue e Total. Add lines 11a-11d	► 3,349,454.			
	12 Total revenue. See instructions		3,547,406.	0.	5,246.

Form **990** (2009)

Part IX Statement of Functional Expenses

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

	Section סטונכאָג All other organizations must com	3) and 501(c)(4) organiz iplete column (A) but a	<u>-</u>		and (D).
Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	415,722.	0.	415,722.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,281,762.		2,281,762.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	243,993.		243,993.	
9	Other employee benefits	346,374.		346,374.	
10	Payroll taxes	208,251.		208,251.	
11	Fees for services (non-employees)				
á	a Management				
ŧ	<b>)</b> Legal	2,782.	<u></u>	2,782.	
•	Accounting	15,628.		15,628.	
•	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17			就是"\$P\$12000000 中央	
f	Investment management fees				
ç	g Other	1,125,818.	1,011,442.	114,376.	
12	Advertising and promotion	28,056.		28,056.	
13	Office expenses	42,069.		42,069.	
14	Information technology				
15	Royalties				
16	Occupancy	269,135.		269,135.	
17	Travel	27,507.		27,507.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings				
20	Interest	249.		249.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,447.		81,447.	
	Insurance.	21,836.	-807 7 A 147A 1	21,836.	  現代報: 第4編: 2名(24)
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
	below)	110,370.		110,370.	1
	Equipment Lease & Maint	54,043.		54,043.	<del> </del>
	Other	<del></del>		28,354.	
	Communications	28,354. 6,124.		6,124.	
	d Printing and Publications	0,124.		0,124.	
9	S All other expenses				
	f All other expenses	5 200 520	1 011 442	1 200 070	0.
<u>25</u> 26		5,309,520.	1,011,442.	4,298,078.	0.
			· · · · · · · · · · · · · · · · · · ·	<del></del>	C 000 (2000)

72	IT X	Balance Sheet					
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing			703,130.	1	275,468.
	2	Savings and temporary cash investments				2	201,751.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			38,712.	4	843,329.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trus II of S	stees, key employees, schedule L		5	
	6	Receivables from other disqualified persons (as define	ed und	der section 4958(f)(1))	ASS. THE SECTION	* (%. 30 L. w	
		and persons described in section 4958(c)(3)(B) Comp	olete F	Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net			7		
Ē	8	Inventories for sale or use	•			8	
s,	9	Prepaid expenses and deferred charges			11,796.	9	27,192.
i	10 a	Land, buildings, and equipment cost or other basis	10 a	741,879.		37.88	
		Complete Part VI of Schedule D					
	ь	Less accumulated depreciation.	10 ь	526,034.	272,622.	10 c	215,845.
	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_	1,005,787.	
	16	Total assets Add lines 1 through 15 (must equal line	34)		1,026,260.	16	2,569,372.
	17	Accounts payable and accrued expenses			379,872.	17	547,425.
	18	Grants payable		18			
	19	Deferred revenue			159,963.	19	162,768.
Ļ	20	Tax-exempt bond liabilities.				20	
B	21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21	
1 L   T	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per	stees, sons.	key employees, Complete Part II			
į		of Schedule L				22	
S	23	Secured mortgages and notes payable to unrelated th	urd pa	rties.		23	471,167.
	24	Unsecured notes and loans payable to unrelated third	partie	es		24	
	25	Other liabilities Complete Part X of Schedule D			5,838.	25	
	26	Total liabilities. Add lines 17 through 25	,		545,673.	26	1,181,360.
N E T		Organizations that follow SFAS 117, check here	X aı	nd complete lines			
_		27 through 29 and lines 33 and 34.				7.72	
S	27	Unrestricted net assets			213,803.	27	382,225.
Ē	28	Temporarily restricted net assets			266,784.	28 29	1,005,787.
	29		ermanently restricted net assets  rganizations that do not follow SFAS 117, check here  and complete nes 30 through 34.				
OR FU		Organizations that do not follow SFAS 117, check he lines 30 through 34.					
E UZO	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equip	ment	fund .		31	
Î	32	Retained earnings, endowment, accumulated income,	or oth	ner funds		32	
BALANCES	33	Total net assets or fund balances			480,587.	33	1,388,012.
5	34	Total liabilities and net assets/fund balances.			1,026,260.	34	2,569,372.

