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Form 990-PF

Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

Internal Revenue Service For calendar year 2009, or tax year beginning , and ending G Check all that apply Initial return Final return Initial return of a former public charity Amended return Name change Address change Use the IRS Name of foundation Employer identification number 42-1152386 lahel ECONOMY DATA FOUNDATION Otherwise. Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) 515-270-0988 Room/suite or type. 2471 DEER CREEK TRAIL If exemption application is pending, check here See Specific City or town, state, and ZIP code D 1. Foreign organizations, check here Instructions. URBANDALE IA 50323-2100 2. Foreign organizations meeting the Check type of organization X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end J Accounting method X Cash of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination <u>4</u>17,854 under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements (c) Adjusted net (b) Net investment for charitable expenses per total of amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions)) cash basis only Contributions, gifts, grants, etc., received (attach schedule) Check **X** If the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash investments 10,133 10,133 4 Dividends and interest from securities 5a Gross rents . . . Net rental income or (loss) b Revenue ٠, 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ~ · · · 7 Capital gain net income (from Part IV, line 2) 4 2 8 Net short-term capital gain Income modifications 10a Gross sales less returns & allowances h Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 10,133 10,133 SCANNED NOW Operating and Administrative Expenses 12 Total, Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) 16a 256 256 Accounting fees (attach schedule b Other professional fees (attach schedule) С NOV 1 5 2010 17 Interest 225 225 18 Taxes (attach schedule) (see Page 14 of the instructions) Stmting 19 Depreciation (attach schedul 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. 481 481 Add lines 13 through 23 16,750 16,750 25 Contributions, gifts, grants paid 17,231 481 16,750 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -7,098 , 652 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) Form **990-PF** (2009)

Form 990-PF (2009)

298,432

298,432

3

4

5

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

5 Decreases not included in line 2 (itemize) ▶

Form 990-PF (2009) ECONOM	Y DATA FOUNDATION		42-1152386			Page 3
	and Losses for Tax on Investme	nt Income				
(a) List and descri	be the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date ac		(d) Date sold (mo , day, yr)
1a N/A			B Bonation			
b						
C						
d						
е						
	(f) Depreciation allowed	(g) Cost	or other basis		(h) Gain o	or (loss)
(e) Gross sales price	(or allowable)	,	pense of sale	((e) plus (f) r	mınus (g)
a			-			
b			•			
С						
d						
е						
Complete only for assets showing	ng gain in column (h) and owned by the fo	undation on 12/3	1/69	(I) Ga	ains (Col. (I	h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	· ·	cess of col (i)	col (k)		ess than -0-) or
2						
_a 	 				· · · · · · · · · · · · · · · · · · ·	
C						
d					· · · · · · · · · · · · · · · · · · ·	
е						
<u> </u>	If gain, also enter in I	Part I line 7				
2 Capital gain net income or (net	capital loss) If (loss), enter -0- in F			2		
3 Net short-term capital gain or (In	oss) as defined in sections 1222(5) and (6)			_		
• •	B, column (c) (see pages 13 and 17 of the	_				
If (loss), enter -0- in Part I, line 8				3		
	nder Section 4940(e) for Reduc	ed Tay on Ne	t Investment Inco			
	e foundations subject to the section 4940					
	-	a) tax on not mive	sument moonie.)			
If section 4940(d)(2) applies, leave t	this part blank					
Was the foundation liable for the se	ction 4942 tax on the distributable amount	of any year in the	e base period? Y	es X No		
f "Yes," the foundation does not qu	alify under section 4940(e) Do not comple	te this part.	_	_		
1 Enter the appropriate amount in	each column for each year, see page 18	of the instructions	s before making any er	ntries		
(a)	(b)	I	(c)			(d)
Base period years Calendar year (or tax year beginnin	Advisted available and attached as	s Net valu	ue of nonchantable-use as	sets		oution ratio vided by col (c))
2008	5 /	517	460,		((-)	0.042356
2007		336	486,			0.054113
2006		981	418,			0.050115
2005		279	395,		-	0.043728
2004		655	362,		-	0.032162
2004		7000			Г	<u> </u>
2. Total of line 1. column (d)				2		0.222474
2 Total of line 1, column (d) 3 Average distribution ratio for the	5 year hase period divide the total on li	ne 2 hv 5 or hv t	he	1	 	<u> </u>
•	e 5-year base period—divide the total on li		ne	,		0.044495
number of years the foundation	has been in existence if less than 5 years			3	 	0.03333
	able and another for 0000 for an Dark V. bare	-				20/ 150
4 Enter the net value of noncharit	able-use assets for 2009 from Part X, line	5		4	 	384,150
				_	ŀ	17 003
5 Multiply line 4 by line 3				5	<u> </u>	17,093
						07
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	 	97
						47 400
7 Add lines 5 and 6				7	<u> </u>	17,190
						44
8 Enter qualifying distributions fro				8	<u> </u>	16,750
If line 8 is equal to or greater th	an line 7, check the box in Part VI, line 1b	and complete th	at part using a 1% tax	rate See the	e	
Part VI instructions on page 18	<u>. </u>					
					F	orm 990-PF (2009)

