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# Form **990**

Department of the Treasury Internal Revenue Service

# 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)

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

2009
Open to Public Inspection

A F	or th	e 2009 calendar year, or tax year beginning $$ OCT $1$ , $$ $2009$ $$ and ending	SEP 30, 2010	
B	heck if	INSCRED DE LE	D Employer identifi	cation number
<u> </u>	Addr	ge print or CORPORATION		
Ļ	]Name	Doing Business As	42-1	150060
<u> </u>	]Iniba returi	Number and street (or P O box it fillall is not delivered to street address)   Room/s		
느	Term	Instruct 1100 HISTORIC FOURTH STREET 201	712-	<del>279-6430</del>
느	Amer	Oity or town, state or country, and zir + 4	G Gross receipts \$	755,762.
L.	Appti tron pend		H(a) Is this a group re	
	pena	F Name and address of principal officer: ADNNETH BEEKLET	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	·
		tempt status: X 501(c) (4 ) ◀ (Insert no.) 4947(a)(1) or 527	1	list. (see instructions)
		ite: WWW.SIOUXLANDEDC.COM	H(c) Group exemptio	
			Year of formation 1979 N	A State of legal domicile 1A
	rt [	Summary  Briefly describe the organization's mission or most significant activities: TO FURTH	ED THE ECONOM	TC
Activities & Governance	1	DEVELOPMENT OF THE SIOUXLAND AREA THROUGH TH		
nar	,	Check this box If the organization discontinued its operations or disposed of r	· · · · · · · · · · · · · · · · · · ·	
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 3	25
•ŏ ჟ	5	Total number of employees (Part V, line 2a)	5	5
iţi	6	Total number of volunteers (estimate if necessary)	6	0
cţ	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		The same section to the same section of the section	Prior Year	Current Year
o)	8	Contributions and grants (Part VIII, line 1h)	7 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Ž	9	Program service revenue (Part VIII, line 2g)	627,829.	693,075.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,673.	34,686.
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6.	28,001.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	682,508.	755,762.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	, , , , , ,	45,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	381,076.	332,196.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ďx.	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), times 173-114, 144, E	305,906.	308,564.
	18	Total expenses. Add lines 13-17 (must equal Part-IX; column (A), line 表)	686,982.	685,760.
	19	Revenue less expenses. Subtract line 18 from line 12 a 2014	-4,474.	70,002.
Net Assets or Fund Balances		AUG I 6 ZUII 1229	Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	2,521,623.	2,625,955.
at As	21	Total liabilities (Part X, line 26)	399,352.	433,682.
Ž교	22	Net assets or fund balances Subtract line 2 Horri line 20	2,122,271.	2,192,273.
Pa	rt II	Signature Block		
V		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statems and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowledge edge	ge and belief, it is true, correct,
le)		1. v 15 - 1 / / / /	11.0/1	1/11
Sigr		Signature of officer	Dath	7.11
∰ler	9	1	Date	
		KENNETH BEEKLEY, EXECUTIVE VICE PRESIDENT Type or printmenne and title	·	
$\bigcirc$	_		Chook if Propos	or a identifium number
系 可 可		Preparer's Signature Patty allemesius 8/10/1	Self- (see ins	er's identifying number structions)
D. 1	arer's	Firm's name (or KING, REINSCH, PROSSER & CO. L.L.P.	employed	<del></del>
))se	Only	yours if self-employed). 522 4TH STREET, SUITE 200	EIN ►	
D D		address, and ZiP +4 SIOUX CITY, IA 51101	Dhone > 7	12-258-5550
May	the l	RS discuss this return with the preparer shown above? (see instructions)	Filone no   /	X Yes No
IFICIV	UIC I	no diodese une retent wan the preparet Shown above? (See Instructions)		IANTERS I INO

