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# Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

<u>A</u>	For the	he 2009 ca	alendar	year, or tax year beginning $\mathtt{July}\ 1$ , 2009, and endi	ng June	30	<b>, 20</b> 10
В	Check if	applicable	Please	C Name of organization Black Hawk Economic Deve	lopment	D Employ	yer identification number
		s change	use IRS	Doing Business As		42-11	L14803
	Name o		print or	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telepho	one number
	Initial re		type. See	3835 W 9th St		319-2	235-2960
	Termina		Specific	City or town, state or country, and ZIP + 4		-	
			Instruc- tions.	Waterloo IA 50702		C	te
		ed return	E Nan	ne and address of principal officer Lyle Taylor, Pres	-	G Gross re	
<u> </u>	Application	on pending			H(a) is this	a group return	for affiliates? Yes XNo
	7			rloo IA	H(b) Are	all affiliates i	included? Yes XNo
		empt status		01(c) (4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	If "N	o," attach a	list (see instructions)
				ed.org	H(c) Group	exemption num	
				oration ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formal	tion 1983	M State of	f legal domicile Iowa
Pa	art I	Summ	ary				
	1	Briefly de	scribe	the organization's mission or most significant activities	•		
•		Econo	mic	Development Loans			
2							,
E							
Š	2	Chack this	hov b [	If the organization discontinued its operations or disposed of more than 25%	of its not asset		
Activities & Governance				, ,			a
•ජ ග				g members of the governing body (Part VI, line 1a)		. 4	<u>9</u> 9
ij				pendent voting members of the governing body (Part VI, line 1b	o)	·	<u>9</u> 7
<b>₹</b>				employees (Part V, line 2a)		. 5	
ĕ				volunteers (estimate if necessary)		. 6	0
	7a	Total gros	ss unre	lated business revenue from Part VIII, column (C), line 12.		. 7a	
	b	Net unrel	ated bu	ısiness taxable ıncome from Form 990-T, line 34	<u>, , , , , , , , , , , , , , , , , , , </u>	. 7b	
				· ·	Prior Y	ear	Current Year
0	8	Contributi	ions an	d grants (Part VIII, line 1h)		0	0
Revenue				revenue (Part VIII, line 2g)		0	0
ě				me (Part VIII, column (A), lines 3, 4, and 7d)		16796	11287
œ	11	Other rev	enue (l	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33811	2563616
	12	Total reve	nuea	dd lines 8 through 11 (must equal Part VIII, column (A), line 12 )		00607	2574903
					20	0	2374703
	l			ar amounts paid (Part IX, column (A), lines 1–3)		<del></del>	
v				or for members (Part IX, column (A), line 4)	21	50123	200007
Expenses				mpensation, employee benefits (Part IX, column (A), lines 5-10)	23	20123	289087
ē	16a	Professio	nal fund	draising fees (Part I) (A) (Imp (A) (Imp 11e)		$\longrightarrow$	0
Ä				expenses (Part <del> X, column (D), line 25)</del> ▶			
				(Part IX, column (A), lines 11a-11d, 11674f)		15802	2251446
				Add lines 134 (must equal Partix, copinn (A), line 25)		65925	<u>2540533</u>
	19	Revenue I	less exp	penses. Subtract line 18 from line 12		34682	34370
5 65				OGDEN, UT	Beginning of Cu	rrent Year	End of Year
sets	20	Total asse	ets (Pa	rt X, line 16).	3479	99551	33303102
A B				Part X, line 26)	3186	65743	30334924
Net Assets or Fund Balances				nd balances. Subtract line 21 from line 20		33808	2968178
	rt II		ature E			, 0 0 0 0	
⋝	-	Under per	nalties of	perjury, I declare that I have examined this return, including accompanying sched	fules and staten	nents and to	the best of my knowledge
-		and belief	, it is true	e, correct, and complete Declaration of preparer (other than officer) is based on	all information	of which pre	parer has any knowledge
∾ Sig	n		۔ '۔	$\mathcal{L}_{\mathcal{O}}$	1	10-15	<b>-10</b>
L	70	Signa	iture of o	My V Toylor	Date		
HE.	- C	, Oigill		vie D. Taylor, President	Date	3	
Z							
<u> </u>		Гуре	or print n	name and title			
		Preparer's		Date Ch	neck if		lentifying number
Hei ON CHINAIN		signature	•		nployed ▶ 🔲	(see instruction	ons)
Din	arer's	1_		(MA/N) \\/\n\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		P00556	6907
\( Ji		Firm's nan		Keith Oltronge CPA PC	EIN		0852927
nãē	Only	if self-emp address, a		210 2			-984-5292
Mar	the l	<del></del>		return with the preparer shown above? (see instructions)	Prione no	, - 313	
· v i a )	C I	TO GISCU	22 11112	ictorii wiai tile preparer shown above? (see instructions)			. 🗌 Yes 🗌 No

