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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

2008

OMB No 1545-0047

Open to Public Inspection

Form 990 (

Department of the Treasury Internat Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

| A | For th | e 2008 ca | lendar year, or tax year beginning OCT 1, 2008 and ending | SEP 30, 2009 | |
|-------------------------|-------------------|---|---|---|--------------------------------------|
| В | Check if applicab | le use IRS | | D Employer identific | cation number |
| | Addre | | CORPORATION | | |
| | Name chang | ge '',FC | Doing Business As | 42-1 | 150060 |
| | Initial return | See | Number and street (or P 0 box if mail is not delivered to street address) Room/sul | te E Telephone number | • |
| | Termi | Instruc- | 1106 HISTORIC FOURTH STREET 201 | 712- | 279-6430 |
| | Amen return | ded tions | City or town, state or country, and ZIP + 4 | G Gross receipts \$ | 682,508. |
| | Application | | SIOUX CITY, IA 51101 | H(a) is this a group re | turn |
| | pendi | F Nar | ne and address of principal officer:KENNETH BEEKLEY | for affiliates? | Yes X No |
| | | SAM | IE AS C ABOVE | H(b) Are all affiliates inc | luded? Yes No |
| 1 | Tax-ex | empt statu | us: X 501(c) (4) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527 | If "No," attach a | list. (see instructions) |
| | | | W.SIOUXLANDEDC.COM | H(c) Group exemption | number 🕨 |
| K | Type of | organizatio | n· X Corporation | | State of legal domicile IA |
| P | art I | Summ | | | |
| ø | 1 | | scribe the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m FURTHE}$ | | |
| Activities & Governance | | DEVEL | OPMENT OF THE SIOUXLAND AREA THROUGH THE | CREATION OF | JOBS, BY |
| Ĕ | 2 | Check thi | s box 🕨 🔲 if the organization discontinued its operations or disposed of mo | ore than 25% of its assets | |
| Š | 3 | Number o | of voting members of the governing body (Part VI, line 1a) | . 3 | 27 |
| ଞ | 4 | Number o | of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 |
| es | 5 | Total num | ber of employees (Part V, line 2a) | 5 | 6 |
| Σ | 6 | Total num | ber of volunteers (estimate if necessary) | 6 | 0 |
| Çţ | 7a | Total gros | s unrelated business revenue from Part VIII, line 12, column (C) | . 7a | 0. |
| _ | b | Net unrela | ated business taxable income from Form 990-T, line 34 | . 7b | 0. |
| | | | RECEIVED | Prior Year | Current Year |
| ē | 8 | Contribut | ions and grants (Part VIII, line 1h) | | |
| Revenue | 9 | Program s | service revenue (Part VIII, line 2g) | 581,066. | 627,829. |
| ě | 10 | Investmer | nt income (Part VIII, column (A), lines 3, 4, and 🏩 🛕 🐧 🐧 🤰 🕍 🖟 | 103,162. | 54,673. |
| _ | 11 | Other reve | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 79,352. | 6. |
| | 적2 | Total reve | nue - add lines 8 through 11 (must equal Part VIII, column (4) time (2) UT | 763,580. | 682,508. |
| | F3 | Grants an | d similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | <u>14</u> | Benefits p | paid to or for members (Part IX, column (A), line 4) | | |
| es | ⊊15 | Salanes, d | other compensation, employee benefits (Part IX, column (A), lines 5-10) | 392,640. | <u>381,076.</u> |
| Expenses | ₫6a | Profession | nal fundraising fees (Part IX, column (A), line 11e) | | |
| ğ | SP | Total fund | draising expenses (Part IX, column (D), line 25) | | |
| ш | 11/ | Other exp | penses (Part IX, column (A), lines 11a-11d, 11f-24f) | 316,975. | 305,906. |
| | 118 | Total expe | enses. Add lines 13·17 (must equal Part IX, column (A), line 25) | 709,615. | 686,982. |
| | B NASS 23 | Revenue | less expenses. Subtract line 18 from line 12 | 53,965. | -4,474. |
| SO | 8 | | 1 | Beginning of Year | End of Year |
| Sset | 20 | | ets (Part X, line 16) | 2,556,129. | 2,521,623. |
| A P | 27) | | lities (Part X, line 26) | 429,384. | 399,352. |
| 챮 | 22 | | s or fund balances. Subtract line 21 from line 20 | 2,126,745. | 2,122,271. |
| P | art II | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ture Block | | |
| | | and comple | ilties of penury, I declare that I have examined this return, including accompanying schedules and statement ita. Deplaration of preparer (other than officen) is based on all information of which preparer has any knowled | s, and to the best of my knowledg ge | le and belief, it is true, correct, |
| | | | ba - C Ban- | 1.0 8/1 | 6/10 |
| Sig | | Sign Star | nature of officer | Pata Data | |
| He | re | 1 | 1 | Date | • |
| | | | NNETH BEEKLEY, EXECUTIVE VICE PRESIDENT or print name and title | | |
| | | | Date 4 | Shook if Remove | do Identifius sumber |
| Pai | d | Preparer's | De Valle (all agains) CDA (all last | self- (see ins | r's identifying number tructions) |
| | - parer's | signature | 7 3037 133 134 | employed | |
| | Only | yours if | KIND, KEINDEN, PROBBER & CO. H.H.F. | EIN - | |
| | • | self-employ address, an | ad | | 12 250 555 |
| | | ZIP + 4 | SIOUX CITY, IA 51101 | Phone no ► / | 12-258-5550 |
| Ma | y the I | RS discus | s this return with the preparer shown above? (see instructions) | | X Yes No |

