

Form **990EZ**
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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
PARKVILLE ECONOMIC DEVELOPMENT COUN

Number and street (or P O box, if mail is not delivered to street address) Room/suite
8880 CLARK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PARKVILLE, MO 64152

D Employer identification number
27-3800957

E Telephone number
(816) 268-5006

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: ▶ WWW.PARKVILLEEDC.COM

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

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 114,394

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	114,394
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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 exceeds \$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	114,394	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	59,407
	13	Professional fees and other payments to independent contractors	13	3,845
	14	Occupancy, rent, utilities, and maintenance	14	435
	15	Printing, publications, postage, and shipping	15	27
	16	Other expenses (describe in Schedule O)	16	24,503
17	Total expenses. Add lines 10 through 16 ▶	17	88,217	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,177
	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	37,514
	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	63,691

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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of GINA JAMES Telephone no (816) 268-5006 Located at 6325 LEWIS STREET SUITE 116 PARKVILLE, MO ZIP + 4 64152

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	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

	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	(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 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	2019-04-03 Date
▶ BRAD KLEINDL CHAIR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GINA C JAMES CPA	Preparer's signature	Date 2019-04-04	Check <input type="checkbox"/> 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

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; optional for others.)	
28 TO PROMOTE AND ENHANCE ECONOMIC DEVELOPMENT IN PARKVILLE, MISSOURI (Grants \$)	28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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

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

Form 990EZ, Part IV — List of Officers, 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 (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRAD KLEINDL CHAIR	0 50	0		
SAM STAHNKE VICE CHAIR	0 50	0		
GINA JAMES TREASURER	2 00	0		
SCOTT LEHR SECRETARY	1 00	0		
NAN JOHNSTON BOARD MEMBER	0 50	0		
BRIAN WHITLEY BOARD MEMBER	0 50	0		
DAVE RITTMAN BOARD MEMBER	0 50	0		
RANDEE GANNON BOARD MEMBER	0 50	0		
MIKE KELLAM BOARD MEMBER	0 50	0		
MICHAEL NEWBURGER BOARD MEMBER	0 50	0		
DALE BROUK BOARD MEMBER	0 50	0		
LARRY NORRIS BOARD MEMBER	0 50	0		
JASON FEWIN BOARD MEMBER	0 50	0		
JEANETTE COWHERD BOARD MEMBER	0 50	0		
SCOTT MCRUER BOARD MEMBER	0 50	0		

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ADELE DUCHARME BOARD MEMBER	0 50	0		
DEBBIE HOPKINS BOARD MEMBER	0 50	0		
KELLY JONES BOARD MEMBER	0 50	0		
NATHAN BEVELLE EXECUTIVE DI	40 00	47,500	8,486	
BRIAN MERTZ BOARD MEMBER	0 50	0		

**TY 2018 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**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 BUSINESS DEVELOPMENT 8,440 MARKETING 8 SUPPLIES 180 154 47 CONFERENCES 2,009 MEMBERSHIP MEETINGS 1,426 1,500 DUES AND SUBSCRIPTIONS 5,569 LICENSES AND FILING FEES 15 WEBSITE 1,093 CAR ALLOWANCE 1,200 TELEPHONE 600 MISCELLANEOUS 192 CONTINUING EDUCATION 2,070 TOTAL 24,503

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 106 96 COMPUTER 1,105 1,105 LESS ACCUMULATED DEPRECIATION 1,105 1,105 TOTAL 106 96

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 42 0 DEFERRED REVENUE 2,500 2,500

990 Schedule O, Supplemental Information

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