Pai	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:  Loan processing and collection for economic development loans.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 2540533 including grants of \$ ) (Revenue \$ )
	Loan processing and collection for economic development loans.
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 2540533

Pa	rt 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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	Х
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 similar funds or 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		х
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		+ ;	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	·	ا الله الله الله الله الله الله الله ال	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		الله والمراجعة المحاجمة المراجعة	***
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Х	,
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	,		
13 14a	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule $E$ Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
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 located outside the United States? If "Yes," complete Schedule F, Part II.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities 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		Х

Fal	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a	_	x
b	Is the organization 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	25b		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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	X X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х_	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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? <i>If "Yes," complete Schedule R, Part I</i>	33		х
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		x	

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			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	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	_ X	
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		,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	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.	,	• • • • • • • • • • • • • • • • • • •	hit actions a
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	N	A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N	Α
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	90		v
a	Did the organization make any taxable distributions under section 4966?	9a 9b		X
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
a a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		٠	,
12a h	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.	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b		}	[	
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		1	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
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		х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		`	
	the year by the following	<u>`</u> ~	-	
	The governing body?	8a	<u>x</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1	İ	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	tion B. Policies (This Section B requests information about policies not required by the Int	ernal		
Rev	renue Code )		<del></del>	T
		40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		
	form?		<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		<u> </u>
12a	,	124	<u>x</u> _	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		x
	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	Х	T
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			· '
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			L i
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	ļ		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			••••
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 for public inspection. Indicate how you make these available. Check all that apply.			
	Own website  Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization. ► Steve Brustkern, 3835 W 9th St, Waterloo IA 50702			

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee.  (A) (B) (C) (D) (E) (F)										
(A) Name and Title	(B)	D	/-	•	-,	46-4	-6.5	(D)	(E)	(F)
Name and Tide	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Lyle Taylor, President Waterloo IA	7	х		х				0	0	C
Brian Quirk, Vice President Waterloo IA	5	х		х				0	0;	0
Barbara Krizek, Sec/Treas Waterloo IA	5	х		х				0	0	C
Bob Krogh, Director Waterloo IA	1/2	х						0	0	C
Don Page, Director Waterloo IA	1/2	х						0	0	O
Tahirah Elliott, Director Waterloo IA	1/2	х						0	0	
Lorie Dolan, Director Waterloo IA	1/2	х						0	0	C
Carol Jahnke, Director Waverly IA	1/2	х						0	0	C
Tony Thompson, Director Waterloo IA	1/2	х						0	0	C
Steve Brustkern, Exec Dir La Porte City IA	40				х			132000	0	C
									,	
		_								
										-
							-			