| | t III Statement of Program Servi | ice Accomplishments (see Instructions) | 42-1130000 Page 2 |
|-----|--|---|---------------------------|
| 1 , | Briefly describe the organization's mission: TO FURTHER THE ECONOM. | | |
| 2 | Did the organization undertake any signification prior Form 990 or 990-EZ? | ant program services during the year which were no | ot listed on |
| | If "Yes", describe these new services on So | | . — — |
| 3 | Did the organization cease conducting, or r If "Yes", describe these changes on Sched | make significant changes in how it conducts, any pr ule O. | rogram services? Yes X No |
| 4 | | s for each of the organization's three largest progra | |
| | | ns and section 4947(a)(1) trusts are required to reporte and revenue, if any, for each program service reporte | _ |
| 4a | FURTHERING ECONOMIC DE | 563,680. including grants of \$ ESSES TO MEET OBJECTIVES OF EVELOPMENT IN THE AREA, PR SS CONCERNS AND STIMULATIN | OMOTING GROWTH AND |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services. (Describe in Scheo (Expenses \$ includ | dule O.) ling grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ►\$ | 563,680. (Must equal Part IX, Line | |

Part IV Checklist of Required Schedules

| • | | | Yes | No |
|-----|---|----------|--------|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | _1_ | | X |
| 2 | is the organization required to complete Schedule B, Schedule of Contributors? | _2 | | X |
| 3 | 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 | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5_ | | Х |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | | | |
| | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | i | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | - | <u>X</u> |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | |
| | If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | ., | |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X | 17 |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 4.00 | | v |
| 4- | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity | | | Х |
| 16 | located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 15 | | |
| 10 | | 4.6 | | X |
| 17 | located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 16 17 | | $\frac{x}{x}$ |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | $\frac{x}{x}$ |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | X |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. | | | |
| | If "No", go to question 25 | 24a | | X |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | | | |
| | prior year? If "Yes," complete Schedule L, Part I | 25ь | | _X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | <u>X</u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial | | | |
| | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | <u> X</u> |
| | | Form 9 | 990 (2 | 2008) |

CORPORATION Part IV . Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | . | | ĺ |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 | is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |

Form 990 (2008)

| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | 7000 | | age J |
|--------|---|------|-------|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0- if not applicable | | | |
| b | | 5 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | 5 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a_ | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | 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)? | 4a | | X |
| b | 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. | | , | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u> </u> |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | _ | | |
| _ | Tax Shelter Transaction? | 5c | | v |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 0. | | |
| 7 | were not tax deductible? | 6b | | |
| ' a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | | X |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| • | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| | benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| 9 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) | | | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | | | |
| | excess business holdings at any time during the year? | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter N/A | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | | | |
| a | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| 10- | amounts due or received from them.) Section 4047(a)(1) non-exempt charitable trusts. In the exemptation filling Form 900 in liquid from 10412 | 1 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | 12a | | |
| | in 165, enter the amount of tax-exempt interest received of accided during the year 197 A 120 | Form | 990 (| 20087 |

Form 990 (2008)

CORPORATION 42-1150060

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | | | | |
|------------|--|---------|------------|-------|---------------|
| | | F | - | Yes | No_ |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | | |
| | processes, or changes in Schedule O. See instructions. | | | | |
| 1a | | 27 | | | |
| b | | -4 | 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | . |
| _ | officer, director, trustee, or key employee? | - | 2 | | _X_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | 17 |
| | of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | _ | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | 5 | | X |
| 6 | Does the organization have members or stockholders? | - | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | | v |
| | governing body? | | 7a | | $\frac{x}{x}$ |
| _ | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | $+^{7}$ | 7b | | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | |
| | by the following: | | | v | |
| a | The governing body? | | 3a | X | |
| ь | Each committee with authority to act on behalf of the governing body? | | 3b | Х | |
| 9a | Does the organization have local chapters, branches, or affiliates? | - 5 | 9a | | <u>X</u> |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 1. | . | | |
| | and branches to ensure their operations are consistent with those of the organization? | [| 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | | v | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | | 10 | X | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | v |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 1 | 11 | | <u>X</u> |
| <u>Sec</u> | tion B. Policies | | Τ, | . 1 | |
| 100 | Does the experience have a written conflict of interest nation? If "Ale " on to line 12 | | | Yes | No X |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | 2a | | |
| ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | 2 | | |
| _ | • | · | 2b | | |
| G | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | | 2 | | |
| 13 | Does the organization have a written whistleblower policy? | | 2c 3 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | | 4 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | - -' | 14 | | |
| 13 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | | |
| • | The organization's CEO, Executive Director, or top management official? | | 5a | х | |
| | Other officers or key employees of the organization? | | 5a 5b | ^ | <u>x</u> |
| b | Describe the process in Schedule O. (see instructions) | - - | 30 | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | |
| | taxable entity during the year? | 14 | 6a | Ì | Х |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | ļ | 00 | | |
| • | In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | | |
| | exempt status with respect to such arrangements? | 1. | 6ь | Ī | |
| Sec | tion C. Disclosure | | 0.0 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filled NONE | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. | ole for | | | |
| .0 | public inspection. Indicate how you make these available. Check all that apply. | AG 10 | | | |
| | Own website Another's website X Upon request | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, | and | finan | rial | |
| . 3 | statements available to the public. | ailU | man | udl | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organi | note c | . . | | |
| | KEN BEEKLEY - 712-279-6430 | Luit | = | | |
| | 1106 4TH STREET, SIOUX CITY, IA 51101 | | | | |
| 832000 | | | orm C | agn / | 2008) |

C

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) (B) | | | | | C) | | | (D) | (E) | (F) |
|-------------------------|---------------|-----------------|-----------------------|------|----------|-------------------------------|----------|---------------------------------------|--|--|
| Name and Title | Average hours | (0) | hecł | Posi | | | J.A | Reportable compensation | Reportable compensation | Estimated amount of |
| | per week | <u> </u> | Institutional frustee | | | Highest compensated Complexes | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| DUSTY SMALL | | | | | | | | | | |
| CHAIR | 1.00 | Х | | X | | | | 0. | 0. | 0 . |
| MERLE LONG | | | | | | | | | | |
| VICE-CHAIR | 1.00 | X | | Х | | | | 0. | 0. | 0 . |
| GRANT HAIGHT | | | | | | | | | | |
| TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| GLENN IVARSEN | | | | | | | | | | • |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PAM MILLER | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| RONALD WILL | | | | | l | | | | | - |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| GEORGE FRANGEDAKIS | | | | | | | ŀ | | | |
| SECRETARY | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| ALMA SALCIDO | | | | | | | | | _ | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MERRILL HALE | | | | | | | | | | _ |
| DIRECTOR | 1.00 | X | | | | | <u> </u> | 0. | 0. | 0. |
| DEAN LAFRENTZ | 1 00 | | | | | | ŀ | | | _ |
| DIRECTOR | 1.00 | X | ├— | | | <u></u> | | 0. | 0. | 0. |
| GRANT MEARS | 1 00 | ١., | | | | | | | | • |
| DIRECTOR | 1.00 | Х | | _ | | - | | 0. | 0. | 0. |
| PAUL CLOUSING | 1 00 | ,, | | | | | | | 0 | • |
| DIRECTOR MENUEN | 1.00 | Х | | | | | _ | 0. | 0. | 0. |
| KORY MENKEN | 1 00 | U | | | | | ŀ | 0. | 0 | 0 |
| DIRECTOR MARK MONSON | 1.00 | Х | | | | - | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | v | | | | | İ | 0. | 0. | Λ |
| AARON ROCHESTER | 1.00 | ^ | | | | | - | · · · · · · | | 0. |
| DIRECTOR | 1.00 | v | | | | | | 0. | 0. | 0. |
| BRIAN KROLL | | 1 | | | - | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| JON WILCKE | - 1.00 | ^` | - | | <u> </u> | - | - | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| 832007 12-18-08 | | | | | | | | | | Form 990 (2008) |