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orm	990-PF (2009) ECONOMY DATA FOUNDATION 42-1152386				P	age 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the i	nstr	uctions)			
1a		3/1	.750	14 × 24 ·	53	-/
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					.%.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				193
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	9	*	**	*	*
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3				193
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				193
6	Credits/Payments	\$. ′	' }	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	****
а	2009 estimated tax payments and 2008 overpayment credited to 2009	,			s.R	ź
b	Exempt foreign organizations—tax withheld at source 6b	*:	`	*		- 1 €
С	Tax paid with application for extension of time to file (Form 8868) 6c	,	د.			,
d	Backup withholding erroneously withheld 6d	n/ 3	%	ì.	\$ t	·
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				193
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			_	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			*	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				*	*
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				439	<u> </u>
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or			:		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	t XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			İ		
	instructions) > IA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X
				00	^ DE	•

	1 990-PF (2009) ECONOMY DATA	FOUNDATION	42-1	152386					Page 6
<u> Pa</u>	<u>irt VII-B 🗀 Statements Regardin</u>	g Activities for Which For	<u>m 4720 May Be R</u>	Required (con	inue	d)			
5a	During the year did the foundation pay or i	ncur any amount to		_		_	40	稳	
	(1) Carry on propaganda, or otherwise att	empt to influence legislation (sect	ion 4945(e))?	□ ,	es/	X No		為	<i>»</i>
	(2) Influence the outcome of any specific	public election (see section 4955)	, or to carry on,	_		_	"	71	
	directly or indirectly, any voter registra	tion drive?			es (X No	2 4	İ	<i>^</i> 4
	(3) Provide a grant to an individual for trav	vel, study, or other similar purpose	es?		es/	X No			,
	(4) Provide a grant to an organization other	er than a charitable, etc , organiza	tion described in	_		_	ă.	*2	*
	section 509(a)(1), (2), or (3), or section	n 4940(d)(2)? (see page 22 of the	instructions)	\Box	es/	X No	1	*	-
	(5) Provide for any purpose other than rel	igious, charitable, scientific, literar	y, or educational	_		_			
	purposes, or for the prevention of crue	elty to children or animals?		\Box	es/	X No	*		*
b	If any answer is "Yes" to 5a(1)-(5), did any	of the transactions fail to qualify	under the exceptions de	escribed in		_	10	Ć5	. 4
	Regulations section 53 4945 or in a currer	nt notice regarding disaster assista	ince (see page 22 of th	e instructions)?		N/A	5b		
	Organizations relying on a current notice r	egarding disaster assistance chec	k here	·	>		~.	48%	.*
С	If the answer is "Yes" to question 5a(4), do	pes the foundation claim exemption	n from the tax			_		April 1	
	because it maintained expenditure respon	·		N/A 🗌	es	☐ No			W.
	If "Yes," attach the statement required by					_			2 4
6a	Did the foundation, during the year, receiv	•	to pay premiums						,,
-	on a personal benefit contract?				es	X No			1
b	Did the foundation, during the year, pay pr	remiums, directly or indirectly, on a	a personal benefit contr	_			6b		X
	If "Yes" to 6b, file Form 8870.						*	- %	ox1
7a	At any time during the tax year, was the fo	undation a party to a prohibited ta	x shelter transaction?	\Box	es	X No		'	
	If yes, did the foundation receive any proc			on?		_N/A	7b		
Pa	rt VIII Information About Offi	cers, Directors, Trustees,	Foundation Mana	agers, Highly	Paid	Emplo	yees,		
	and Contractors								
1 L	list all officers, directors, trustees, found	ation managers and their compe	nsation (see page 22	of the instruction	s).				
			(b) Title, and average	(c) Compensation		Contributions t		_	
	(a) Name and ad	dress	hours per week	(if not paid, enter		ployee benefit s and deferre		:xpense ner allow	account, ances
			devoted to position	-0-)	CC	mpensation			
HA	RRINGTON K MASON	URBANDALE	PRESIDENT						
24	71 DEER CREEK TRAIL	IA 50323	1.00	0			0		0
JC	HN SHORS	DES MOINES	SECRETARY						
66	6 WALNUT ST	IA 50309	1.00	0			0		0
							4-		
				l					
2	Compensation of five highest-paid empl	oyees (other than those include	d on line 1—see page	23 of the instruc	tions)				
	If none, enter "NONE."			1	7.5.2				
	(a) Name and address of each ample		(b) Title, and average	(-) (Contributions to ployee benefi		Expense	account,
	(a) Name and address of each employ	ee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plan	s and deferre		her allow	
	NE.				۱	mpensation	+		
NC	NE	•		1					
				1	┢		+-		
					 		+		
			 	 			+		
				†			+		
		•	1				ļ		
Tota	I number of other employees paid over \$50	.000			L			$\overline{}$	
		· · · · · · · · · · · · · · · · · · ·					01	0 D	E /2000