Part V	Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employees	(continue	d)
	(A)	(B)			•	C)	_	(D)		(E)		(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from relate organizatior (W-2/1099-MI	n am d comp SC) fro orga and	timated ount of other ensation om the anization irelated nizations
		-										
						L						
						_						
						_						
1b To	tal						•	<b>•</b>	132000		0	0
2 To	tal number of individuals (including but no portable compensation from the organiza	ot limited t tion ►	o tho	se l	liste	d al	oove)	wh	o received mor	re than \$100	,000 in	
							-					Yes No
	d the organization list any <b>former</b> office							yee	e, or highest co	mpensated	3	×
4 Fo	r any individual listed on line 1a, is the secondarization and related organizations of the secondarizations of the secondarizations of the secondarizations of the secondarizations of the secondarization and secondarizations of the secondarization and secondarization and secondarization are secondarized as secondariz	um of repo	ortable	e co	omp	ens	ation				4	The Man
5 Did	d any person listed on line 1a receive rvices rendered to the organization? If "	or accrue <i>Yes." comp</i>	 comp <i>lete S</i>	ens Sch	atio	n fo le J	om a for si	ny uch		inization for	4	X
	n B. Independent Contractors											
1 Co	mplete this table for your five highest compensation from the organization.	mpensated	Inde	pen	der	nt co	ontrac	tors	that received	more than \$	100,000 o	f
	(A) Name and business add	ress	•						(B) Description of se	ervices	(C) Compen	
NONE						_						
2 To	tal number of independent contractors (in ore than \$100,000 in compensation from	cluding but the organi	t not li zatior	imıt	ed t	o th	ose li	stec	dabove) who re	eceived		Carlo

Pari	VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	ı	Membership dues 1b				
s, (	c	Fundraising events 1c				
gift Iar	t .	Related organizations 1d				
ž, <u>E</u>	l	Government grants (contributions) . 1e				
tior sr s	1 -	All other contributions, gifts, grants,				
ig st		and similar amounts not included above 1f				
Contributions, and other simi	g	Noncash contributions included in lines 1a-1f: \$	1			
<u>Ş</u> ₽	h	<b>Total</b> . Add lines 1a–1f	0			;
e		Business Code				
Service Revenue	2a					
8	b					
vice	С					
Ser	d					
E .	е					
Program	f	All other program service revenue .				
	g	<b>Total</b> . Add lines 2a–2f	0			<u> </u>
	3	Investment income (including dividends, interest, and	11007	11007		
		other similar amounts) ▶	11287	11287		
	4	Income from investment of tax-exempt bond proceeds	1007076	1007076		
	5	Interest from Notes Receivable .	1827876	1827876		
	_	(i) Real (ii) Personal	-			ļ
		Gross Rents	-			
		Less rental expenses Rental income or (loss) 21000 0	4			l ,
		Nick rental income on discard	21000	21000		
		() () () () () ()	21000	21000		,
	7a	Gross amount from sales of assets other than inventory	1			ı
	L		1			,
	D	Less cost or other basis and sales expenses .				,
	c	Gain or (loss) 0 0	1 [			ŀ
		Net gain or (loss)	0			,
e e		Gross income from fundraising				
	va	events (not including \$	:			
Š		of contributions reported on line 1c).				1
œ		See Part IV, line 18 a	}			
Other Rever	b	Less: direct expenses b	]			,
ŏ	C	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities.				
İ		See Part IV, line 19 a			'	1
ļ		Less direct expenses b				
ļ	С	Net income or (loss) from gaming activities ▶	0	<del></del>		
ľ	10a	Gross sales of inventory, less				1
Ì		returns and allowances a				ı
		Less cost of goods sold b	·			n=
}	<u>_</u>	Net income or (loss) from sales of inventory	U			
}			30000	306306		-
J		service/origin fees	306380	306380	- ·	
	Þ	miscellaneous overhead	35360	35360		
	C		373000	373000		
		All other revenue	71 47 40		<del></del>	
		<b>Total.</b> Add lines 11a–11d ▶	714740	0551655		<u>'</u>
	12	Total Revenue. See instructions	2574903	2574903		

