See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2012

Open to Public Inspection

RECEIVED 05/16/13 POSTMARK DATE AUG 15 2013

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

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

C Name of organization
PRATT AREA ECONOMIC DEVELOPMENT COR
C/O PRATT AREA CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
114 NORTH MAIN

City or town, state or country, and ZIP + 4
PRATT KS 67124

D Employer identification number
48-1160138

E Telephone number
620-672-5501

F Group Exemption Number ▶

G Accounting Method. ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 132,860.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	130,444.
	3	Membership dues and assessments	3	
	4	Investment income	4	2,416.
	5a	Gross amount from sale of assets other than inventory — 5a		
	5b	Less: cost or other basis and sales expenses — 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	6b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000) — 6b		
	6c	Less: direct expenses from gaming and fundraising events — 6c		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	7b	Less: cost of goods sold — 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	132,860.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	113,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	372.
	14	Occupancy, rent, utilities, and maintenance	14	38,321.
	15	Printing, publications, postage, and shipping	15	176.
	16	Other expenses (describe in Schedule O)	16	9,584.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	161,453.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(28,593.)
	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	317,670.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	289,077.

SCANNED SEP 03 2013

RECEIVED AUG 19 2013 IRS-OSC OGDEN, UT

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	313,301.	22	327,161.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,369.	24	11,916.
25 Total assets	317,670.	25	339,077.
26 Total liabilities (describe in Schedule O)		26	50,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	317,670.	27	289,077.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III .....

What is the organization's primary exempt purpose? RECRUIT NEW BUSINESS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 RECRUITMENT OF NEW INDUSTRY AND BUSINESS

(Grants $) If this amount includes foreign grants, check here ▶ 28a 161,453.

29

(Grants $) If this amount includes foreign grants, check here ▶ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 161,453.

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

Check if the organization used Schedule O to respond to any question in this Part IV .....

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0-)	(d) Health benefits, contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
GEORGIANNA NUSZ SW 10TH ST HAVILAND KS 67059	PRESIDENT	0		
KENTON LADENBURGER 1429 WESTE PRATT KS 67124	TREASURER	0		
FRANK LAUBHAN 430 SARATO PRATT KS 67124	BOARD MEMB	0		
GLENNA BORHO 582 SUNRIS PRATT KS 67124	BOARD MEMB	0		
ED WILTSE 114 NORTH PRATT KS 67124	BOARD MEMB	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this 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 in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
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?	37b		
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 tax year covered by this return?	38a		X
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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		X
41	List the states with which a copy of this return is filed. ▶			
42a	The organizations books are in care of ▶ CHAMBER OFFICE Telephone no ▶ 620-672-5501 Located at ▶ 114 N MAIN KS PRATT ZIP + 4 ▶ 67124			
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		X
	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		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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 title of each employee *paid more than $100,000*	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ..... ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ..... ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ..... ▶ ☐ Yes ☒ No

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

Sign Here

Signature of officer — Date 8/12/13

KENTON LADENBURGER — SECRETARY/TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONA CRAMER	Dona H Cramer CPA	7/31/13		P00033906

Firm's name ▶PATTON CRAMER & LAPRAD CHT — Firm's EIN ▶48-0848373

Firm's address ▶PO BOX H, PRATT KS 67124-1108 — Phone no 620-672-5533

May the IRS discuss this return with the preparer shown above? See instructions ..... ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PRATT AREA ECONOMIC DEVELOPMENT COR

Employer identification number
48-1160138

PART II LINE 24: OTHER ASSETS:

ACCOUNTS RECEIVABLE: $350.00

NOTE RECEIVABLE LEROYS BAR & GRILL: $5,500

NOTE RECEIVABLE M.A.D. VENDING: $4,766

NOTE RECEIVABLE ROLLA RENA: $1,300

TOTAL OTHER ASSETS: $11,916

Name of the organization: PRATT AREA ECONOMIC DEVELOPMENT COR

Employer identification number: 48-1160138

PART 1 LINE 16: OTHER EXPENSES:

ADVERTISING: $3,775

CHARITABLE DONATIONS: $700

DUES & SUBSCRIPTIONS: $450

INSURANCE: $1,590

LICENSES & PERMITS: $40

MEALS & ENTERTAINMENT: $74

MISCELLANEOUS EXPENSE: $1,611

SPONSORED EVENTS EXPENSE: $240

TRAVEL EXPENSE: $1,104

TOTAL OTHER EXPENSES: $9,584

Name of the organization: PRATT AREA ECONOMIC DEVELOPMENT COR

Employer identification number: 48-1160138

PART II LINE 26: TOTAL LIABILITIES

BUSINESS ASSISTANCE COMMITMENTS: $50,000

TOTAL LIABILITIES: $50,000

Name of the organization: PRATT AREA ECONOMIC DEVELOPMENT COR

Employer identification number: 48-1160138

PART 1: LINE 10: GRANTS PAID

QUEAL ENTERPRISES-3,000 GRANT FOR ECONOMIC DEVELOPMENT

20501 S US HWY 281

PRATT, KS 67124

-NO RELATIONSHIP TO ORGANIZATION-

TR SERVICE AND RENTAL INC-10,000 GRANT FOR ECONOMIC DEVELOPMENT

470 YUCCA LANE

PRATT, KS 67124

-NO RELATIONSHIP TO ORGANIZATION-

PRATT AREA ECONOMIC DEVELOPMENT-50,000 GRANT FOR ECONOMIC DEVELOPMENT

114 NORTH MAIN

PRATT, KS 67124

-NO RELATIONSHIP TO ORGANIZATION-

PRATT AIRPORT AUTHORITY-$50,000 GRANT FOR ECONOMIC DEVELOPMENT

40131 BARKER AVE

PRATT, KS 67124

-NO RELATIONSHIP TO ORGANIZATION-

Form **8868**
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ..... ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ..... ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	PRATT AREA ECONOMIC DEVELOPMENT COR	48-1160138
	Number, street, and room or suite no If a P.O box, see instructions. 114 NORTH MAIN	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PRATT KS 67124	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CHAMBER OFFICE
  Telephone No ▶ 620-672-5501 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15 , 20 13 , to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ ☒ calendar year 2012 or
▶ ☐ tax year beginning _____ , 20 ____ , and ending _____ , 20 ____ .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c **Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions