





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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 No

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 . . . . .

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

Table with 5 columns: (a) Name and title of each employee, (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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 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 2018-02-21 Date BRAD KLEINDL VICE CHAIR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name GINA C JAMES CPA Preparer's signature Date 2018-02-21 Check if self-employed PTIN P00795598 Firm's name EHC CERTIFIED PUBLIC ACCOUNTANTS LLC Firm's EIN 26-0654705 Firm's address 6325 LEWIS DR STE 116 PARKVILLE, MO 641524501 Phone no (816) 298-9000

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 27-3800957  
**Name:** PARKVILLE ECONOMIC DEVELOPMENT COUN

## Form 990EZ, Part III - Statement of Program Service Accomplishments

<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<b>28</b> TO PROMOTE AND ENHANCE ECONOMIC DEVELOPMENT IN PARKVILLE, MISSOURI (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29 TO PROMOTE AND ENHANCE ECONOMIC DEVELOPMENT IN PARKVILLE, MISSOURI</b> (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	

**Form 990EZ, 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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
ED BRADLEY CHAIR	0 50	0		
BRAD KLEINDL VICE CHAIR	0 50	0		
GINA JAMES TREASURER	2 00	0		
SAM STAHNKE SECRETARY	1 00	0		
DALE BROUK BOARD MEMBER	0 50	0		
DEBRA HOPKINS BOARD MEMBER	0 50	0		
JEANETTE COWHERD BOARD MEMBER	0 50	0		
JASON FEWIN BOARD MEMBER	0 50	0		
SCOTT LEHR BOARD MEMBER	0 50	0		
KELLY JONES BOARD MEMBER	0 50	0		
NAN JOHNSTON BOARD MEMBER	0 50	0		
RANDEE GANNON BOARD MEMBER	0 50	0		
AMY BRUMMER BOARD MEMBER	0 50	0		
SCOTT MCRUER BOARD MEMBER	0 50	0		
RYAN REED BOARD MEMBER	0 50	0		

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KIM VOERHOVEN BOARD MEMBER	0 50	0		
AUDRA HELLER BOARD MEMBER	0 50	0		
MIKE NEWBURGER BOARD MEMBER	0 50	0		
MIKE KELLAM BOARD MEMBER	0 50	0		
DAVE RITTMAN BOARD MEMBER	0 50	0		

**TY 2017 Transfers Personal Benefits  
Contracts Declaration**

**Name:** PARKVILLE ECONOMIC DEVELOPMENT COUN

**EIN:** 27-3800957

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKVILLE ECONOMIC DEVELOPMENT COUN

Employer identification number

27-3800957

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 7,590 SUPPLIES 1,426 INFORMATION TECHNOLOGY 106 TRAVEL 21 MEMBERSHIP MEETINGS 1,280 INSURANCE 1,450 DUES AND SUBSCRIPTIONS 4,480 LICENSES AND FILING FEES 11 WEBSITE 443 CAR ALLOWANCE 1,500 TELEPHONE 600 MISCELLANEOUS 47 TOTAL 18,954

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 7,043 106 COMPUTER 1,105 1,105 LESS ACCUMULATED DEPRECIATION 1,105 1,105 TOTAL 7,043 106

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 4,491 46 DEFERRED REVENUE 14,000 2,500

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART III, LINE 31	TO PROMOTE AND ENHANCE ECONOMIC DEVELOPMENT IN PARKVILLE, MISSOURI