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	o not include amounts reported on lines 6b, b, 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							
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	132000	132000					
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	123523	123523					
8	Pension plan contributions (include section 401(k)							
9	and section 403(b) employer contributions) Other employee benefits	12635	12635					
10	Payroll taxes	20929	20929					
11	Fees for services (non-employees):							
а	Management							
b	Legal	25600	25600					
С	Accounting	4200	4200		<del></del>			
	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
	Other	255	25.53		· · · · · · · · · · · · · · · · · · ·			
12	Advertising and promotion	2553 17656	2553					
13	Office expenses		17656					
14	Information technology							
15	Royalties	18964	18964		·			
16	Occupancy	13975	13975					
17	Travel	13373	13913					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		:					
19	Conferences, conventions, and meetings .	2229	2229					
20	Interest	1674123	1674123					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	5125	5125					
23	Insurance	41681	41681					
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	Bad debt	42000	42000					
b	Professional dues	4415	4415					
С	overhead mgmt allocation	373000	373000					
d	Repairs & maintenance	9996	9996					
е	Miscellaneous	15929	15929					
of f	All other expenses	0540533	05.405.00					
25 26	Total functional expenses. Add lines 1 through 24f  Joint Costs. Check here ▶ ☐ if following	2540533	2540533		<del></del>			
20	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation	2540533	2540533					

Part X **Balance Sheet** (B) End of year (A) Beginning of year Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Notes and loans receivable, net inventories for sale or use . . . . . . . Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D Less accumulated depreciation . . . 10b 10c Investments—publicly traded securities . . . Investments-other securities. See Part IV, line 11 Investments-program-related. See Part IV, line 11 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Liabilities Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Secured mortgages and notes payable to unrelated third parties . . Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here ▶ 🛛 and Balances complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances 

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990   Cash   Accrual   Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	х	

Form **990** (2009)

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

20**09** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

		Hawk Economic Development Inc		42-1114803
	it I		- Other Circles Eu	
L G		Organizations Maintaining Donor Advised Funds of the organization answered "Yes" to Form 990, Part IV	ir Other Similar Ful 7 June 6	nds or Accounts. Complete i
		(a) Donor advise		(b) Funds and other accounts
	Tatal		,d 101100	(2) and and one assessme
1		I number at end of year		
2		regate contributions to (during year)		
3		regate grants from (during year) .		<del></del>
4		regate value at end of year		
5	funds	he organization inform all donors and donor advisors in writing s are the organization's property, subject to the organization's	exclusive legal control	?   Yes
6	used	he organization inform all grantees, donors, and donor advisor only for charitable purposes and not for the benefit of the dor ose conferring impermissible private benefit?	nor or donor advisor, o	or for any other
Par	t II	ose conferring impermissible private benefit?  Conservation Easements. Complete if the organization	answered "Yes" to F	Form 990 Part IV line 7
1		ose(s) of conservation easements held by the organization (chairs) reservation of land for public use (e.g., recreation or pleasure		of an historically important land area
		reservation of faile for public use (e.g., recreation of pleasure,	·	of a certified historic structure
		reservation of open space	☐ Freservation (	or a certified historic structure
2		plete lines 2a through 2d if the organization held a qualified cor	servation contribution	in the form of a conservation
-		ment on the last day of the tax year	iscivation contribution	in the form of a conscivation
		,		Held at the End of the Tax
а	Total	number of conservation easements		2a
b		acreage restricted by conservation easements		
C		ber of conservation easements on a certified historic structure		[ _ ]
d		ber of conservation easements included in (c) acquired after 8	· · ·	• • • • • • • • • • • • • • • • • • • •
_		• • • • • • • • • • • • • • • • • • • •		
3		ber of conservation easements modified, transferred, released ax year ►	, extinguished, or term	inated by the organization during
4		ber of states where property subject to conservation easemen	t is Incated >	
5		the organization have a written policy regarding the periodic		
Ŭ		tions, and enforcement of the conservation easements it holds		- ()
6		and volunteer hours devoted to monitoring, inspecting, and er		
•	_		more and a contraction of	successions during the year
7		unt of expenses incurred in monitoring, inspecting, and enforci	no conservation easer	ments during the year
•	▶\$		g contained case.	g are year
8	Does	each conservation easement reported on line 2(d) above sati	sfy the requirements c	of section
•		n)(4)(B)(i) and section 170(h)(4)(B)(ii)?	-	
9		art XIV, describe how the organization reports conservation ea		
_		nce sheet, and include, if applicable, the text of the footnote to		
		rganization's accounting for conservation easements.		
Par	t III	Organizations Maintaining Collections of Art, Histori		ther Similar Assets.
		Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8	
1a	art, hi	organization elected, as permitted under SFAS 116, not to re istorical treasures, or other similar assets held for public exhibit	ion, education, or rese	earch in furtherance of public serv
	provid	de, in Part XIV, the text of the footnote to its financial stateme	nts that describes thes	se items
b	histor	organization elected, as permitted under SFAS 116, to report rical treasures, or other similar assets held for public exhibition de the following amounts relating to these items:	in its revenue stateme n, education, or resea	ent and balance sheet works of a arch in furtherance of public serv
	(i) R	evenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) As	ssets included in Form 990, Part X		<b>&gt;</b> \$
2	If the	organization received or held works of art, historical treasure ving amounts required to be reported under SFAS 116 relating	es, or other similar as	
а		nues included in Form 990, Part VIII, line 1		<b>▶</b> \$
		ts included in Form 990, Part X		