Form 990-PF (200	9) ECONOMY DATA FOUNDATION	42	-1152386	Page 7
	Information About Officers, Directors, 1	Trustees, Foundation Ma	inagers, Highly Paid Em	
	and Contractors (continued) st-paid independent contractors for professional s	envices (see name 23 of the ins	tructions) If none enter "NO	
5 Five mignes	(a) Name and address of each person paid more that		(b) Type of service	(c) Compensation
NONE	(a) Name and address of each person paid more than		(5) 1) pe oi oci vico	(e) componedien
	<u> </u>	• • •		
		· - ·-		
		_ 		
	•	•		
Total number of o	thers receiving over \$50,000 for professional service	es		<u> </u>
Part IX-A	Summary of Direct Charitable Activities	es		
	's four largest direct chantable activities during the tax year li other beneficianes served, conferences convened, research		such as the number of	Expenses
1 N/A				
			•	
_				
2				
		•		
3				
4				
-				
Part IX-B	Summary of Program-Related Investor		e instructions)	
1 N/A	argest program-related investments made by the foundation of	during the tax year on lines 1 and 2		Amount
M/A				
2				
All other program-	related investments See page 24 of the instructions			
3				

•

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2009)

_* Pa	irt XIII Undistributed Income (s	ee page 26 of	the ins	structions)			
				(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,			Corpus	Years prior to 2008	2008	2009
	line 7		4 (2	·	2 2 4 1	* * * * // /	19,015
2	Undistributed income, if any, as of the end of	f 2009	_				
а	Enter amount for 2008 only		. >>				, w
b	Total for prior years: 20 , 20	. 20					
3	Excess distributions carryover, if any, to 2009		200	**			*
a	From 2004		4	>	-49 4	1	
b	From 2005		4: An .	ş	, 4		
c	From 2006	388	♦ ♦	* * * *	•	.,	* *
d	From 2007	2,330	♣ 4.		\$ ** '	<i>"</i> '	
е	From 2008		♦ ?	V • € 1	4	• • •	. * !
f	Total of lines 3a through e			2,718	. 4,	> *	♦ 2 >
4	Qualifying distributions for 2009 from Part XII	ı.	A 17	£ ^	,	, ,	* * * ′
	line 4 ▶ \$ 16,750	'	,	»	*	* . * .	x (% %
а	Applied to 2008, but not more than line 2a		,		*		* * * * *
	Applied to undistributed income of prior years	s		,		, , , , , , , , , , , , , , , , , , , ,	* * * *
	(Election required—see page 26 of the instru						
С	Treated as distributions out of corpus (Election	· .					., , ,
_	required—see page 26 of the instructions)				* * *		
d	Applied to 2009 distributable amount				* * * A		16,750
e	Remaining amount distributed out of corpus	ľ			7	*	* ***
5	Excess distributions carryover applied to 200	9		2,265			2,265
•	(If an amount appears in column (d), the same		**	- ,		* ;	: } .
	amount must be shown in column (a))		4	di di		`, , *, *	
6	Enter the net total of each column as		* *	* * * * * * * * * * * * * * * * * * *			
	indicated below:		4 4	. • • •	\$		* * *
а	Corpus Add lines 3f, 4c, and 4e Subtract lin	ne 5		453	١		* 5 .,
	Prior years' undistributed income Subtract		, .	* * *			3 8 9 *
-	line 4b from line 2b		*	\$ * * *			\$ 1 % X
_	Enter the amount of prior years' undistributed	. İ	*	» » ·			; # ¥
·	income for which a notice of deficiency has						
	been issued, or on which the section 4942(a)	,					* 4
	tax has been previously assessed	'					
d	Subtract line 6c from line 6b. Taxable	Ì					
-	amount—see page 27 of the instructions			<i>'</i>		1	