Page 8

| Part VII Section A. Officers, Directors, Tru | stees. Key E | mple | ove | es. a | nd l | High | nest | Compensated Employ | ees (continued) | | | | |
|---|-----------------|---------------------|--|----------|--------------|---------------------|-----------|-------------------------------|-------------------------------|-------------|-------------|----------------|-----------|
| (A) | (B) | | | | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | | | Pos | ition | 1 | | Reportable | Reportable | | E | stimate | ed |
| | hours | (c | hec | c all | that | app | oly) | compensation | compensatio | | ar | nount | |
| | per | 흉 | | ŀ | | | | from | from related | | | other | |
| | week | l e | _ | | | B | | the organization | organization (W-2/1099-Mis | | 1 | pensa om th | |
| | | trustae or director | Tage 1 | • | | Busa | | (W·2/1099·MISC) | 1 (11 2) 1033 11110 | ,, | ı | anızat | |
| | | ᄩ | onal I | | 8 | E | ₃ | , | i | | , - | d relat | |
| | | Individual | Institutional frustee | Officer | Key employee | Highest compensated | E E | | | | org | anızatı | ons |
| DOLL WY VINIGHT | | <u> </u> | <u>-</u> | 0 | ¥ | T 6 | , <u></u> | | | _ | | | |
| DON KLYNSMA | 1 00 | , . | l | | | | | | | ^ | | | ^ |
| DIRECTOR | 1.00 | X | - | _ | | ļ | ┼ | 0. | | 0. | | | 0. |
| STEVE MARTIN | 1 00 | ,, | | | | 1 | | 0. | | ^ | | | ^ |
| DIRECTOR | 1.00 | X | - | | | - | ┼- | 0. | | 0. | | | 0. |
| RANDALL KRAMER | 1 00 | ,, | | | • | | | | | ^ | | | ^ |
| DIRECTOR | 1.00 | X | ┢ | <u> </u> | - | - | \vdash | 0. | | 0. | | _ | 0. |
| GILBERT T. BREMICKER, JR | 1 00 | | | | ٠ | | | | | ^ | | | ^ |
| DIRECTOR | 1.00 | X | | <u> </u> | | - | - | 0. | - | 0. | | | 0. |
| BILL WILSON | 1 00 | J. | | | • | | | 0. | | ^ | | | 0 |
| DIRECTOR DON TONES | 1.00 | X | <u> </u> | | | | - | 0. | | 0. | | | 0. |
| RON JONES | 1.00 | X | | | | | | 0. | | Ο. | | | Ο. |
| DIRECTOR | 1.00 | ^ | _ | - | Ì | 1 | <u> </u> | V • | | 0. | | | |
| ERIN HOEKSTRA | 1.00 | X | | | | | | 0. | | 0. | | | Ο. |
| DIRECTOR | 1.00 | Λ | <u> </u> | | | - | - | U. | | 0. | | | <u> </u> |
| ART SILVA DIRECTOR | 1.00 | X | | | | | | 0. | | 0. | | | 0. |
| BRUCE KOLBE | 1.00 | _ | <u> </u> | | | - | | | | ٠. | | | |
| DIRECTOR | 1.00 | х | | | | | 1 | 0. | | 0. | | | Ο. |
| DICK KIRCHOFF | 1.00 | Λ | | | | - | ╁╴ | | | • | | | |
| DIRECTOR | 1.00 | x | ł | | | | ŀ | 0. | | 0. | | | 0. |
| 1b Total | | | Ь | | 1 | — | | 110,307. | | 0. | 1 | 2,2 | |
| Total number of individuals (including those | in 1a) who re | celv | ed n | nore | tha | n \$1 | 00.0 | · | | | | | |
| compensation from the organization | · · , | | | | | ., • | , | oo iii iopoitaoio | | > | | |] |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director or tru | stee | e, ke | y en | nplo | yee, | or h | highest compensated er | nployee on | | | | |
| line 1a? If "Yes," complete Schedule J for se | uch individual | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | m of reportab | le co | omp | ensa | atior | n an | d ot | her compensation from | the organization | | | | |
| and related organizations greater than \$150 |),000? If "Yes, | " со | mpl | ete S | Sche | edul | e J i | for such individual | | | 4 | | X |
| 5 Did any person listed on line 1a receive or a | ccrue compe | nsat | ion f | rom | any | / uni | relat | ted organization for serv | ices rendered to | | | | |
| the organization? If "Yes," complete Schede | ule J for such | pers | son | | | | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| Complete this table for your five highest con | mpensated in | depe | ende | ent c | ont | racte | ors t | that received more than | \$100,000 of com | pens | ation t | rom | |
| the organization. NONE | | | | | | | | | | | | | |
| (A) Name and business | addroce | | | | | | | (B) Description of s | envices | c |)) eamo: | ;) nsatio | |
| Name and business | add1655 | | | | | | | Description or s | iei vices | | | iisalio | <u>''</u> |
| | | | | | | | | | ļ | | | | |
| | ., | | | | | | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | - | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | |

from the organization ► 0
SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

Form **990** (2008)

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SIOUXLAND ECONOMIC DEVELOPMENT Form 990 (2008) CORPORATION 42-1150060 Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b b Membership dues Fundraising events 1c Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 2 a LOAN SERVING FEES 900099 330,804 330,804 Program Service Revenue 158,555 LOAN PROCESSING FEES 900099 158,555 INTEREST ON LOANS 900099 89,790. 89,790. 900099 47,730 47,730 d REIMBURSEMENT OF LOAN 900099 950. 950. LOAN PACKAGING FEES f Ali other program service revenue 627,829 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 54,673 54,673. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 900099 6 d All other revenue 6. e Total. Add lines 11a-11d

627,835

682,508.

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

1

54,673.