Schedule	D	(Form	990)	2009

Page 2

Pa	rt III Organizations Maintaining	Collections	of Art, H	listorica	al Treasure	es, or	Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and	other reco	ords, che	eck any of the	he folio	owing that are a	significant use of its
а	Public exhibition		d	ι	oan or exc	hange	programs	
b	Scholarly research		е					
C	Preservation for future generations				•••••	•••••	***********	
4	Provide a description of the organization Part XIV.	n's collections	and expl	ain how	they further	r the o	rganızation's ex	empt purpose in
5	During the year, did the organization solici assets to be sold to raise funds rather than	t or receive do n to be mainta	nations o	f art, hist art of the	oncal treasu	ires, or n's coll	other similar ection?	. Yes No
Pa	rt IV Escrow and Custodial Arrai	ngements. Count on Form	omplete 990, Pa	ıf the or	ganization 21	answe	ered "Yes" to F	orm 990, Part
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or otl	her intern	nediary f	or contribut	ions oi	other assets n	ot
b	If "Yes," explain the arrangement in Part	XIV and con	nplete the	followin	g table.	_		
						<u> </u>		Amount
c	Beginning balance					. —	С	
d	Additions during the year					. 1	ď	
е	Distributions during the year					• —	е	
f	Ending balance					. 1	f	
<u>b</u>	Did the organization include an amount If "Yes," explain the arrangement in Part	XIV.						
Pai	rt V Endowment Funds. Comple			-				
	(a	) Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance							
þ	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of the	year end bal	ance held	l as:				
а	Board designated or quasi-endowment							
b	Permanent endowment ▶	%						
C	Term endowment ▶ %							
3a	Are there endowment funds not in the pos	session of the	e organiza	ation that	are held ar	nd adm	unistered for the	<u></u>
	organization by:							Yes No
	(I) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of	itions listed a	s required	on Sch	edule R?			. 3b
Par						2-4 V	line 40	
I GI								· · · · · · · · · · · · · · · · · · ·
	Description of investment	(a) Cost or oth (investm			st or other s (other)		Accumulated depreciation	(d) Book value
1a	Land				80000			80000
b	Buildings				203220		2927	200293
С	Leasehold improvements							
d	Equipment				32088		17433	14655
	Other	L		<del></del>				<del></del>
rota	I. Add lines 1a through 1e (Column (d) must	equal Form 9:	90, Part X	, column	(B), line 10(	(c)).	• 1	294948

Part VII Investments—Other Secur	ities. See Form 990, Part X, I	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		·
•••••••••••••••••••••••••••••••••••••••		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	ated. See Form 990, Part X, I	ine 13
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) book value	Cost or end-of-year market value
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990,		
Interest receivable	(a) Description	(b) Book value 25864
incerest receivable		25864
Total. (Column (b) must equal Form 990, Part X,	col (B) line 15 )	▶ 25864
Part X Other Liabilities. See Form 9		2300
1. (a) Description of liability	(b) Amount	
ederal income taxes		
Debentures	29703801	
	<del></del>	
		•
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 29703801	