A	Undistributed income for 2008 Subtract line	ľ			-		
_	4a from line 2a Taxable amount—see page				,		
	27 of the instructions						
f	Undistributed income for 2009 Subtract lines	s					·
•	4d and 5 from line 1 This amount must be						
	distributed in 2010						0
7	Amounts treated as distributions out of corpu	ıs					
	to satisfy requirements imposed by section						
	170(b)(1)(F) or 4942(g)(3) (see page 27 of th	ne l					
	instructions)						
8	Excess distributions carryover from 2004 not	<u>t</u>					
-	applied on line 5 or line 7 (see page 27 of the						
	instructions)						
9	Excess distributions carryover to 2010.	•					
-	Subtract lines 7 and 8 from line 6a			453			
10	Analysis of line 9						
a	Excess from 2005						
b	Excess from 2006						
c	Excess from 2007	453		:			
d	Excess from 2008						
е	Excess from 2009						

N. 10 Mar.	irt XIV Private Operating Fou			ructions and Par		Page 10
_	If the foundation has received a ruling or				T VII-A, question	3)
та	foundation, and the ruling is effective for			ung		
L	Check box to indicate whether the foundation	•	•	had in castion.	1942(j)(3) or 4	942(j)(5)
b 2a	Enter the lesser of the adjusted net	Tax year	ling roundation descri	Prior 3 years	1942(1)(3) 01 1 1 4	1942()(3)
Za	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for	(4) 2000	(5) 2000	(0,200.	(4) 2000	
	each year listed					
h	85% of line 2a					
C	Qualifying distributions from Part XII,					
C	line 4 for each year listed					
d	Amounts included in line 2c not used directly					·
u	for active conduct of exempt activities					
е	Qualifying distributions made directly		 		-	
·	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
•	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed				1	
C	"Support" alternative test—enter					1
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)			ļ		
	(2) Support from general public					
	and 5 or more exempt		1			
	organizations as provided in				}	
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization		 	<u> </u>	 	
- D	(4) Gross investment income art XV Supplementary Inform	nation (Complete	 	ha farradation b		ore in eccete et
F	Supplementary Informany time during the year		•		iau \$5,000 or iii	ore in assets at
1	Information Regarding Foundation Mar		or the menderal	,,,,,		
a	List any managers of the foundation who	_	re than 2% of the total	contributions received	by the foundation	
_	before the close of any tax year (but only				-	
	N/A	•	,	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,,	
b	List any managers of the foundation who	own 10% or more of	the stock of a corporat	tion (or an equally larg	e portion of the	
	ownership of a partnership or other entity) of which the foundar	tion has a 10% or grea	iter interest		
	N/A					
2	Information Regarding Contribution, G					
	Check here X if the foundation only	makes contributions	to preselected charita	ble organizations and	does not accept	
	unsolicited requests for funds. If the foun	dation makes gifts, gi	rants, etc (see page 2	8 of the instructions) t	o individuals or	
	organizations under other conditions, cor	nplete items 2a, b, c,	and d	<u> </u>		
а	The name, address, and telephone numb	per of the person to w	hom applications shou	ld be addressed		
	N/A					
						
