



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ECONOMIC DEVELOPMENT CORPORATION OF MANITOWOC COUNTY		D Employer identification number 20-0419691
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 813		E Telephone number (920) 482-0540
Name change				
Initial return		City or town, state or country, and ZIP + 4 MANITOWOC, WI 542210813		F Group Exemption Number
Terminated				
Amended return				
Application pending				




Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).



I Website: WWW.EDCMC.ORG		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 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	\$	293,110
--	-----------	---------



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	245,406
2	Program service revenue including government fees and contracts	2	32,962
3	Membership dues and assessments	3	
4	Investment income	4	14,419
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	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 		
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	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	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe  _____)	8	323
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	293,110

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	188,083
	13	Professional fees and other payments to independent contractors	13	23,716
	14	Occupancy, rent, utilities, and maintenance	14	29,680
	15	Printing, publications, postage, and shipping	15	354
	16	Other expenses (describe )	16	81,129
	17	Total expenses. Add lines 10 through 16 	17	322,962

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. . . . .	18	-29,852
	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	669,131
	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	639,279

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	623,235	22 597,213
23	Land and buildings		23
24	Other assets (describe )	51,738	24 44,552
25	Total assets	674,973	25 641,765
26	Total liabilities (describe )	5,842	26 2,486
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	669,131	27 639,279

[illegible]

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			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			34	No
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?			35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			36	No
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?			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 outstanding at the end of the period covered by this return? . . .			38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .			38b	
39	Section 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	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶				
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	
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 . . . ▶				
d	Section 501(c)(3) and 501(c)(4) organizations 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? If "Yes," complete Form 8886-T			40e	No
41	List the states with which a copy of this return is filed ▶ WI				
42a	The organization's books are in care of ▶ andrew steirle Telephone no ▶ (920) 482-0540 PO BOX 813 Located at ▶ MANITOWOC, WI ZIP + 4 ▶ 542210813				
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	No
	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	No
	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 ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
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	No

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

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		2010-06-21 Date	
Paid Preparer's Use Only	andrew steimle president Type or print name and title			
	Preparer's signature	STEPHEN SHELLMAN CPA	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
SCHENCK SC 100 MARITIME DRIVE SUITE 2B MANITOWOC, WI 542206805			EIN Phone no (920) 684-5500	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 20-0419691

Name: ECONOMIC DEVELOPMENT CORPORATION OF MANITOWOC COUNTY

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
kenneth stubbe po box 813 manitowoc, WI 542210813	executive director 40 00	82,297	2,465	0
andrew steimle po box 813 manitowoc, WI 542210813	president 5 00	0	0	0
mark ring po box 813 manitowoc, WI 542210813	vice president 5 00	0	0	0
timothy schneider po box 813 manitowoc, WI 542210813	treasurer 5 00	0	0	0
karen jacobson po box 813 manitowoc, WI 542210813	secretary 5 00	0	0	0
steve shellman po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
james vopat po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
dean graunke po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
tracy ahola po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
dean halverson po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
pete kappelman po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
mike lanser po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
mark matthews po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
mark swanson po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
john zimmer po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
greg buckley po box 813 manitowoc, WI 542210813	ex-officio 1 00	0	0	0
justin nickels po box 813 manitowoc, WI 542210813	ex-officio 1 00	0	0	0
karen szyman po box 813 manitowoc, WI 542210813	ex-officio 1 00	0	0	0
will casey po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
dennis donahue po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
nilaksh kothari po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
rick philipps po box 813 manitowoc, WI 542210813	director 1 00	0	0	0
tim reis po box 813 manitowoc, WI 542210813	director 1 00	0	0	0

TY 2009 Other Assets Schedule

Name: ECONOMIC DEVELOPMENT CORPORATION OF
MANITOWOC COUNTY

EIN: 20-0419691

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSIT	2,458	2,458
due from edc foundation	15	0
Other Depreciable Assets	49,265	42,094

TY 2009 Other Expenses Schedule

Name: ECONOMIC DEVELOPMENT CORPORATION OF
MANITOWOC COUNTY

EIN: 20-0419691

Description	Amount
payroll taxes	13,579
worker's compensation insurance	1,040
recruiting	300
travel	4,297
meals	2,882
professional memberships	2,010
advertising	6,978
website maintenance	281
marketing committee	10,803
education	2,618
telephone	2,744
insurance	2,408
office supplies	6,940
bank charges	438
dues & subscriptions	1,422
other	225
investor social	1,140
e-see program	2,323
mini chopper program	18,701

TY 2009 Other Liabilities Schedule

Name: ECONOMIC DEVELOPMENT CORPORATION OF
MANITOWOC COUNTY

EIN: 20-0419691

Description	Beginning of Year Amount	End of Year Amount
ACCRUED PAYROLL TAXES	5,001	1,663
SIMPLE IRA LIABILITY	841	823

TY 2009 Other Revenues Schedule

Name: ECONOMIC DEVELOPMENT CORPORATION OF
MANITOWOC COUNTY

EIN: 20-0419691

Description	Amount
other	323

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: ECONOMIC DEVELOPMENT CORPORATION OF
MANITOWOC COUNTY

EIN: 20-0419691

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.