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Form 990 (2009)

form <b>990</b> (2009) Economic Development Corporation of 43-11	.40020	Pag	ge ı∡
Part XI Financial Statements and Reporting			
•	Y	res	No
<b>1</b> Accounting method used to prepare the Form 990 $\square$ Cash $\square$ Accrual $\square$ Other			<b>)</b> , 2:
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		# 4 # 2	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2 b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed oither its everyight process or coloring process during the tay year, explain	St. 66 . 3	الأدام	395

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule  ${\sf O}$ 

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

consolidated basis, separate basis, or both 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? Х **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

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Form 990 (2009)

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# 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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name of the organization		Employer Identification number
Economic Development Corporation Kansas City, Missouri		43-1146626
Part M Organizations Maintaining Dono the organization answered 'Yes' the organizations are the organizations and the organizations are the organization answered organization are the or	r Advised Funds or Other Similar Funds of Form 990, Part IV, line 6.	or Accounts Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		- APA
4 Aggregate value at end of year		
5 Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in donor a to the organization's exclusive legal control?	advised Yes No
used only for charitable purposes and not for purpose conferring impermissible private beni		Yes No
Part II Conservation Easements Comple	ete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 7.
1 Purpose(s) of conservation easements held b	y the organization (check all that apply)	
Preservation of land for public use (e.g.,	recreation or pleasure) Preservation of an	historically important land area
Protection of natural habitat	Preservation of cer	tified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in the fo	
	<u> </u>	Held at the End of the Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation ease		2b
c Number of conservation easements on a certi	``	2c
<b>d</b> Number of conservation easements included in	_	2d
	transferred, released, extinguished, or terminated by	the organization during the tax
year ►	onservation easement is located ►	
	garding the periodic monitoring, inspection, handling	g of violations, Yes No
	ng, inspecting, and enforcing conservation easement	
7 Amount of expenses incurred in monitoring, in during the year	especting, and enforcing conservation easements	\$
8 Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of section	Yes No
	s conservation easements in its revenue and expense state to the organization's financial statements that describ	
Part-III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or Oth wered 'Yes' to Form 990, Part IV, line 8.	er Similar Assets
1 a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	r SFAS 116, not to report in its revenue statement as lic exhibition, education, or research in furtherance c ents that describes these items	nd balance sheet works of art, historical of public service, provide, in Part XIV,
b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue statement and b lic exhibition, education, or research in furtherance c	palance sheet works of art, historical of public service, provide the following
(i) Revenues included in Form 990, Part VIII,	line 1	<b>-</b> \$
(ii) Assets included in Form 990, Part X		►\$ ►\$
2 If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets for fin 116 relating to these items	ancial gain, provide the following
a Revenues included in Form 990, Part VIII, line	: 1	<b>-</b> \$
<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