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|---|-----------------------|------------------------------|-------------------------------------|---|
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | <u></u> | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | *************************************** |
| 4 | Benefits paid to or for members | _ | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 122,572. | 82,124. | 40,448. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages . | 198,674. | 194,457. | 4,217. | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 37,952. | 35,087. | 2,865. | |
| 0 | Payroll taxes | 21,878. | 18,080. | 3,798. | |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | 13,905. | | 13,905. | |
| b | Legal | 6,055. | 6,055. | | |
| c | Accounting | 13,955. | | 13,955. | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 2 | Advertising and promotion | 4,094. | 4,094. | | |
| 3 | Office expenses | 16,907. | 8,799. | 8,108. | |
| 4 | Information technology | | | | |
| 5 | Royalties . | | | | |
| 6 | Occupancy | 36,873. | 24,293. | 12,580. | |
| 7 | Travel | 6,772. | 6,772. | | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 3,827. | 3,827. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 16,795. | | 16,795. | |
| 23 | Insurance | 6,631. | | 6,631. | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | PROVISION FOR LOAN LOSS | 87,593. | 87,593. | | |
| b | LOAN CLOSING COSTS | 49,301. | 49,301. | | |
| С | MISCELLANEOUS | 24,675. | 24,675. | | |
| d | LOAN SERVICING EXPENSE | 14,184. | 14,184. | | |
| е | DUES | 4,339. | 4,339. | | _ |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 686,982. | 563,680. | 123,302. | (|
| 26 | Joint Costs. Check here ▶ ☐ if following | | | | |
| | SOP 98-2 Complete this line only if the organization | | ŀ | j | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |

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| | | (2008) CORPORATION | | 42- | 115006 | 0 F | age |
|-----------------------------|-------|---|-----------------------------------|----------|--|--------------|-----------------|
| Pa | rt X | Balance Sheet | | , | | | |
| • | | | (A) Beginning of year | | | B) of yea | r |
| | 1 | Cash - non-interest-bearing | 18,967 | | | 19, | 308 |
| | 2 | Savings and temporary cash investments | 1,265,294 | . 2 | 1,2 | 42, | 673 |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | 9,920 | . 4 | | 35, | 529 |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | | | |
| | | employees, or other related parties. Complete Part II of Schedule L | | 5 | | | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | ······ | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | | | |
| | | Part II of Schedule L | | 6 | | | |
| y) | 7 | Notes and loans receivable, net | 1,184,476 | | 1,13 | 20. | 179 |
| Assets | 8 | Inventories for sale or use | · | 8 | | | |
| As | 9 | Prepaid expenses and deferred charges | • | 9 | | | |
| | 10a | 1 1 02 0 | 77. | 1 | ······································ | | |
| | | Less: accumulated depreciation. Complete | | | | | |
| | " | Part VI of Schedule D 10b 42, 03 | 58,738 | . 10c | | 11, | 943 |
| | 11 | Investments - publicly traded securities | 337,30 | 11 | | <u> ,</u> | 7 1 3 |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | | |
| | 14 | | | 14 | <u> </u> | | |
| | 1 | Other assets. See Part IV, line 11 | 18,734 | | | 51, | <u>a a 1</u> |
| | 15 | | 2,556,129 | | 2,52 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 49,076 | | 2,5 | | 229 |
| | 17 | Accounts payable and accrued expenses | 45,070 | 1 1 | | | <u> </u> |
| | 18 | Grants payable | • | 18 | | 24, | 002 |
| | 19 | Deferred revenue | | 19 | | .4, | 99 2 |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| Liabilities | 21 | Escrow account liability. Complete Part IV of Schedule D | • | 21 | | | |
| iii | 22 | Payables to current and former officers, directors, trustees, key employees, | ł | | | | |
| <u>=</u> | | highest compensated employees, and disqualified persons. Complete Part | 11 | 1 . | | | |
| _ | | of Schedule L | 200 200 | 22 | | | 1 2 1 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 380,308 | | 36 | 57, | T 3 T |
| | 24 | Unsecured notes and loans payable | | 24 | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 420 204 | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 429,384 | - 26 | 39 | 9, | <u> 352</u> |
| | | Organizations that follow SFAS 117, check here [X] and complete | te | | | | |
| Ses | | lines 27 through 29, and lines 33 and 34. | 050 500 | 1 | 1 0 | | 100 |
| a | 27 | Unrestricted net assets | 950,522 | | 1,02 | 25, | 178 |
| Net Assets or Fund Balances | 28 | Temporarily restricted net assets | 1 176 222 | 28 | 1 00 | | |
| <u>p</u> | 29 | Permanently restricted net assets | 1,176,223 | - 29 | 1,09 | ,, | 143 |
| Ţ | | Organizations that do not follow SFAS 117, check here and | | | | | |
| ō | | complete lines 30 through 34. | į | | | | |
| šet | 30 | Capital stock or trust principal, or current funds | | 30 | | | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | | |
| ē | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | | |
| _ | 33 | Total net assets or fund balances | 2,126,745 | | 2,12 | 22, | |
| - | 34 | Total liabilities and net assets/fund balances | 2,556,129 | 34 | 2,52 | 21,0 | <u>623</u> |
| ra | rt XI | Financial Statements and Reporting | | | | V | , I N |
| _ | | | | | F | Yes | No |
| 1 | | ounting method used to prepare the Form 990: Cash X Accrual | U Other | | | 1 | |
| 2a | | e the organization's financial statements compiled or reviewed by an indepen | | | 2a_ | + | <u> </u> |
| b | | e the organization's financial statements audited by an independent accounts | | | 2b | X | |
| С | | es" to lines 2a or 2b, does the organization have a committee that assumes re | • | e audit, | | ,, | |
| _ | | w, or compilation of its financial statements and selection of an independent | | .1 | . 2c | X | + |
| 3a | AS a | result of a federal award, was the organization required to undergo an audit | or audits as set torth in the Sin | ale Audi | T I | 1 | 1 |

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11

b If "Yes," did the organization undergo the required audit or audits?