b	The form in which applications should be	submitted and inform	nation and materials th	ey should include		
	N/A					 :
С	Any submission deadlines.					
	N/A Any restrictions or limitations on awards,	ough as hu assessed	usol arose, shortable 4	ioldo kindo of materia	one or other feeters	<u> </u>
d	N/A	such as by geograph	ncai areas, criantable 1	icius, kiilus of instituti	ons, or other factors	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of recipient Amount any foundation manager contribution Name and address (home or business) or substantial contributor a Paid during the year SEE ATTACHED 16,750 16,750 Total ▶ 3a Approved for future payment N/A Total **▶** 3b

	Analysis of Income-Producing A	ctivities				
	ounts unless otherwise indicated		d business income	Excluded	1 by section 512, 513, or 514	(e)
Program sei		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
а						
f				1 -		· · · · · · · · · · · · · · · · · · ·
g Fees an	d contracts from government agencies			i		
-	dues and assessments					-
-	savings and temporary cash investments					
	nd interest from securities					10,13
-	come or (loss) from real estate		· · · · · · · · · · · · · · · · · · ·	-	. * * .	
	anced property	<i>'</i>	,	1		
	t-financed property			1		
	come or (loss) from personal property				**	
7 Other invest			_			
	s) from sales of assets other than inventory					
	or (loss) from special events				-	
	or (loss) from sales of inventory	·				
1 Other reven	ue a	_				
b		_		-		
				-		
d						
e		_				
	ld columns (b), (d), and (e)) * -*	0	10,13
	ine 12, columns (b), (d), and (e)				13 _	10,13
	in line 13 instructions on page 28 to verify calculate					
Part XVI-B						
Line No. ▼	Explain below how each activity for which incompaccomplishment of the foundation's exempt purinstructions.)					
N/A						
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orm !	990-PF (2009) ECONOMY	DATA F	OUNDATION		42-1152	2386		Pa	ge 13
Pär	t XVII	Information R Exempt Organ	_	ransfers To and Tra	nsaction	s and Relations	nips With Noncha	ritable		
1	Did the d			ge in any of the following	with any oth	ner organization descr	ribed	4	Yes	No
		•		ion 501(c)(3) organization	_	=			4	1
	organıza	tions?							-4	A.
а	Transfer	s from the reporting fo	oundation to a n	oncharitable exempt orga	nization of				&	
	(1) Casl							1a(1)		X
	(2) Othe							1a(2)	2 1	X
-		nsactions.						*.n_=====	<u> </u>	
	• •	s of assets to a nonch	·	_				1b(1)		X
				e exempt organization				1b(2)		X
	• •	al of facilities, equipm		ssets				1b(3)		X
	• •	nbursement arrangem is or loan guarantees	enis	•			•	1b(4) 1b(5)		X
		-	r membershin /	or fundraising solicitations			•	1b(5)		X
	. ,		•	other assets, or paid emp				1c		X
	_		_	mplete the following sche		n (b) should always sl	how the fair market	_10_	l	
				given by the reporting four						
	Line no	(b) Amount involve	1	ent, show in column (d) the of noncharitable exempt organization			ansfers, transactions, and	eharing arrang	emente	
$\frac{(a)}{A}$		(b) Amount involve	(c) Name	or nononamable exempt orga	anizauon	(u) Description of u	arisiers, darisactions, and	Silating arraing	entents	<u>'</u>
	<u> </u>									
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				<u> </u>						
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						a				
		•	•	I with, or related to, one o		, •		П.,	<u> </u>	a
		• •	•	r than section 501(c)(3)) o	or in section	5277		□ Y	es X	J No
b	If "Yes,"	complete the following (a) Name of organization	-	(b) Type of emerge	tion I		(a) Decemption of relations	hin		
N	/A	(a) Name of Organization		(b) Type of organiza	10011	<u> </u>	(c) Description of relations	anp		
	7					·			_	
										<u>-</u>
Т	Under nei	naities of penery I declare	that I have exam	nined this return, including acc	ompanying so	hedules and statements	and to the best of my kno	wledge and		
	belief, it is	true, correct and comple	ete Declaration o	preparer (other than taxpaye	r or figurally)	s based on all informatio	n of which preparer has a	ny knowledge		
1			hu		11	11-10				
ا د	Signa	ture of officer or trustee			Date		Title	· -		
		/				Date	0. 1."	Preparer's ident		
	s >	Preparer's	11/	n . 1			Check if self-employed ▶	number (see SI) page 30 of the it		
"	Pre	signature	16 / S.	tol_		11/11/1	0	P0003	<u> 1782</u>	2
	Paid Preparer's Use Only	Firm's name (or yours i	I &		ociate	s, L.L.C.				
	P. J	self-employed), addres	s, 4601	Westown Pkwy			EIN ▶			
		and ZIP code	West	Des Moines,	IA 5	0266-1071	Phone no	515-22		
								Form 99	0-PF	(2009