Schedule D (1 01111 390) 2009 ECOIT					43-11			_Page Z
Partill Organizations Mainta	<u>ining Colle</u>	ctions	s of Art, Hist	<u>orical Treasures, o</u>	r Other Similar As	sets (c	ontını	ıed)
3 Using the organization's acquisitive (check all that apply)	on accession	and ot	her records, che	eck any of the following	that are a significant u	se of its	collecti	.on
a Public exhibition			<b>d</b> Loan	or exchange programs				
<b>b</b> Scholarly research			e Other	r				
c Preservation for future gener	ations			•				
4 Provide a description of the orga Part XIV	nızatıon's coll	ections	and explain ho	w they further the organ	nızatıon's exempt purpo	ose in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive be mai	donations of a	rt, historical treasures, of the organization's co	or other similar illection?	Yes		No
<b>Part IV</b> Escrow and Custodia 9, or reported an amo	l Arrangem unt on Forr	<b>ents</b> n 990	Complete if on Part X, line	organization answe 21.	red 'Yes' to Form S	990, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodiai	n, or ot	her intermediary	y for contributions or ot	her assets not	Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	nd com	plete the follow	ing table				
						Amoun	t	
<b>c</b> Beginning balance					1c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a	mount on For	m 990,	Part X, line 217	7		Yes		No
<b>b</b> If 'Yes,' explain the arrangement								
Part V Endowment Funds Co	mplete if or	ganız	<u>ation answer</u>	ed 'Yes' to Form 99	<u>90, Part IV, line 10</u>	•		
	(a) Current	year	(b) Prior yea				Four year	s back
1a Beginning of year balance				17.6 × 4.8 × 6.5		1 (48)	16 × 74 1	M. 331
<b>b</b> Contributions	· · · · · · · · · · · · · · · · · · ·			707 474 A668	語的類似的特殊	\$ 86.23		沙海河
c Net Investment earnings, gains, and losses								
d Grants or scholarships.				WitCHE NO.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		37.4	1413
Other expenditures for facilities and programs						1 <b>3 8</b> 8 9		
f Administrative expenses				10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	II (A)	- 4
<b>g</b> End of year balance				よい境点と学	<b>学科ではないないがら</b>	v. 1984	\$160 mg	()
2 Provide the estimated percentage	e of the year of	end bal	ance held as					
a Board designated or quasi-endov	vment 🟲		ą.					
<b>b</b> Permanent endowment ►	8							
c Term endowment ►	ક્ષ							
3a Are there endowment funds not i	n the possess	sion of t	the organization	that are held and adm	inistered for the	ſ	Yes	No
(i) unrelated organizations						3a(i)	163	140
(ii) related organizations						3a(ii)		-
<b>b</b> If 'Yes' to 3a(II), are the related of	vraanizatione l	lictad a	s required on S	chadula D2		3b		
4 Describe in Part XIV the intended	-		•			30		<u> </u>
Part VI Investments—Land, B				<del>_</del> -	line 10			
Description of investment			t or other basis		(c) Accumulated	(4)	Book Va	
·			ivestment)	basis (other)	Depreciation	(4)		
1a Land	}				5 ( \$ 6°)	-		
<b>b</b> Buildings	}		<del></del>		· · · · · · · · · · · · · · · · · · ·	ļ		
c Leasehold improvements	}			741 070	E26 024	-	215	045
<b>d</b> Equipment	}			741,879.	526,034.		<u> </u>	<u>,845.</u>
e Other		-1.5	000 5 13		<u> </u>		215	045
Total. Add lines 1a through 1e (Colum	ıı (a) must eqi	uai rori	iii 990, Part X, (	column (B), line 10(c) )		l <u> </u>	<u> </u>	,845.

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Schedule **D** (Form 990) 2009

Schedule <b>D</b> (Form 990) 2009 Economic Developm			43-1146626	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, I	ne 12. N/A	<u>.</u> .	
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or e	Method of valuation end-of-year market value	
Financial derivatives				
Closely-held equity interests			_	
Other		ļ		
		-		
				<del>.</del>
		-		
	-	<del></del>		
			<del></del>	
				<del></del>
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)				KEEL HAN
Part VIII Investments-Program Related (See	Form 990, Part X,			
(a) Description of investment type	(b) Book value	(c)	Method of valuation	
· · · · · · · · · · · · · · · · · · ·	=	Cost or e	end-of-year market value	
	<u> </u>	# 37% (* . * ) * 2 * * ) * * . 802	977 - 1221-1294 20000 1004,,, 5400 1217-14004000.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	l.= - 15\			
Part IX Other Assets (See Form 990, Part X,			#ND:	
Neighborhood Stabilization Program -	scription		<b>(D)</b> BC	ook value
Property Held For Sale		<del></del>	1	005,787.
rioperty nerd for built				003,707.
<del></del>				
Total. (Column (b) must equal Form 990, Part X, col (B), li			<u>▶ 1,</u>	005,787.
Part X Other Liabilities (See Form 990, Part		91,272,202,38013	- 1884	<u>・                                    </u>
(a) Description of Liability Federal Income Taxes	(b) Amount			<b>建議</b> (於)計
rederal income raxes				F & 3 1
				医囊肠
				86 85 / I
			7 4 5	
			,	: :
				i.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►				