Act and OMB Circular A-133?

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Name of the organization

SIOUXLAND ECONOMIC DEVELOPMENT

COPPORATION

Employer identification number

| Pa | † Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | ls or Acc | COUNTS Complete if the |
|-------|--|--|---------------|--------------------------------------|
| L.FMI | organization answered "Yes" to Form 990, Part IV, lin | | 15 OI AO | Journes: Complete if the |
| | organization arrevious parties to the contract of the contract | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | - |
| 3 | Aggregate grants from (during year) | | · | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor adv | sed funds | |
| Ŭ | are the organization's property, subject to the organization's | | 1000 101100 | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | • | Se used onl | |
| • | for charitable purposes and not for the benefit of the donor of | | | . — — |
| Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | | 1 (4) (1) | <u> </u> |
| • | Preservation of land for public use (e.g., recreation or p | | istorically i | moortant land area |
| | Protection of natural habitat | oleasure) Preservation of an h | | |
| | | Freservation of Certi | nea nistoni | c structure |
| _ | Preservation of open space | | | and the last day |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | servation contribution in the form of a col | nservation | easement on the last day |
| | of the tax year. | | ļ | |
| | T. I. I | | <u></u> | Held at the End of the Year |
| a | Total number of conservation easements | • | | <u> </u> |
| | Total acreage restricted by conservation easements | | · · · — | <u>2b</u> |
| | Number of conservation easements on a certified historic str | • • | · - | Rc |
| _ | Number of conservation easements included in (c) acquired | · | - | ld |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by th | ne organiza | ition during the taxable |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, violations, a | and | |
| | enforcement of the conservation easements it holds? | | _ | Yes No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, a | · · · · · · · · · · · · · · · · · · · | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 17 | 0(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | - | | └── Yes No |
| 9 | In Part XIV, describe how the organization reports conservat | | | |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes | the organ | ization's accounting for |
| - | conservation easements. | | | |
| Pa | Organizations Maintaining Collections o | | Other Sir | nilar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | | |
| | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, no | · | | • |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of p | ublic servic | e, provide, in Part XIV, the text of |
| | the footnote to its financial statements that describes these | items. | | |
| b | If the organization elected, as permitted under SFAS 116, to | report in its revenue statement and bala | nce sheet v | works of art, historical treasures, |
| | or other similar assets held for public exhibition, education, of | or research in furtherance of public service | e, provide | the following amounts relating to |
| | these items: | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | • | > \$ |
| | (ii) Assets included in Form 990, Part X | | • | > \$ > \$ |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financi | al gain, pro | |
| | the following amounts required to be reported under SFAS 1 | | • | |
| а | Revenues included in Form 990, Part VIII, line 1 | - | • | ▶ \$ |
| ь | Assets included in Form 990, Part X | | | > \$ > \$ |
| | * | | - | |
| LHA | For Privacy Act and Paperwork Reduction Act Notice, see | e the Instructions for Form 990. | | Schedule D (Form 990) 2008 |

1

| _ | _ | _ | _ | _ | _ | _ | _ | | _ | |
|----|---------------------|------------|---|-----------------------|---|---|---|---|-----------|-----|
| C | $\boldsymbol{\cap}$ | ·D | n | $\boldsymbol{\Gamma}$ | ю | Λ | т | т | $^{\sim}$ | N |
| ٠. | • | / T | _ | | • | ~ | | 1 | ` ' | ı١١ |