Pa	rt III Stateme	nt of Program Service Acc	complishments		
1	Briefly describe the TO FURTHE	he organization's mission: ER THE ECONOMIC DE	VELOPMENT OF THE SIOUX		OUGH THE
			TING THE GROWTH AND DE	EVELOPMENT OF	
	BUSINESSE	ES			
2			am services during the year which were not	listed on	Yes X No
	the prior Form 99			•	L Yes LANo
3		these new services on Schedule (	o. nificant changes in how it conducts, any pro-	aram sen/ices?	Yes X No
•	-	these changes on Schedule O.	micant changes in now it conducts, any pro-	gram services:	L les Es INO
4		<del>-</del>	h of the organization's three largest program	services by expenses.	
			ection 4947(a)(1) trusts are required to report		
	allocations to other	ers, the total expenses, and revenu	ue, if any, for each program service reported	•	
4a		DANS TO BUSINESSES	,879. including grants of \$ TO MEET OBJECTIVES OF PMENT IN THE AREA, PRO		
			NCERNS AND STIMULATING		
	DEVELOTIE	MI OI BODINBOO CO	ACERTIC TROUBLE TROUBLE TROUBLE	DODINED OIL	21(101/11111
	_				
	<del></del>				
		<del></del>			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	_				
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				<u></u>	
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				<u> </u>	
	_				
4-	/C	) (5 A		\/D	
<b>4</b> c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	j
	_				
		<del></del>			
A ~!	Other areas ==	indoor (Doorsto in California California	<u> </u>		
4d	(Expenses \$	rvices. (Describe in Schedule O.)	s of \$) (Revenue \$	١	
 4е		including grant	567,879.		
	- atai program se	Форонава и ф		<del></del>	Form <b>990</b> (2009)

# SIOUXLAND ECONOMIC DEVELOPMENT CORPORATION

Form 990 (2009)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<u>X</u>
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		J.	
	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.			
•	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	1		
•		ľ		
_	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			ļ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12	Х	ĺ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . 12A X	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
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	<u> </u>	X
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	ļ	X
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		X
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	000	X
		Form	990 (	2009)

Part IV 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	X	ļ
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		X
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	1		
	Schedule J .	23		X
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	ŀ		1
	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	ł		
	Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 ¢	2009)

Form		120000	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
		C-2-7-1	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 . 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	5		
ь	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
ь	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
ь	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	ļ <u>.</u>	X
C	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		<u>.</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solice.	at l		
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	ļ.,,
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		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	. 7c	ļ	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	1		
	benefit contract?	. <b>7e</b>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	í		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holding	gs		
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)	<b></b>	-	1
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a	1	1

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

CORPORATION

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Page 6

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	1a		25		
b	Enter the number of voting members that are independent	1b		25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?		-	2	<u></u> .	X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4	<b> </b>	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?	-	5	<del> </del>	X
6	Does the organization have members or stockholders?			6	ļ	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the			
	governing body?		•	7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	<del> </del>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	g the year			
	by the following:				v	
а	The governing body?		• • •	8a	X	<del> </del>
b	Each committee with authority to act on behalf of the governing body?			8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	cned	at the	9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0	9	·	ΙΛ.
<u> 5ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ers affiliates	100		<del></del>
U	and branches to ensure their operations are consistent with those of the organization?	спарі	ers, armates,	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	llina th	e form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<del> </del>	1	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld aiv	· re rise			
_	to conflicts?	<b>J</b>		12b		
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		
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by ı	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	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 arrange	ment v	with a			
	taxable entity during the year?			16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-			n	1	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's			
	exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE				<u>.</u>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(501	(c)(3)s only) ava	allable for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request	andl.		hou and f	on =!=!	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	OUTUC	t of interest po	iicy, and fin	ancial	
20	statements available to the public.	nd ros	orde of the arr	anization.	•	
20	State the name, physical address, and telephone number of the person who possesses the books a KEN BEEKLEY - 712-279-6430	ilu let	Colus of the off	yamzanon:		
	1106 4TH STREET, SIOUX CITY, IA 51101				000	/OD65:
				Forr	n <b>990</b>	(2009)