TAXES 2009

ECONOMY DATA FOUNDATION CHECKBOOK JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 AND DONATIONS MADE SAME PERIOD

42-1152386 Year Ended December 31, 2009 Form 990-PF Parts I and XV

Recipient	<u>Chk #</u>	<u>Date</u>	Public Charity Type	<u>Amount</u>
Dartmouth College	1722	2/8	Education	100
American Heart Assn.	1723		Humanities	100
Des Moines Art Center	1724	2/8	Humanities	100
Dartmouth College	1725	2/8	Education	2000
Des Moines Metro Opera	1726	2/21	Humanities	250
National Audubon	1727	2/21	Humanities	100
St. Timothy's Episcopal Church	1728		Religion	500
Roosevelt High School	1729		Education	250
Joslyn Museum	1730		Humanities	100
The Lowry Foundation	1731		Humanities	250
St. Thomas University	1732		Education	500
Hospice of Central Iowa	1733		Humanities	100
American Heart Assn.	1734		Humanities	100
Youth Homes of Mid-America	1735		Humanities	100
Iowa College Foundation	1736		Education	500
Des Moines Art Center	1737		Humanities	250
St. Ann's Episcopal Church	1738		Religion	250
St. Timothy's Episcopal Church	1739		Religion	500
New Hope Church	1740		Religion	1000
J. B. Morris Scholarship	1741 1742	6/26	Education	250
Red Ribbon Ride	1742	6/20	Humanities	100
The Free Store	1743		Humanities	500
Drake University	1744		Education	750
Dartmouth College	1745		Education	100
St. Timothy's Episcopal Church	1747		Religion	500
Drake University	1748		Education	250
St. Augustine's Church	1749		Religion	250
Clive Library	1750		Humanities	100
St. Timothy's Episcopal Church	1751		Religion	500
American Cancer Society	1752		Humanities	50
The Free Store	1753		Humanities	250
Church Opportunity Group	1754	11/10	Humanities	100
Salvation Army	1755	11/10	Humanities	250
United Way	1757	11/17	Humanities	250
Des Moines Metro Opera	1758	11/17	Humanities	500
Dartmouth College	1759	11/17	Education	1000
University of Michigan	1760	11/17	Education	500
Orchard Place	1761	11/17	Humanities	250
Iowa Public Radio	1762	11/17	Humanities	250
Iowa Public Television	1763		Humanities	500
Youth Homes of Mid-America	1764		Humanities	250
Nature Conservancy of Iowa	1765		Humanities	250
Wallace Foundation	1766	11/17	Humanities	300