42-1150060 Page 2

| Pa | rt 训(Organizations Maintaining (| Collections of A | rt, His | torical Ti | reasures, c | or Oth | er Simil | ar Asse | ts (cont | inued | 2 |
|--------|---|------------------------|--------------|---------------|------------------|----------|--------------|---|-------------|---------|---|
| 3. | Using the organization's accession and other | er records, check an | y of the | following tha | at are a signifi | cant us | e of its col | lection ite | ms (che | ck all | |
| | that apply): | | | | | | | | | | |
| а | Public exhibition | • | d 🔲 | Loan or exc | change progra | ams | | | | | |
| b | Scholarly research | | е 🗀 | Other | | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's of | ollections and expla | ıın how ti | hey further t | the organization | on's exe | empt purp | ose in Pai | t XIV. | | |
| 5 | | | | | | | | | | | |
| | to be sold to raise funds rather than to be m | | | | | <u> </u> | | | Yes | | No_ |
| Par | Trust, Escrow and Custodia reported an amount on Form 990, Pa | | S. Comp | lete if organ | ization answe | red "Ye | s" to Form | າ 990, Pai | t IV, line | 9, or | |
| 1a | Is the organization an agent, trustee, custoo | lian or other interme | diary for | contribution | ns or other as | sets no | t included | | | | |
| | on Form 990, Part X? | | | | | | | \square | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the f | ollowing | table: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | - | |
| f | Ending balance . | • | | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21? | | • | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIV | · • | | | | | | | | | |
| Pat | tV Endowment Funds. Complete | if organization answ | ered "Ye | s' to Form | 990, Part IV, lı | ne 10. | | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two years | s back | (d) Three y | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | .,, | |
| b | Contributions | | | | | | | - | | | |
| С | Investment earnings or losses | | | | | | | • | | | |
| d | Grants or scholarships | | Ī | | | | | | | | |
| | Other expenditures for facilities | | | | | | ••••• | *************************************** | | | *************************************** |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | ••••• |
| 2 | Provide the estimated percentage of the year | r end balance held | as: | | | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment ► | <u></u> % | | | | | | | | | |
| c | Term endowment ▶ | % | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation tha | at are held a | ınd admınıster | ed for t | he organiz | ation | | | |
| | by: | | | | | | | | Γ | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | 100 | |
| | (ii) related organizations | | •• | | | • | | | 3a(ii) | | |
| ь | If "Yes" to 3a(ii), are the related organization | s listed as required o | on Sched | dule R? | | , | • | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | | • | | • | | L_ <u>,</u> | | |
| Par | t VI Investments - Land, Building | | | | . Part X. line 1 | 0. | | | | | |
| | Description of investment | (a) Cost or o | | | or other | | epreciatio | n | (d) Book | c value | e . |
| | | basis (investi | | | (other) | (-, - | ор. об.ш | | (-, 500. | · vaa | |
| 1a | Land | - | | | | | | | | | |
| | Buildings | | | | <u> </u> | | | | · | | |
| r | Leasehold improvements | | | 1 | 1,687. | | 5,3 | 16. | | 5,3 | 71. |
| d | Equipment | | | | 2,290. | | 36,7 | | | 5,5 | |
| | Other | | | <u> </u> | =,= | | ,,, | | | -,- | • |
| | . Add lines 1a-1e. (Column (d) should equal F | orm 990 Part X coli | ımn (R) | line 10/c) 1 | | | | | 4 | 1.9 | 43. |
| . 0(01 | THE WHO IN TO THE TOTAL THE TOTAL THE STORING EQUAL T | cition at N con | (D/ <u>,</u> | | · | | | Sabadula | | 200 | 2000 |

Schedule D (Form 990) 2000

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42-1150060 Page 3

| Part VII Investments - Other Securities. | See Form 990, Part X, line | 12. | | |
|--|----------------------------|-------------------------|--|--|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valua | |
| Financial derivatives and other financial products | | | | |
| Closely-held equity interests | | | <u></u> . | |
| Other | | | | |
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| Total. (Col (b) should equal Form 990, Part X, col (B) line 12) | > | | | ······································ |
| Part VIII Investments - Program Related. | See Form 990, Part X, line | 13. | | |
| (a) Description of investment type | (b) Book value | | (c) Method of valua st or end-of-year mar | |
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| Total. (Col (b) should equal Form 990, Part X, col (B) line 13) | | | | ····· |
| Part IX Other Assets. See Form 990, Part X, III | | | | (b) Book value |
| | a) Description | | <u> </u> | (b) Book value |
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| T. 1. (0) | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | | | <u>▶</u> | |
| Part X Other Liabilities. See Form 990, Part 3 (a) Description of liability | X, line 25. | (b) Amount | <u> </u> | |
| Federal income taxes | | | | |
| recetal income taxes | | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) |) line 25.) | | | |
| In Part XIV. provide the text of the footnote to the organi | | te that reports the ord | L | or uncertain toy positions |

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under FIN 48.

| Sche | edule D (Form 990) 2008 CORPORATION | | 42-13 | 150060 Page 4 |
|----------------|--|--------------|------------|----------------------|
| Pa | rt 🗶 , Reconciliation of Change in Net Assets from Form 990 to Financial Stat | ements | | |
| 1. | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 682,508. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 686,982. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | -4,474. |
| 4 | Net unrealized gains (losses) on investments | 4 | | |
| 5 | Donated services and use of facilities | 5 | | |
| 6 | Investment expenses | 6 | | |
| 7 | Prior period adjustments | 7 | | |
| 8 | Other (Describe in Part XIV) | 8 | | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | | 0. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | | -4,474. |
| Pa | † XII Reconciliation of Revenue per Audited Financial Statements With Rever | ue per | Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 682,508. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains on investments | | - | |
| b | Donated services and use of facilities 2b | _ | - 1 | |
| C | Recoveries of prior year grants | | - | |
| d | , | | - 1 | • |
| е | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 682,508. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | _ | - | |
| b | Other (Describe in Part XIV) 4b | _ | - 1 | ^ |
| _C | Add lines 4a and 4b | | 4c | 682,508. |
| D ₀ | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) It XIII Reconciliation of Expenses per Audited Financial Statements With Expe | nege ne | 5 Peturn | |
| 1 | Total expenses and losses per audited financial statements | nses pe | 1 | 686,982. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | • • | | 000/302. |
| a | Donated services and use of facilities 23. | | | |
| b | Prior year adjustments | | ┥ ┃ | |
| c | Losses reported on Form 990, Part IX, line 25 | | 1 1 | |
| ď | Other (Describe in Part XIV) | | 1 | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | • | 3 | 686,982. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIV) | | 7 | |
| c | Add lines 4a and 4b | _ | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | | 5 | 686,982. |
| Pa | rt XIV Supplemental Information | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | rt IV, lines | 1b and 2b; | Part V, line 4; Part |
| X; Pa | art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | | | |
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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