Door	
Page	-

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	7
7	Prior period adjustments	8
8	Other (Describe in Part XIV.)	9
9 40	Total adjustments (net) Add lines 4 through 8	10
10 Dat	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	
		1 1
1	Total revenue, gains, and other support per audited financial statements	
a	Net unrealized gains on investments	
ь	Donated services and use of facilities	7
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	7
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV.)	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	[ ]
а	Donated services and use of facilities	-
b	Prior year adjustments	<b> </b>
C	Other losses	-
d	Other (Describe III Talk XIV)	
e	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a	
a	Three attricts experied a front mode and form obe, if are trin, into the	┦ [
b	Other (Describe in Part XIV)	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	t XIV Supplemental Information	
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.	

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		• • • • • • • • • • • • • • • • • • • •
		•••••
		•••••
· · · · · · · · · · · · · · · · · · ·		

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Name of the organization Black Hawk Economic Development Inc Employer Identification number

42-1114803

Part I	Excess Benefit Transactions Complete if the organization answer									, line	40b			
										(c) Corrected?				
	(a) Name of disqualified person				(b)	Description of	transaction					Yes	No	
				<u> </u>			·						<del></del>	
			-											
												ļ	ļ	
unde	er the amount of tax imposed on the section 4958									•		·		
Part II	Loans to and/or From Interes Complete if the organization an			on Form 99	0, Part I\	√, line 26,	or Form 9	990-E	Z, Pa	rt V, I	line 3	8a.		
(a) Na	ame of interested person and purpose		to or from inization?	(c) On principal		(d) Balance due		(e) in default?		e) In default? (f) Approv by board committee			vntten ment?	
		To From						Yes No		Yes	No	Yes	No	
		-				-								
							<del></del>					<del></del>		
		1												
		<u> </u>												
Total .					. > \$	1		4		MAX				
Part III	Grants or Assistance Benefit	_												
	Complete if the organization an						1							
	(a) Name of interested person	(b) Re	elationship	p between interested person and the organization			(c) Amount and type o				assistance			
		1												
Part IV	Business Transactions Involv						<del>1</del>				•			
	Complete if the organization an	swered	"Yes" o	n Form 99	0, Part I	/, line 28a,	28b, or	28c						
(a) f	Name of interested person			on and the tran		(c) Amount of transaction (c		(d) Description of transaction				organi	aring of zation's nues?	

Sharholders are

Exec Dir is the registered

the President

agent.

6615

the spouse of the Exec Dir & daughter of

rent

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

The corporation is the controlling entity.

RB Properties Inc

Midwest Renewable

Capital LLC

Schedule L (Form 990 or 990-EZ) 2009 during the current fiscal year.

operation agreement

0 Entered into an

Yes

No

Х

Χ

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Employer identification number

Black	Hawk Economic Development Inc	42 <u>-1114803</u>
Part V	I, Section B: Policies	
11a	Form 990 is reviewed by the board before it is	filed.
12c	Disclosure is monitored on an ongoing basis. C	lients are
	required to disclose conflicts per the applica	tion and in
	the loan agreement. Staff also looks for confl	icts.
••••		
		••••••
		•
		••••••
	•••••••••••••••••••••••••••••••••••••••	
	······································	
	······································	