Schedule D (Form 990) 2009 ECONOMIC Development Colpora		7020 Page 4
Part XI Reconciliation of Change in Net Assets from Form	1 990 to Financial Statements	6.016.045
1 Total revenue (Form 990, Part VIII,column (A), line 12)	-	6,216,945.
2 Total expenses (Form 990, Part IX, column (A), line 25)	-	5,309,520.
<b>3</b> Excess or (deficit) for the year Subtract line 2 from line 1	-	907,425.
4 Net unrealized gains (losses) on investments	ļ	
5 Donated services and use of facilities	_	
6 Investment expenses		
7 Prior period adjustments.		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Com	bine lines 3 and 9	907,425.
Rart XII Reconciliation of Revenue per Audited Financial S	Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial stateme		6,216,945.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·
a Net unrealized gains on investments	2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	6,216,945.
		0,210,343.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	6.016.045
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I		6,216,945.
Rart XIII Reconciliation of Expenses per Audited Financial	Statements With Expenses per Retur	
1 Total expenses and losses per audited financial statements	1	5,309,520.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses .	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	5,309,520.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part	<del> </del>	5,309,520.
Rant XIV Supplemental Information	1, fille 10)	3,303,320.
Complete this part to provide the descriptions required for Part II, lines 3, 5 line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII information	5, and 9, Part III, lines 1a and 4, Part IV, lines 1 I, lines 2d and 4b Also complete this part to pri	b and 2b, Part V, ovide any additional

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

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Schedule <b>D</b> (Form 990) 2009	Economic De	evelopment Corporat continued)	ion of	43-1146626	Page <b>5</b>
Part XIV Supplementa	<u>l Information (</u>	continued)			
•					
		·			
			·		
		·			
~					
		· <del></del> <del></del>			
					<del>-</del>
					<del></del>
		. <b></b>			

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

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### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Employer identification number

43-1146626 Economic Development Corporation of Part I Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account ٤ b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization X 4a a Receive a severance payment or change-of-control payment? Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a X a The organization? Х 5b b Any related organization? If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х 6a a The organization? 6**b** X **b** Any related organization? If 'Yes' to line 6a or 6b, describe in Part III For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not 7 described in lines 5 and 69 If 'Yes,' describe in Part III

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

section 53 4958-6(c)?

Schedule J (Form 990) 2009

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Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Schedule J (Form 990) 2009 Economic Development Corporation of

Part Il Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Page 2

43-1146626

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Break	kdown of	(B) Breakdown of W-2 and/or 1099-MISC	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
( <b>A</b> ) Name	(I) Base compensation	uc.		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)·(D)	reported in prior Form 990 or Form 990-EZ
WAYNE CAUTHEN	()	0	.0	0	0.	0   0   1   1   1   1   1   1   1   1		
			0			35,309.	261,954.	0.
MARK FUNKHOUSER	0	0	0	0		101111111111111111111111111111111111111		
		113,485.		0	•	36, 823.		0.
TROY SCHULTE	ω	0	0 -	0 !		10	0 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	0.
		127, 322.		0		23, 829.	1,15	0.
GLORIA WOOD	$ 0 _{142}$	142,267.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			20,438_	162, 705.	
		0.	0.	0	.0	0.	0.	0.
MICHELLE WILSON	(1)	139,644.	0	0	10   0			       
		0.		0			0.	0.
JEFF KACZMAREK	(0) 203	203,270.	0		0	25,283_	228, 553.	0.
		0			•	0.	0.	0.
JEFF YATES	(i)	0.	0		0			           
	         					28, 133	8,003	
MICHAEL KIRCHHOFF		141,642.	0	0	0-1	17,526.	159, 168.	0.
		0.				0		
JOSEPH EGAN	()	140,852	0	0	0.			                 
		0.				0	0	0.
MICHELLE WILSON	$0^{-139}$	139,644.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0.	20,703		
		0				0.	0.	0.
	(0)	 		             	             	             	1 1 1 1 1 1 1	; ] ] ] ] ] ] ]
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	(0)	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ;
	(ii)							
	(0)	 	1 1 1 1 1 1	           		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(i)							
	(0	 		             	             	1 1 1 1 1 1 1 1 1		
	- 1							
	(D)	 	         	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1	
	(ii)							
		     	           	1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(i)			- 1				
ВАА				TEEA4102L (	02/02/10		Sche	Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009

### SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Name of the Organization

Employler Identification number

Economic Development Corporation of 43-1146626

[Part 1] Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<u>Employees</u>	т									
(A)	(B)	Pos	ition (		C)	that app	l. A	(D)	<b>(E)</b>	<b>(F)</b>
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARK JAMES	0	Х						0.	0.	0.
TERRY RILEY										
3rd Vice Chair JAN MARCASON	0	X		X				0.	57,368.	23,095.
	0	X						0.	60,387.	20,090.
MARK MCHENRY	0	x						0.	0.	0.
DWAYNE_WILLIAMS										
DEBRA K TURPIN	0	X						0.	0.	0.
Term ended	0	Х						0.	0.	0.
BRIDGETTE WILLIAMS 2nd Vice Chair	0	X		Х					0.	0
A MARIE YOUNG								0.	U.	0.
Term ended	0	Х			<u> </u>			0.	0.	0.
TERI ROGERS	0	X						0.	0.	0.
ALLAN TUNIS										
RANDY LANDES	0	Х						0.	0.	0.
Asst Treas	0	Х		Х				0.	108,977.	25,342.
GARY SAGE	0	X						0.	0.	0.
FREDRICK H RIESMEYER										
CLAUDIA ONATE GREIM	0	Х	1					0.	0.	0.
	0	Х						0.	0.	0.
BILL DIETRICH	0	X						0.	0.	0.
JEFF YATES										
Term ended EVERT ASJES	0	Х		Х				0.	139,870.	28,133.
	0	Х						0.	0.	0.
JOHN MURPHY	0	x						0.	0.	0.
BERNARDO RAMIREZ								0.	0.	
TDEV DIINNION	0	X		-				0.	0.	0.
TREY RUNNION	0	Х						0.	0.	0.
CHESTER THOMPSON										
Term ended	0	X	L			L		0.	0.	0.

### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

\* Open to Public

Employler Identification number

Economic Development Corporation of 43-1146626

Part Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees (A)	(B)		(C) (D) (E) (F)				(F)			
Name and Title	Average hours		ition (	(chec	k all	that app	-	Reportable compensation from	Reportable compensation from	Estimated
	perweek	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
TOM TRABON	0	Х						0.	0.	0
RON YAFFE Term ended	0	Х						0.	0.	0
GLORIA WOOD Treasurer	40			Х				142,267.	0.	20,438
MICHELLE WILSON Vice President	40			х				139,644.	0.	20,703
JEFF KACZMAREK President	40			X	х			203,270.	0.	25,283
JILL QUINN Secretary	40			Х	-			70,185.	0.	9,851
MICHAEL KIRCHHOFF	40					Х		141,642.	0.	17,526
JOSEPH EGAN	40					X		140,852.	0.	18,687
MICHELLE WILSON	40					Х		139,644.	0.	20,703
JOSEPH GONZALES VINCENT GAUTHIER	40					Х		122,380.	0.	16,275
VINCENI GAUIHIEK	40					Х		113,981.	0.	17,844
				;						
		-								

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

\* Attach to Form 990. \* See separate instructions.

2009

OMB No 1545-0047

2.3 Open to Public Inspection

43-1146626

Employer identification number

Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

Economic Development Corporation of Kansas City, Missouri

(F)
Direct controlling
entity **(E)** End-of-year assets (**O)** Total income (C)
Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity

(F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A N/A N/A (f section 501(c)(3)) ø **(D)** Exempt Code section Government Government 501(c)(3)(C) Legal domicile (state or foreign country) 9 S S Development Development Development (B) Primary activity Economic Economic Economic Kansas City Minority Business Capital Co (A) Name, address, and EIN of related organization Downtown Economic Stimulus Authority Tax Increment Financing Commission 1100 Walnut Suite 1700 1100 Walnut Suite 1700 1100 Walnut Suite 1700 Kansas\_Citv, MO 64106\_ Kansas\_City,\_ MO\_64106\_ Kansas City, MO 64106 43-1527070 43-1591444 20-4730634 Part II

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 43-1146626 Schedule R (Form 990) 2009 Economic Development Corporation of Kansas City, Missouri Part III

Page 2

(J) General or managing partner? ŝ Yes Code V-UBI
amount in box
20 of Schedule
K-1
(For Disproportionate allocations? Ŷ Yes Share of total income Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) (**D)**Direct
controlling entity Legal domicile (state or foreign (B) Primary Activity (A)
Name, address, and EIN of related organization 1 1

Part IV Identification of Related Organizations Taxable as a	<b>axable as a Cor</b> d organizations	Corporation or Trust (Complete of the organization answing treated as a corporation or trust during the tax year.)	<b>ust</b> (Complete orporation or t	if the organiz	Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV treated as a corporation or trust during the tax year.)	ss' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign or country)	( <b>D)</b> Direct controlling entity	Type of entity (C corp, S corp, or trust)	Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country)	( <b>G)</b> Share of end-of-year assets	(H) Percentage ownership
		·					

