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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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **October 1**, 2006, and ending **September 30**, 20 **07**

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
Sioux City Housing Trust Fund Inc
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
405 6th St, PO Box 447
City or town, state or country, and ZIP + 4
Sioux City, IA 51102

D Employer identification number
26 1274244

E Telephone number
(712) 279-6245

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) ▶

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

Website: ▶ **N/A**

Organization type (check only one)—☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	33,823
	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 (line 5a less line 5b) (attach schedule).	5c	
	6 Special events and activities (attach schedule). If an activity is gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	33,823
Expenses	10 Grants and similar amounts paid (attach schedule)	10	39,295
	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	
	17 Total expenses (add lines 10 through 16)	17	39,295
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	(5,472)
	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	0
	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	(5,472)

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ
(See page 51 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22 0
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	0	25 0
26 Total liabilities (describe ▶ Accounts Payable)	0	26 5,472
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 (5,472)

91 13ne

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

What is the organization's primary exempt purpose? **public charity for low income housing rehabilitation**
 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, or other relevant information for each program title.

28 To assist with low income housing rehabilitation in conjunction with the City of Sioux City, Iowa.
 Twenty housing units were approved to be rehabbed

(Grants \$ **39,295**) If this amount includes foreign grants, check here ☐

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

28a **39,295**

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 **39,295**

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)

(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
See attached list of Sioux City Housing Trust Fund Board Members		0	0	0
Michelle Brady PO Box 447, Sioux City, IA 51102	Secretary to Board 2 hrs per week	0	0	0
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part V Other Information (Note the statement requirement in General Instruction 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	33	✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
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 unpaid at the start of the period covered by this return?	38a	✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(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	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____

d 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? . . . ▶ _____

41 List the states with which a copy of this return is filed ▶ _____

42a The books are in care of ▶ Finance Dept, City of Sioux City Telephone no. ▶ (712) 279-6245
 Located at ▶ 504 6th Street, PO Box 447, Sioux City, Iowa ZIP + 4 ▶ 51101

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)? . . .

If "Yes," enter the name of the foreign country: ▶ _____

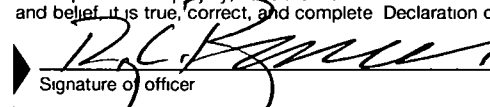
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

	Yes	No
42b		✓
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**

Please Sign Here	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			
	 Signature of officer		Date <u>12/8/10</u>	
Paid Preparer's Use Only	Dr. Robert L. Rasmus, Chair for Sioux City Housing Trust Fund, Inc. Board Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____		EIN ▶ _____	Phone no. ▶ () _____

Form **990-EZ** (2006)

Attachment to 2006 990-EZ – Sioux City Housing Trust Fund Inc., 26-1274244**Part IV – List of Officers, Directors, Trustees and Key Employees****Sioux City Housing Trust Fund Inc. – Board Members**

(A) Name and address	(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
Dr. Robert L. Rasmus 3131 Memorial Dr, Sioux City IA 51103	Board Chair, .5 hr	0	0	0
Jason Geary 2622 Coral St, Sioux City IA 51106	Board Member, .25 hr	0	0	0
Joseph Krage 4313 Lincoln Way, Sioux City IA 51104	Board Member, .25 hr	0	0	0
Debi Durham, Siouxland Chamber 101 Pierce St, Sioux City IA 51101	Board Member, .25 hr	0	0	0
Andrew Glisar 2308 Summit St, Sioux City IA 51104	Board Member, .25 hr	0	0	0
Jim Haigh 220 Kings Hwy, Sioux City IA 51104	Board Member, .25 hr	0	0	0
Renee Miller, Iowa Workforce Center 2508 4 th St, Sioux City IA 51101	Board Member, .25 hr	0	0	0
Verna Bennett 1305 S Royce St, Sioux City IA 51106	Board Member, .25 hr	0	0	0
R. Dean Chapman 140 Cook Dr, Sioux City IA 51104	Board Member, .25 hr	0	0	0