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No	1545-0172
20	09

Department of the Treasury

Attachment 67

	(2) a base of service (99)		separate instructions		Attach to yo		eturn.	<del></del>	quence No 01
		lack Hawk		-	hich this form rela			1	ying number
	nomic Devel				evelopme	nt 1	oans	42-	1114803
Pal			ertain Property Un			amala	to Port I		
_			ted property, comp					1 4 1	\$250,000
			ions for a higher limit					1	\$250,000
_			laced in service (see	•				2	000 000
3			erty before reduction					3	\$800,000
5			e 3 from line 2. If zero otract line 4 from lin					4	
3		•				şı -U	ii mamed ming	_	
6						<u>.</u>	(a) Floated cost	5	
•	(a) D	escription of propert	у	(b) Cost (busi	ness use only)	_	(c) Elected cost		
		· · · · · · · · · · · · · · · · · · ·		<del>-</del>		_	<del></del>		
7	Listed was not by Est			L	<del></del>		<del></del>		
_			rom line 29						0
8			operty. Add amounts					8	
9			ller of line 5 or line 8					9	
10	•		from line 13 of your 2					10	<del></del>
11			maller of business incor	•			•	11	0
			ld lines 9 and 10, but				·	12 0	
			o 2010. Add lines 9 a			13		<u> </u>	
			for listed property. Ir			4 1	d - 1 - 4 - d	L. \ (O	
	<del></del>	<del></del>	lowance and Othe	<del></del>	<del></del>			ty.) (Si	e instructions
14			qualified property (otl						
4 ==	during the tax year						• • • • • • • • • • • • • • • • • • • •	14	
			) election					15	
			6)					16	
Par	III MACRS De	epreciation (L	Oo not include liste		(See instruc	ctions.	)		
47	MACDO deductions	for cooping plan		Section A	- h - f 200			47	2358
			ed in service in tax ye ssets placed in servi				or more general	17	
10			placed iii servi			o one (			
	Section E	3—Assets Plac	ed in Service During	2009 Tax Y	ear Using the	e Gene	ral Depreciation	Syste	m
		(b) Month and year	(c) Basis for depreciation	(d) Recovery					
(a) (	Classification of property	placed in service	(business/investment use only—see instructions)	period	(e) Convention	۱ ۱	(f) Method	(g) De	preciation deduction
19a	3-year property	301100	Olly see matractions)			_			
b	_	1	4588	5yrs	HY	_	S/L		382
	<del></del>	†	4555		HY			<del>                                     </del>	214
	10-year property	, ,		1720		_		<del>                                     </del>	
	15-year property	1	<del></del>					<del> </del>	
	20-year property	1				<del>-  </del>			
	25-year property	1	<del></del>	25 yrs.			S/L		
	Residential rental	<del></del>	<del></del>	27.5 yrs.	MM		S/L	<del> </del>	
"	property		<u> </u>	27.5 yrs	MM		S/L		
	Nonresidential real	2-10	194009		MM		S/L	<del> </del>	2073
•	property	2-10	9211	39yrs	MM		S/L		98
		1	d in Service During			Altorn		- Sugi	
20-	Class life	-Assets Flace	In Service During	ZUUS TAX TE	ar Using the	Aitema		n Syst	lein
		1	<del></del>	12	<u> </u>	-	S/L		
	12-year	<del> </del>	<del> </del>	12 yrs	RAR4		S/L		<del></del>
	40-year	(Coo !		40 yrs.	M <sub>M</sub>		S/L		
		(See instructio	<del></del>					T T	
	Listed property. Enti						- 04	21	<del></del>
44	and on the appropri	nom ine 12, line ate lines of your	es 14 through 17, line return. Partnerships	s 19 and 201	n column (g),	and lin	e ∠1. Enter here		5125
23	For accete chown a	are littles of your	return, Partnersnips ed in service during t	anu o corpor he current un	auviissee ii ar antar tha	ISITUCII	ons	22	3123
23			ection 263A costs			23			
	P 11011 0. 1110 Daolo					1 23		ľ	