SIOUXLAND ECONOMIC DEVELOPMENT Name of the Organization

CODDODATION

Employer Identification number

| CORPORATION | | | | | | | | | 42-1150060 | | | |
|------------------------------------|---|--------------------------------|-----------------------------------|-----------------------------|-------------------------|------------------------------|--------|--|--|--|--|--|
| Part I Continuation of Officers, D | | ust | tee | | | En | nplo | | | Employees | | |
| (A) Name and Title | (B) (C) Average Position hours (check all that apply) | | (D) Reportable compensation from | (E) Reportable compensation | (F) Estimated amount of | | | | | | | |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | | |
| KENNETH BEEKLEY | | | | | | | | | _ | | | |
| EXECUTIVE VICE PRESIDENT | 40.00 | | | X | | Х | | 110,307. | 0. | 12,265 | | |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SIOUXLAND ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 42-1150060

| 12 220000 |
|--|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| ASSISTING THE GROWTH AND DEVELOPMENT OF BUSINESSES. |
| |
| FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WAS PROVIDED TO THE |
| EXECUTIVE COMMITTEE BEFORE IT WAS FILED. THE 990 WAS ALSO REVIEWED BY |
| KENNETH BEEKLEY, EXECUTIVE VICE PRESIDENT, AND ADAM TURNER, ASSISTANT LOAN |
| OFFICER. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE MEETS |
| ANNUALLY TO REVIEW THE PERFORMANCE OF THE ORGANIZATION AND APPROVES THE |
| EXECUTIVE VICE PRESIDENT'S SALARY AND ANY PERFORMANCE BONUS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS |
| AVAILABLE TO THE PUBLIC UPON REQUEST. |
| |
| FORM 990, PART XI, LINE 2C: |
| THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |
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| Form 8868 (Rev. 4-2009) | | | Page 2 | | | | | |
|---|--|----------|--------------------------------|--|--|--|--|--|
| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and Note. Only complete Part II if you have already been granted an automatic 3-month extension on a performance of the second | | | ▶ X 8868. | | | | | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the | original (no c | opies r | needed). | | | | | |
| Type or print Name of Exempt Organization SIOUXLAND ECONOMIC DEVELOPMENT CORPORATION Employer identification number of Exempt Organization and SIOUXLAND ECONOMIC DEVELOPMENT 42-1150060 | | | | | | | | |
| File by the extended due date for 106 HISTORIC FOURTH STREET, NO. 201 | the ed Number, street, and room or suite no. If a P.O. box, see instructions. Fig. 1106 HISTORIC FOURTH STREET, NO. 201 | | | | | | | |
| filing the return See Instructions SIOUX CITY, IA 51101 | | | | | | | | |
| | m 1041-A [m 4720 [| | orm 5227 Form 8870 orm 6069 | | | | | |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension | on a previou | sly file | d Form 8868. | | | | | |
| KEN BEEKLEY • The books are in the care of ▶ 1106 4TH STREET - SIOUX CITY, IA 51101 Telephone No.▶ 712-279-6430 FAX No.▶ | | | | | | | | |
| If the organization does not have an office or place of business in the United States, check this b | ox . | | ▶ □ | | | | | |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | | s is foi | r the whole group, check this | | | | | |
| box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names a | | | | | | | | |
| 4 request an additional 3-month extension of time until AUGUST 15, 2010 . | | | | | | | | |
| 5 For calendar year, or other tax year beginning OCT 1, 2008 | and ending_ | SEP | 30, 2009 | | | | | |
| | al return | | Change in accounting period | | | | | |
| 7 State in detail why you need the extension | | | | | | | | |
| | | | COMPLETE | | | | | |
| INFORMATION NECESSARY FOR THE PREPARATION OF THE | E TAX R | ETU | RN | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les | s any | | | | | | | |
| nonrefundable credits. See instructions. | - | 8a | \$ | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and e | stimated | | | | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount | ald | ļ | | | | | | |
| previously with Form 8868. | | 8b | \$ | | | | | |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | | | | | | | |
| with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). Se | e instructions. | 8c | s N/A | | | | | |
| Signature and Verification | | | | | | | | |
| Under penalties of penury, I declare that I have examined this form, including accompanying schedules and states it is true, correctly and complete, and that I am authorized to prepare this form | nents, and to the | best o | f my knowledge and belief, | | | | | |
| Signature ► EXECUTIVE VICE PRE | SIDENT | Date | > | | | | | |

823832 05-26-09

Form 8868 (Rev 4-2009)