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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JULY 1**, 2009, and ending **JUNE 30**, 20 **10**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
PLATTE COUNTY ECONOMIC DEVELOPMENT CORP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 988

City or town, state or country, and ZIP + 4
WHEATLAND, WY 82201

D Employer identification number
83-0297024

E Telephone number
307-322-4232

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 187,964**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (attach schedule)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	65,062	12	Salaries, other compensation, and employee benefits	12	41,974
4	Investment income	4	12,015	13	Professional fees and other payments to independent contractors	13	4,200
5a	Gross amount from sale of assets other than inventory	5a	80,000	14	Occupancy, rent, utilities, and maintenance	14	9,087
b	Less: cost or other basis and sales expenses	5b	123,476	15	Printing, publications, postage, and shipping	15	993
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	(43,476)	16	Other expenses (describe ▶ SEE ATTACHED STATEMENT)	16	40,993
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16	17	97,247
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	30,188	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(32,759)
b	Less: direct expenses other than fundraising expenses	6b		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	542,575
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	30,188	20	Other changes in net assets or fund balances (attach explanation)	20	
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	509,816
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe ▶ Miscellaneous)	8	699				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,488				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	295,365	22 333,425
23	Land and buildings	118,860	23 707
24	Other assets (describe ▶ NOTE RECEIVABLES)	159,956	24 201,673
25	Total assets	574,181	25 535,805
26	Total liabilities (describe ▶)	31,606	26 25,989
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	542,575	27 509,816

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)

SCANNED SEP 16 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? <u>SEE BELOW</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 THE MISSION OF THE CORPORATION IS TO PROMOTE THE DIVERSE ECONOMIC DEVELOPMENT OF PLATTE COUNTY WHICH, ABOVE ALL, WILL ENHANCE THE QUALITY OF LIFE WE ENJOY. THE CORP FOCUSES ON STRENGTHENING EXISTING BUSINESS & CREATING ADDITIONAL QUALITY EMPLOYMENT (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 97,247
29 OPPORTUNITIES BY ACTIVELY MARKETING OUR RESOURCES. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 97,247

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEFF BROWN WHEATLAND, WY 82201	CHAIRMAN	0	0	0
MONA SHERARD WHEATLAND, WY 82201	VICE- CHARMAN	0	0	0
JENNIFER WINDMEIER WHEATLAND, WY 82201	SECRETARY	0	0	0
CHUCH RUWART WHEATLAND, WY 82201	TREASURER	0	0	0
COL. JOE DUNN GUERNSEY, WY 82214	EX-OFFICIO	0	0	0
CLAUDIA TEETERS GUERNSEY, WY 82214	EX-OFFICIO	0	0	0
ALAN MADSEN WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
CINDY KAHLER WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
CHUCK WITTE WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
ERIC MCVICKER WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
TERRY STEVENSON WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
THANE ASHENHURST WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
KEITH GEIS WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
STUART NELSON WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
LINDA VIRANT WHEATLAND, WY 82201	BOARD MEMBER	0	0	0
DAN BRECHT WHEATLAND, WY 82201	EXEC DIRECTOR	30350.00	0	0

Part V 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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a _____	
b	Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
40e			
41	List the states with which a copy of this return is filed. ▶ WYOMING		
42a	The organization's books are in care of ▶ PLATTE COUNTY ECONOMIC DEVELOPMENT Telephone no. ▶ 307-322-4232 Located at ▶ 1560 JOHNSTON WHEATLAND, WY ZIP + 4 ▶ 82201		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization a section 527 organization? 49b
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Jeff Brown Date 8/18/10
 Signature of officer
 Jeff Brown Chairman
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature Cathy M Weaver Date 8/13/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 CATHY M WEAVER, CPA Preparer's identifying number (See instructions) P00231596
PO BOX 398 WHEATLAND, WY 82201 EIN 83-0275623
 Phone no. 307-322-2533

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <i>Special Projects</i> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))	
Revenue	1	Gross receipts	30,188		30,188	
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	30,188		30,188	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	29,090		29,090	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(29,090)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶				1,098

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes	<i>N/A</i>			
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____ _____	10a	
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Platte County Economic Development Corp

83-0297024

7-1-2009 to 6-30-2010

Prepared By	Initials	Date
Approved By		

ASH No. A7404		(1)	(2)	(3)	(4)
	Form 990-EZ				
	Part I Expenses				
	Other Expenses Line 16				
1					
2	Payroll Taxes	\$ 3843 -			
3	Advertising	225 -			
4	Marketing Strategy	3675 -			
5	Depreciation Expense	3111 -			
6	Dues & Subscriptions	613 -			
7	Insurance - Liability	350 -			
8	Insurance - E & O	1250 -			
9	Miscellaneous Expense	160 -			
10	Office Supplies	684 -			
11	Meals	519 -			
12	Mileage	273 -			
13	Special Projects Expenses	29090 -			
14					
15	Total	\$ 40993 -			
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Election Statement

Election out of Qualified Economic Stimulus Property

Election Out of Qualified Economic Stimulus Property

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(2)(D)(iii) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending: 06/30/2010

ALL ELIGIBLE CLASSES OF PROPERTY