orm	4562 (2009)														Page 2
Pa	rt V Listed	Property (Ir	nclude au	tomobi	les, certa	in other	vehic	eles, c	ellular	telepl	nones	, ce	rtain coi	nputer	s, and
	proper	ty used for en	tertainme	nt, recr	eation, or	amuser	nent)			•				•	
	Note: F	or any vehicle f	or which yo	ou are us	ing the sta	andard mi	leage r	ate or c	deducti	ng leas	expe	nse, i	complete	only 2	4a, 24b,
	column	s (a) through (c	) of Section	n A, all c	of Section	B, and Se	ection C	of app	licable						
	Section A-	-Depreciation	and Other	Inform	ation (Ca	ution: Se	e the in	structi	ons for	limits fo	or pass	senge	er automo	biles.)	
24	Do you have evic	dence to support t	he business	/investme	ent use clair	ned? Y	es N	o 2	4b If "\	Yes," is t	ne evid	ence	written?	Yes	No
	(a)	(b)	(c)				e)		(f)	1	g)		(h)		 (i)
Тур	pe of property (list vehicles first)	Date placed in service	Business/ investment use percentage		(d) other basis	Basis for o (business use		ent   K	ecovery period	Me	hod/ ention		epreciation deduction	Elected	d section cost
25	Special depred								g the						
		sed more than 5				se (see ır	nstructi	ons)			25	1_		<u> </u>	
26	Property used	more than 50%	ın a qualıf	ied busi	ness use	.,-			_						
			%	ļ <u> </u>						<u> </u>		<u> </u>			
			%												
			%												
27	Property used	50% or less in a	a qualified	busines	s use:										
			%							S/L -					
			%							S/L -		Ţ			
			%							S/L -					
28	Add amounts i	n column (h), lir	nes 25 thro	ugh 27.	Enter here	e and on l	ine 21,	page	1		28			7	
	Add amounts i			_									29		
	·				B-Inform										
	plete this section ur employees, firs		ed by a sole	e proprie	tor, partner	, or other	"more 1	than 5%	% owne					ovided	vehicles
	Total business/i			(a)		(b)	1	(c)	, p. 13	(d)			(e)		f)
-		ear (do not ii		, .				hicle 3	1 ' '			Vehicle 5		Vehicle 6	
	commuting miles	•					1								
31	Total commuting m	•	ne year												
	Total other per		· -												
	miles driven		•								1		l		
33	Total miles drive	en during the yea	ar Add												
	lines 30 through	32													
34	Was the vehicle	available for pe	ersonal	Yes I	No Yes	s No	Yes	No	Ye	es N	0 ,	Yes	No	Yes	No
	=	ity hours?	<b></b> -												
35	Was the vehicl more than 5% ov	le used primarily wner or related pe													
36	Is another vehicuse?	le available for pe	l l							ĺ					
		Section C-Q		or Emp	loyers Wh	o Provid	e Vehi	cles fo	or Use	by The	r Emp	loye	es		
	wer these questo than 5% owne					complet	ing Sed	ction B	for veh	nicles us	ed by	emp	loyees w	no <b>are</b>	not
	Do you mainta					all persor	nal use	of ve	hicles.	ıncludir	g con	muti	ing, by	Yes	No
	your employee				•	•							• •		
38	Do you mainta	ain a written pol se the instruction											y your		
39	Do you treat al												· · · · · · · · · · · · · · · · · · ·		
	Do you provide			-									) <del>-</del>		
70		cles, and retain							•		•		out the		
41	Do you meet th												`		
	-	nswer to 37, 38	-						•		•		· · · · · · · · · · · · · · · · · · ·		
Par		ization	, 00, 10, 0		00, 00 770	compio	.0 0001	1017 10 1	01 210 0	000000	V011101				
لنح	Allor		/-								(e)		<u> </u>		
	(a) Description (	of costs	Date amo	rtization	Amort	(c) zable amou	nt	Cod	(d) le section	) [	mortizat period d	οr	Amortiza	(f) tion for th	nis year
42	Amortization of	fichets that head	ns during y	/OUR 200	Q fay year	(see inst	ruction	c).			ercenta	ye	L		
74	/ WHO WEARON O	wata mar begi	113 Guilling	7001 200	Lan year	(355 11131	uction	<u></u>			··· <u> </u>		<u> </u>		
			-			<del>-</del>						_			

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f) See the instructions for where to report .

43 44