

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)

OMB No 1545-1150

2009

Open to Public Inspection

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.**

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization SALINE COUNTY ECONOMIC DEVELOPMENT CORP.		D Employer identification number 71-0683553		
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number 501-315-3015	
		PO BOX 2066			F Group Exemption Number ▶	
		City or town, state or country, and ZIP + 4 BENTON, AR 72018				

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

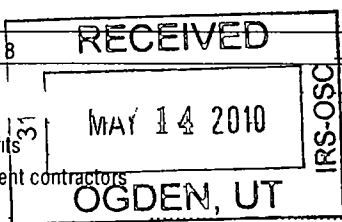
J Tax-exempt status (check only one) - 501(c) (6) (insert no) 4947(a)(1) or 527

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 **▶ \$ 176,469.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	174,458.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2,011.
	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	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ▶ _____)	8		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	176,469.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	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	81,000.
	14	Occupancy, rent, utilities, and maintenance	14	3,857.
	15	Printing, publications, postage, and shipping	15	501.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	38,329.
17	Total expenses Add lines 10 through 16 ▶	17	123,687.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	52,782.
	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	156,614.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	209,396.



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	156,614.	22 209,396.
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 Total assets	156,614.	25 209,396.
26 Total liabilities (describe ▶ _____)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	156,614.	27 209,396.

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

Expenses

What is the organization's primary exempt purpose? TO PROMOTE ECONOMIC DEVELOPMENT

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

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 TO PROMOTE ECONOMIC DEVELOPMENT IN SALINE COUNTY ARKANSAS

(Grants \$) If this amount includes foreign grants, check here 28a 123,687.

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 (attach schedule)

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

32 Total program service expenses (add lines 28a through 31a) 32 123,687.

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

Table with 5 columns: (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. Rows include 'SEE ATTACHED LIST' and 'NO OFFICERS WERE COMPENSATED'.

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
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	N/A
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		N/A
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
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	NONE	
42a The organization's books are in care of	ZEKE JONES	
Located at	PO BOX 2066, BENTON, AR	
Telephone no	501-778-0495	
ZIP + 4	72018	
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	<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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.

- | | | Yes | No |
|---|-----|-----|----|
| 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 | 46 | | |
| 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 ▶ _____

- 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 ▶ _____

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: *[Signature]* Date: 5/14/10

Type or print name and title: Zeke Jones, Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address and ZIP + 4: _____ Preparer's identifying number (See instr): _____

EIN: _____ Phone no: _____

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

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

WEBSITE DESIGN & UPKEEP

3,737.

MEMBERSHIP DUES

18,384.

INSURANCE

1,246.

MISCELLANEOUS

1,516.

OFFICE SUPPLIES

7,895.

CONFERENCES

5,551.

TOTAL TO FORM 990-EZ, LINE 16

38,329.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

SALINE COUNTY ECONOMIC DEVELOPMENT CORPORATION

Amended 7-10-2009

EXECUTIVE COMMITTEE

NAME	EMAIL	PHONE	FAX
Eddie Black Cell 840-3187	eblack@bentonchamber.com	315-8272	315-8290
Bill Hope Jr.	bill@hopeconsulting.biz	315-2626	315-0024
Zeke Jones Cell 249-8641	zekej@swbell.net	778-0495	778-2967
Mark Vanderpool	mvanderpool@fsbank.com	303-5464	303-5433
Harry Allen	harry@salineabstract.com	315-2471	315-4128
Gen. Maj. (R)Tom Arwood Cell 266-9239	ptarwood@suddenlink.net	922-6382	
Jim Garland Cell 230-3975	jgarlan@entergy.com	379-6800	396-4334

SALINE COUNTY ECONOMIC DEVELOPMENT CORPORATION

Amended 1/29/09

BOARD MEMBERS

NAME	EMAIL	PHONE	FAX
Bill White	whiteinvestments@aol.com	315-5092	778-6045
Charles Mazander	contact by fax	847-3030	847-4409
Charles Best	hvicbest@sbcglobal.net	847-7282	847-2431
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Jim Shults	jim.shults@regions.com	303-2155	303-2184
Jarvis Harper	jh@ftn-assoc.com	225-7779	225-6738
Randy Fortner	randy.fortner@salinememorial.org	776-6012	776-6019
Bud Finley	bud@finleyandcompany.com	416-6400	

• Paul Bull •	<u>stormy2000@msn.com</u>	847-7000	847-7007
Dee Fiser Cell 454-4070	<u>dee@fiser.com</u>	375-3200 ofc	
Doug Stracener Cell 840-3763	<u>dstrace@sbcglobal.net</u>	804-3763 cell	
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