932006 02-04-10

CORPORATION

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

#### 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."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)  Name and Title	(B) Average hours		(C) Position (check all that apply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	per week	individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DUSTY SMALL	1 00	v		v			-	0.	0.	0
CHAIR	1.00	Х	$\vdash$	Х			<u> </u>	0.	0.	0.
MERLE LONG	1.00	Х		Х				0.	0.	0.
VICE-CHAIR	1.00	Λ		Λ	┝		$\vdash$	0.		<u> </u>
GRANT HAIGHT	1.00	Х		Х				0.	0.	0.
TREASURER GLENN IVARSEN	1.00	Λ		Λ			$\vdash$	0.		
DIRECTOR	1.00	х						0.	0.	0.
PAM MILLER	1.00	-	-				-			
DIRECTOR	1.00	х	1					0.	0.	0.
RONALD WILL	1	<del> </del>	-	····	_	l	-			
DIRECTOR	1.00	Х		,				0.	0.	0.
GEORGE FRANGEDAKIS		T-	_	<u> </u>		<del>                                     </del>				
SECRETARY	1.00	Х		Х				0.	0.	0.
ALMA SALCIDO										
DIRECTOR	1.00	X				l		0.	0.	0.
TOM PADGETT						İ				
DIRECTOR	1.00	X						0.	0.	0.
DEAN LAFRENTZ										
DIRECTOR	1.00	X						0.	0.	0.
PAUL CLOUSING										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
KORY MENKEN	1							_	_	
DIRECTOR	1.00	Х	_	<u></u>	<u> </u>	<u> </u>		0.	0.	0.
MARK MONSON	, , ,						1		_	_
DIRECTOR	1.00	X			<u> </u>	_		0.	0.	0.
BRIAN KROLL	1								_	_
DIRECTOR	1.00	X			<u> </u>	<u> </u>		0.	0.	0.
JON WILCRE	1	,.							^	_
DIRECTOR	1.00	X	<u> </u>	_	-	├-	-	0.	0.	0.
DON KLYNSMA	1 1 00	,,						_	^	^
DIRECTOR	1.00	X	<u> </u>			├-	<del> </del>	0.	0.	0.
STEVE MARTIN	1 00	v						0.	0.	0.
DIRECTOR 932007 02-04-10	1.00	I.V.	L	L	<u> </u>	Ц_		<u> </u>	<u> </u>	Form <b>990</b> (2009)

932007 02-04-10

Form **990** (2009)

Form 990 (2009) CORPORAT									42-11	50	060	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Er	mplo	yee	s, a	nd i	ligh	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours	ge Position					ly)	(D) Reportable compensation	(E) Reportable compensation	ו	1	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		oth comper from organiz and re organiz	isation the zation lated
RANDALL KRAMER												•
DIRECTOR	1.00	X	-		<u> </u>			0.		0.		0.
GILBERT T. BREMICKER, JR.	1.00	Х						0.		0.		0.
DIRECTOR BILL WILSON	1.00	Λ						0.	· · · · · · · · · · · · · · · · · · ·	-		
DIRECTOR	1.00	Х						0.		0.		0.
RON JONES												
DIRECTOR	1.00	Х						0.		0.		0.
ERIN HOEKSTRA												_
DIRECTOR	1.00	X			<u> </u>			0.		0.		0.
ART SILVA	1 00	X				1		0.		0.		0.
DIRECTOR	1.00	^						0.		0.		
BRUCE KOLBE DIRECTOR	1.00	X						0.		0.		0.
DICK KIRCHOFF												
DIRECTOR	1.00	Х						0.		0.		0.
KENNETH BEEKLEY									-			
EXECUTIVE VICE PRESIDENT	40.00		ļ	X	<u> </u>	X	_	108,327.		0.	13,	610.
						:						
1b Total	<u></u>	1	<u> </u>	1			L	108,327.	-	0.	13,	610.
Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wi	no r	<del></del>	0,000 in reportable	9	<del>-</del>	-
compensation from the organization												1
										i	Ye	s No
3 Did the organization list any former officer,			, ke	y en	nplo	yee,	or	highest compensated er	nployee on			.,
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	the organization		4	Х
5 Did any person listed on line 1a receive or a									ices rendered to		7	
the organization? If "Yes," complete Sched	•				,	, <b>u</b> ,,,	O.G.	tod organization for dorv	1000 101100100 10		5	X
Section B. Independent Contractors												
Complete this table for your five highest co the organization.     NONE	mpensated in	depe	ende	ent o	cont	racto	ors	that received more than	\$100,000 of com	pens	ation fron	n
(A) Name and business	address					_		(B) Description of s	ean/Icas		(C) Compensa	ation
Name and business	2001033							Besonption of t	, or vices			
												<del></del>
											_	
			_					_			<del>-</del>	
								1	I			