SCHEDULE VI, PAGE 2

Recipient	<u>Chk #</u>	Date	Public Charity Type	<u>Amount</u>
National Audubon Society	1767	11/17	Humanities	250
Sierra Club	1768	11/17	Humanities	150
St. Ann's Episcopal Church	1769	11/17	Reliaion	500
Dartmouth College	1771	11/18	Education	100
Sphinx Foundation	1773	11/30	Humanities	600
St. Timothy's Episcopal Church	1774	12/15	Religion	<u>100</u>
•				
TOTAL QUALIFYING CONTRIBUTIONS				<u>16750</u>

Form 8868

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of th					
Internal Revenue		▶ File	e a separate application for each return.		
		omatic 3-Month Extension, compl	ete only Part I and check this box		▶ X
•	=		extension, complete only Part II (on page 2 of this for	m)	
•	_		an automatic 3-month extension on a previously filed I		
Pärt I			e. Only submit original (no copies needed		
	required to file	Form 990-T and requesting an autor	matic 6-month extension—check this box and comple	te	. □
Part I only					•
All other corpo time to file inco	•	- · · · · · · · · · · · · · · · · · · ·	AICs, and trusts must use Form 7004 to request an ex	tension of	
Electronic Fili	ng (e-file). Ge	ierally, you can electronically file Fo	rm 8868 if you want a 3-month automatic extension o	f time to file	
one of the retu	rns noted belo	w (6 months for a corporation requir	ed to file Form 990-T). However, you cannot file Form	8868	
electronically i	f (1) you want	ne additional (not automatic) 3-mon	th extension or (2) you file Forms 990-BL, 6069, or 88	70, group	
returns, or a co	omposite or co	າsolidated Form 990-T. Instead, yoເ	ı must submit the fully completed and signed page 2 (Part II) of Form	
8868 For mor	e details on th	electronic filing of this form, visit w	ww irs gov/efile and click on e-file for Charities & Noni	orofits.	
Type or	Name of Ex	mpt Organization		Employer ident	fication number
print					
File by the	ECONOM	Y DATA FOUNDATION		42-11523	86
due date for filing your		et, and room or suite no. If a P.O. b EER CREEK TRAIL	ox, see instructions.		
retum. See instructions.		post office, state, and ZIP code. For	r a foreign address, see instructions. A 50323-2100		
Check type of		led (file a separate application for e			
Form 99		(ine a separate application for s	Form 990-T (corporation)		Form 4720
Form 99			Form 990-T (sec 401(a) or 408(a) trust)	—	Form 5227
Form 99			Form 990-T (trust other than above)	-	Form 6069
X Form 99	-		Form 1041-A	—	Form 8870
The books	are in the car	of MARRINGTON K	MASON		
	E1		.		
Telephone	NO P DI	i-270-0988	FAX No. ▶		
•	•	5-270-0988 ot have an office or place of busines	FAX No. ► ss in the United States, check this box		►□
 If the organ 	nization does	ot have an office or place of busines	ss in the United States, check this box	If this is	▶ □
If the orgaIf this is fo	nization does r a Group Reti	ot have an office or place of busines rn, enter the organization's four digit	ss in the United States, check this box t Group Exemption Number (GEN)		▶ □
If the organIf this is fofor the whole g	nization does r a Group Retu roup, check th	ot have an office or place of busines rn, enter the organization's four digit s box If it is for pa	ss in the United States, check this box t Group Exemption Number (GEN) rt of the group, check this box	If this is attach	▶ □
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Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part II on page 1). Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization ECONOMY DATA FOUNDATION 42-1152386 Number, street, and room or suite no. If a P.O. box, see instructions. 2471 DEER CREEK TRAII. City, town or post office, state, and ZIP code. For a foreign address, see instructions. URBANDALE IA 50323-2100 Form 990-BL Form 990-T (see. 401(a) or 408(a) trust) Form 4720 Form 6069 Form 990-BL Form 990-T (see. 401(a) or 408(a) trust) Form 4720 Form 8870 Form 890-EZ Form 990-T (see. 401(a) or 408(a) trust) Form 5227 Part III. Additional (See an arrow of the seed of the see
Note, Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. ### If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1). ### Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). ### Part II if you have already been granted an automatic 3-month extension of Time. Only file the original (no copies needed). ### Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). ### Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). ### ECONOMY DATA FOUNDATION ### Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). ### ECONOMY DATA FOUNDATION ### Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). ### ECONOMY DATA FOUNDATION ### Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). ### ECONOMY DATA FOUNDATION ### Additional (Not Automatic) 3-Month Extension on a previously file original (no copies needed). ### ECONOMY DATA FOUNDATION ### Additional (Not Automatic) 3-Month Extension on a previously file original (no copies needed). ### ECONOMY DATA FOUNDATION ### Additional (Not Automatic) 3-Month Extension of Form 1041-A. ### Form 1041-A. ### Form 990-BL