Schedule **R** (Form 990) (2009)

TEEA5002L 02/05/10

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43-1146626

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tions (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)	
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		;	┺
Note Complete line 1 if any entity is listed in Parts II, iII, or IV of this schedule		Yes	S No
During the tax year did the organization engage in any of the following transactions with one of more related organizations fished in the arts from a controlled out to			>
a receipt of (I) interest (II) annumes (III) toyantes (IV) tent non a controlled entry		5 F	<b>;</b>   >
<b>b</b> Gift, grant, or capital contribution to other organization(s)		_	+
c Gift, grant, or capital contribution from other organization(s)		1c X	
d Loans or loan quarantees to or for other organization(s)		14	×
		7	>
e Loans or loan guarantees by other organization(s)		<b>9</b>	۷ 🎉
f Sale of assets to other organization(s)		1	×
		10	×
		- 4	×
		= ;	<b>(</b>  :
i Lease of facilities, equipment, or other assets to other organization(s)		-	× X
i Lease of facilities, equipment, or other assets from other organization(s)		1j	×
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	×
l Performance of services or membership or fundraising solicitations by other organization(s)		11	×
		1m	×
n Sharing of paid employees		Jn.	×
			134
o Reimbursement paid to other organization for expenses		10	×
<b>p</b> Reimbursement paid by other organization for expenses		X qL	
		SALL OF	
<b>q</b> Other transfer of cash or property to other organization(s)		1q	×
r Other transfer of cash or property from other organization(s)		11	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thresholi	spi	
( <b>V</b> )		9	
Name of other organization	Transaction type (a-r)	Amount involved	olved
(1) Tax Increment Financing Commission	Q	2,53	2,539,422.
(2) EDC Loan Corporation	Q	21(	210,000.
(3) Port Authority of Kansas City, Missouri	Ω	40(	400,000.
	•	ù	000
(4) Land Clearance for Redevelopment Authori	d	Ď.	20,000.
(5) City of Kansas City Missouri	U	84	845,000.
(9)			
BAA TEEA5003L 02/05/10	Schedule F	Schedule <b>R</b> (Form 990) (2009)	(2009)

43-1146626

Partivil Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

יפעבוומב) ווימן אימז זיטן מ וכימוכם טוקמיינים וייזיו מכיוייזיו בעומיי	יסור ויסופסוסאס מוווים		24,115,121,13					
( <b>A)</b> Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	<b>(E)</b> Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging
			Yes No		Yes No	,	Yes	Š
1   1   1   1   1   1   1   1   1   1								
	-							
	-							
ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	л 990)	(2003)

Schedule R-1 (Form 990) 2009 Economic Development Corporation of Kansas City, Missouri	
Economic Development Corporation of Kansas City	Missouri
Economic Development Corporation of	City,
Economic Development Corporation of	Kansas
Economic Development Corporation	ō
Economic Develor	orporati
Economic	<u>Sevelo</u>
Schedule <b>R-1</b> (Form 990) 2009	Economic
٠,١	Schedule <b>R-1</b> (Form 990) 2009

Page 2

43-1146626

Partill Continuation of Identification of Related Tax-Exempt Organizations

					•
( <b>A)</b> Name, address, and EIN of related organization	( <b>B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
EDC_Loan_Corporation					
Kaneae City MO 64106					
43-1204634	Economic Development	WO	501(c)(4)		N/A
EDC_Charitable Fund					
위					
Kansas_City_ MO 64106	Fronomic Development	Ç	501 (2) (3)	Œ	N/A
Port Authority of Kansas City, Missouri			(0) (0)		
1100 Walnut Suite 1700					
Kansas_City_ MO_64106	Proposition Description	S	Concernment		87.2
43-1339/29	ECONOMIC Development	OF THE PROPERTY OF THE PROPERT	21121112222		N/0
Land Clearance 101 Kedevelopment Authors					
44-6005869	Economic Development	MO	Government		N/A
City of Kansas City Missouri					
414 E. 12th Street					
Kansas C1ty, MO 64106					
44-6000201	City Government	WO	Government		N/A
ВАА	TEEA5102L 02/02/10	2/02/10		Schedul	Schedule <b>R-1</b> (Form 990) 2009

# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization Economic Development Corporation of Kansas City, Missouri	Employer identification number 43-1146626
	45 1140020
Form 990, Part VI, Line 11 - Form 990 Review Process	
THE 990 RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS	IS EXAMINED BY THE
OFFICER_SIGNING_THE_RETURNNO_OTHER_REVIEW_IS_MADE	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts
THE BOARD OF DIRECTORS REQUIRES ANY DIRECTOR TO RECUSE HIM/HERS	ELF_FROM_ANY
DISCUSSION OR VOTE REGARDING A PROJECT IN WHICH THAT DIRECTOR H	OLDS AN INTEREST. THE
BOARD SELF MONITORS FOR COMPLIANCE WITH THIS POLICY	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANC	IAL STATEMENTS ARE
MADE AVAILABLE UPON REQUEST AT THE CORPORATION'S ADMINISTRATIVE	OFFICE. VIEWING MUST
BE SCHEDULED IN ADVANCE AND ONLY DURING NORMAL BUSINESS HOURS.	

Schedule O (Form	990) 2009	Page <b>2</b>
Name of the organization	Economic Development Corporation of Kansas City, Missouri	Employer identification number 43-1146626
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# 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 Service

File a separate application for each return.

• If you ar	e filing for an Automatic 3-Month	Extension, complete only Part I and check this bo	x		► X
• If you ar	e filing for an Additional (Not Au	tomatic) 3-Month Extension, complete only Part II	(on page 2 of thi	s form)	_
Do not com	plete Part II unless you have alre	ady been granted an automatic 3-month extension	on a previously f	iled Form 8868	
Part I	Automatic 3-Month Extens	sion of Time. Only submit original (no cop	ies needed).		
A corporation	on required to file Form 990-T and	f requesting an automatic 6-month extension — che	ck this box and o	complete Part I only	<b>•</b>
All other col income tax		s), partnerships, REMICS, and trusts must use Form	7004 to request	an extension of time to	o file
returns note the addition Form 990.T	d below (6 months for a corporat all (not automatic) 3-month extens	electronically file Form 8868 if you want a 3-month a ion required to file Form 990-T). However, you cann sion or (2) you file Forms 990-BL, 6069, or 8870, gri lly completed and signed page 2 (Part II) of Form 88 e-file for Charities & Nonprofits	ot file Form 8868 oup returns, or a	8 electronically if (1) yo composite or consolida	u want ated
	Name of Exempt Organization			Employer identification numl	ber
Type or print	Economic Development Kansas City, Missour	ri		43-1146626	
File by the due date for	Number, street, and room or suite number	r If a P O box, see instructions			
filing your return See	1100 Walnut Suite				
instructions	City, town or post office, state and ZIP co	ode. For a foreign address, see instructions			
	Kansas City, MO 6410				
	of return to be filed (file a separa				
X Form 99		Form 990-T (corporation)	Form 472		
Form 99		Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 99		Form 990-T (trust other than above)	Form 606	-	
Form 99	90-PF	Form 1041-A	Form 887	<u>'0</u>	
Telephor  If the or  If this is check the	for a Group Return, enter the ord his box F left it is for part of nsion will cover	FAX No. ► e or place of business in the United States, check to ganization's four digit Group Exemption Number (GE the group, check this box ► and attach a list with the for a corporation required to file Form 990-T) ex	EN) If with the names a		
until		e the exempt organization return for the organization			
▶ [	calendar year 20 or				
► <u>X</u>	tax year beginning $5/01$		_10_		
2 If this	tax year is for less than 12 month	hs, check reason	returnC	Change in accounting po	∍rıod 
3a If this nonref	application is for Form 990-BL, 9 fundable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any	3a \$	0.
<b>b</b> If this made	application is for Form 990-PF or Include any prior year overpaym	990-T, enter any refundable credits and estimated ent allowed as a credit	tax payments	3b \$	0.
depos	ce Due. Subtract line 3b from line it with FTD coupon or, if required istructions.	e 3a Include your payment with this form, or, if requ by using EFTPS (Electronic Federal Tax Payment	ııred, System)	3c \$	0.
Caution. If payment ins		nic fund withdrawal with this Form 8868 see Form 8	3453-EO and For	rm 8879-EO for	
BAA For P	rivacy Act and Paperwork Reduc	tion Act Notice, see instructions.		Form <b>8868</b> (Rev	4-2009)