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

CORPORATION

	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
S, S	С	Fundraising events	1c					
a jit	d	Related organizations	1d					
ž.E	е	Government grants (contribut	ions) 1e					
ar S	f	All other contributions, gifts, gran	ts, and					
ξŧ		similar amounts not included abor	ve 1f					
E P	g	Noncash contributions included in lines	1a-1f \$					
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f		<b>•</b>				
				Business Code				
ဗွ	2 a			900099	345,187.	345,187.		
و چ	b			900099	191,134.	191,134.		
S T	C			900099	79,623.	79,623.		
e a	d			900099	73,531.	73,531.		
Program Service Revenue	е	LOAN PACKAGING	FEES	900099	3,600.	3,600.		
<u>-</u>	f	• =	enue		602 075			
	9			<u> </u>	693,075.			
	3	Investment income (including	dividends, intere		24 696			24 606
ł		other similar amounts)		<b>&gt;</b>	34,686.			34,686.
	4	Income from investment of tax	x-exempt bond p	proceeds				<del></del>
	5	Royalties	<del></del>	<u> </u>				
			(ı) Real	(ii) Personal				
	6 a	•						
	b	•						
	С	• •		l				
	d	• • •		<b>D</b>			<u> </u>	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	-					
	b	Less: cost or other basis		:				
		and sales expenses	-					
	C	, ,		<b>•</b>				
		Net gain or (loss)						
Other Revenue	ва	Gross income from fundraisin including \$	•					
- Se		contributions reported on line						
Œ.		Part IV, line 18	а					
the	ь	Less: direct expenses	b					
0		Net income or (loss) from fund	draising events	<b>&gt;</b>				]
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<b>•</b>				
j	10 a	Gross sales of inventory, less	returns					
Ī		and allowances	. а					
	b	Less: cost of goods sold	b					
İ	С	Net income or (loss) from sale	s of inventory	<b></b>				
		Miscellaneous Revenu	ie	Business Code				
ĺ	11 a	OTHER		900099	28,001.	28,001.		
	ь							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b></b>	28,001.			
	12	Total revenue See instructions		<u> </u>	755,762.	721,076.	0.	
93200	9 -10		<u>-</u>					Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

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

	All other organizations must complete not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	45,000.	45,000.		
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				<del>"!!!., !!:=n"                                </del>
5	Compensation of current officers, directors,	121,937.	81,698.	40,239.	
6	trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	121,737.	01,090.	40,239.	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	160,654.	155,251.	5,403.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .	25,537.	24,201.	1,336.	
10	Payroll taxes .	24,068.	20,606.	3,462.	
11	Fees for services (non-employees):	10.600			
a	Management _	12,600.		12,600.	
b	Legal .	1,098.	1,098.	10000	
С	Accounting .	12,000.		12,000.	
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	···			-
9	Other .	0 117			<del></del>
12	Advertising and promotion	8,117.	8,117.		
13	Office expenses	17,065.	9,274.	7,791.	
14	Information technology				
15	Royalties	36,684.	24 004	12 600	
16	Occupancy	10,785.	24,084.	12,600.	-
17	Travel	10,765.	10,785.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,859.	2 050		
20	Interest	3,039.	3,859.		<del></del>
21	Payments to affiliates	16,795.	_	16,795.	
22	Depreciation, depletion, and amortization	5,655.		5,655.	
23 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 )	3,033.		3,033.	<del></del>
а	LOAN CLOSING COSTS	81,856.	81,856.		
b	PROVISION FOR LOAN LOSS	78,555.	78,555.		
c	MISCELLANEOUS	18,537.	18,537.		
d	DUES	4,359.	4,359.		
е	LOAN SERVICING EXPENSE	599.	599.		
f	All other expenses				<del>-</del>
25	Total functional expenses Add lines 1 through 24f	685,760.	567,879.	117,881.	0
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