Part II
Name of Exempt Organization Concoming the extended like date for limits the like for limits the like for limits the limits like for like for like for like for like for like for like for like for like for like for li
ECONOMY DATA FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 2471 DEER CREEK TRAIL
ECONOMY DATA FOUNDATION 42-1152386
Number, street, and room or suite no. If a P.O. box, see instructions. 2471 DEER CREEK TRAIL City, town or post office, stee, and ZIP code. For a foreign address, see instructions. URBANDALE TA 50323-2100 Check type of return to be filed (File a separate application for each return): Form 990 Form 990-BL Form 990-Form
2471 DEER CREEK TRAIL City, town or post office, state, and ZIP code. For a foreign address, see instructions.
titing the etum. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. TA 50323-2100
clift, town or post office, state, and ZIP code. For a foreign address, see instructions. INBANDALE
Form 990-BL Form 990-PF Form 990-BL Form 990-T (trust other than above) Form 990-EZ Form 990-T (trust other than above) Form 990-EZ Form 990-T (trust other than above) Form 990-EZ Form 990-T (trust other than above) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 5227 Form 990-EZ
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 8870 Form 990-EZ Form 990-T (trust other than above) Form 5227 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of HARRINGTON K MASON Telephone No. 515-270-0988 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization is for part of the group, check this box If this is on a detail members the extension of time until 11/15/10 For calendar year 2009, or other tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Group Initial ret
Form 990-EZ Form 990-T (trust other than above) Form 5227 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ HARRINGTON K MASON Telephone No. ▶ 515-270-0988 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box
The books are in the care of ► HARRINGTON K MASON Telephone No. ► 515-270-0988 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is or the whole group, check this box If this for part of the group, check this box If the names and EINs of all members the extension is for. I request an additional 3-month extension of time until 11/15/10 For calendar year 2009, or other tax year beginning If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period The this tax year is for less than 12 months, check reason: Additional time is requested to gather information to prepare a complete and accurate return. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any
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A STATE OF THE PROPERTY OF THE
amount paid previously with Form 8868.
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). See instructions. 8c \$ 0
Signature and Verification
Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and that I am authorized to prepare this form
Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and that I am authorized to prepare this form Index penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, Index penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, Index penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, Index penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, Index penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, Index penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, Index penalties of penaltie

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11/11/2010 12:51 PM		Charitable Purpose	0		Charitable Purpose	
	ting Fees	Adjusted Net		Kes	Adjusted Net	
Federal Statements	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment		F, Part I, Line 18 - Tax	Investment \$ 225	6 6 7 7
		Total		Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	Total	C77 &
20515 ECONOMY DATA FOUNDATION 42-1152386 FYE: 12/31/2009	Statemer		indirect Accounting fees Total	7S	Description Indirect Taxes/Licenses	тотал

20515 ECONOMY DATA FOUNDATION

42-1152386

Federal Statements

FYE: 12/31/2009

Statement 3 - Form 990-PF, Part II, Line 13 - Other Investments

Description

	 Beginning of Year	_	End of Year	Basis of Valuation		Fair Market Value
MUTUAL FUND INVESTMENTS	\$ 88,885	\$	88,885	Cost	\$	51,616
COMMON STOCK INVESTMENTS	 211,206	_	195,077	Cost	_	351,768
Total	\$ 300,091	\$_	283,962		\$_	403,384

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