art X	Balance Sheet	-,		
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	19,308.	1	88,244.
2	Savings and temporary cash investments	1,242,673.	2	1,410,659.
3	Pledges and grants receivable, net		3_	
4	Accounts receivable, net	35,529.	4	64,391
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
7	Notes and loans receivable, net	1,120,179.	7	972,963
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
	basis. Complete Part VI of Schedule D 10a 83,977	•		
b	50 020	41,943.	10c	25,148
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets See Part IV, line 11	61,991.	15	64,550
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,521,623.	16	2,625,955
17	Accounts payable and accrued expenses	7,229.	17	17,430
18	Grants payable		18	•
19	Deferred revenue	24,992.	19	62,430
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21	Payables to current and former officers, directors, trustees, key employees,			17711 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
00	Secured mortgages and notes payable to unrelated third parties	367,131.	23	353,822
23 24	Unsecured notes and loans payable to unrelated third parties	30771011	24	000/022
25	Other liabilities. Complete Part X of Schedule D		25	
26	·	399,352.	26	433,682
	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	333,7332.	20	1007002
07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,025,128.	27	1,076,458
27		1,023,1234	28	2/0/0/200
28	Temporarily restricted net assets	1,097,143.	29	1,115,815
29	Permanently restricted net assets	1,057,113.	25	171137313
	Organizations that do not follow SFAS 117, check here and			
	complete lines 30 through 34.		20	
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund	-	31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	2 122 271	32	2,192,273
33	Total net assets or fund balances	2,122,271.	33	
34	Total liabilities and net assets/fund balances	2,521,623.	34	2,625,955. Form <b>990</b> (2009

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Ţ	
	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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	
	•	- 20	-	
	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	1 1		
	consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			
За	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.	3ь	X	l
		Form	990	(2009)

### Schedule D

Department of the Treasury Internal Revenue Service

(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.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

SIOUXLAND ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 42-1150060

Pa	rt   Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	Impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
C	Number of conservation easements on a certified historic sti	· ·	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
_	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- ,	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7 8	Amount of expenses incurred in monitoring, inspecting, and		
0	Does each conservation easement reported on line 2(d) abort and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Ves No
9	In Part XIV, describe how the organization reports conservat	ion assaments in its revenue and expens	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	mon a mandar statements that described	the organization a accounting to
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
( <u>, , , , , , , , , , , , , , , , , , , </u>	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	SIOUXLA	ND ECONOMI	C DEVELOP	MENT					
Sche	dule D (Form 990) 2009 CORPORA	TION			_	42-1	115006	0 Pi	age 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Historical 1	reasures, o	or Other	Similar As	sets (cont	inued)	
3	Using the organization's acquisition, accessi								
	(check all that apply):	·	•	_	_				
а	Public exhibition		Loan or ex	change progra	ams				
b	Scholarly research		e Other	3 1					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	n how they further	the organization	on's avam	nt nuroose in l	Part XIV		
5	During the year, did the organization solicit o						CIT / III		
3	to be sold to raise funds rather than to be ma				ci Sililiai a	155615	Yes		No
Da	TW Escrow and Custodial Arran				e" to Form	000 Part IV II			1 140
I CRI	reported an amount on Form 990, Par		ete ii organization	answered res	5 10 101111	550, Fait IV, II	116 9, 01		
1a	Is the organization an agent, trustee, custodi		diary for contribution	ons or other as	sets not in	cluded			
•••	on Form 990, Part X?			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.0,000	Yes		No
<b>b</b>	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:				103		
U	ii les, explain the arrangement in Falt Alf	and complete the it	Mowing table.				Amoun	+	
_	Regioning belease					1c	Amoun	·	
	Beginning balance				•				
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance	000 D +V t	040		-	1f			T
	Did the organization include an amount on Fo		217				Yes	L	J No
	If "Yes," explain the arrangement in Part XIV.								
Pa	t V Endowment Funds. Complete in								
		(a) Current year	(b) Prior year	(c) Two year	rs back (c	n) Three years ba	ick (e) Four	years	back
1a	Beginning of year balance			<del></del>			<del></del>  ,		
b	Contributions			-					
C	Net investment earnings, gains, and losses			<del>- </del>		<del>''' '' ''' '</del>	<del></del>		<del></del>
d	Grants or scholarships			_				<del></del>	
е	Other expenditures for facilities								
	and programs	. <u>-</u>				····			
f	Administrative expenses .								
9	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	%	<del></del>						
С	Term endowment ▶	%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	red for the	organization			
	by:	•				-		Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations			•		•	3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?	•			3b		
4	Describe in Part XIV the intended uses of the	•		•	•				
Par	······································			0 Part X line	10	-			
1.5.353	Description of investment	(a) Cost or o		st or other		umulated	(d) Boo	k valı	
	posciption of investment	basis (investi	1 ' '	s (other)		eciation	(4) 500	i. valu	~
10	Land	4430 (1111001	503	- (201101)					
	•				•••••••				
b	Buildings			11,687.		7,654.		4,0	33
C.	Leasehold improvements			72 290		51.175.			<del>55.</del>

Schedule D (Form 990) 2009

25,148.

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

CO	DD	$\sim$	20 000	T /	
( ( )	R P	() 14	$\Delta$ .1.		<i>!</i> I N

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		<del> </del>
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuationst or end-of-year marke	
Financial derivatives				
Closely-held equity interests				
Other				
			·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶				······································
Part VIII Investments - Program Related.	See Form 900 Part Y line	<del>   </del>		
		<del>; 13.</del>	(c) Method of valuati	
(a) Description of investment type	(b) Book value	C	ost or end-of-year mark	
, and the second	-			· · · · · · · · · · · · · · · · · · ·
			. <u>-</u>	
				<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. See Form 990, Part X, III				······································
	a) Description			(b) Book value
;				.,
		<del></del> -		
	<del> </del>			
Total. (Column (b) must equal Form 990, Part X, col (B) I			<u> </u>	·
Part X Other Liabilities. See Form 990, Part	X, line 25.		<del></del> -	
(a) Description of liability		(b) Amount		., , , , , , , , , , , , , , , , , , ,
Federal income taxes				
			1	
		· · ·	╡	
		<del></del>	┪	
			+	
			-	
			4	
		-	4	
			4	
		<del></del>	_	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)		<u>                                     </u>	
2. FIN 48 Footnote. In Part XIV, provide the text of the f	ootnote to the organizatio	n's financial statemen	ts that reports the orga	nization's liability for
uncertain tax positions under FIN 48.				
932053 02-01-10	<del></del>		Schee	dule D (Form 990) 2009

Sche	dule D (Form 990) 2009 CORPORATION				50060	Page 4
Pai	* XI Reconciliation of Change in Net Assets from Form 990 to A	udited Finan	cial Sta	atements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			762.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		685,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		70,	002.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		_5			
6	Investment expenses .		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	)	10		<u>70,</u>	002.
Pa	t XII Reconciliation of Revenue per Audited Financial Statement	s With Rever	nue per	r Return		
1	Total revenue, gains, and other support per audited financial statements			1	<u>755,</u>	762.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1				
а	Net unrealized gains on investments	2a		<b>⊣</b> ∣		
b	Donated services and use of facilities	2b		_		
C	Recoveries of prior year grants	2c	<del>_</del>	_		
d	Other (Describe in Part XIV.)	2d		_		_
e	Add lines 2a through 2d .			2e		0.
3	Subtract line 2e from line 1	•		3	<u>755,</u>	762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
ь	Other (Describe in Part XIV.)	4b		_		_
C	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		•	5	/55 <b>,</b>	762.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statemen	its With Expe	nses p	er Return		7.60
1	Total expenses and losses per audited financial statements			1	685,	760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1				
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments .	2b				
C	Other losses	2c				
d	Other (Describe in Part XIV.)	2d		<b></b> }		^
е	Add lines 2a through 2d			2e	COE	0.
3	Subtract line 2e from line 1	•		3	085,	760.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1				
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		<b> </b>		
	Other (Describe in Part XIV.)	4b		- 1		0
_	Add lines 4a and 4b			4c	605	0. 760.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	685,	700.
	rt XIV Supplemental Information			41 101 1		4. D
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part IIII, lin					4; Paπ
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	te this part to pro	vide any	additional info	rmation.	
				· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·				

Employer identification number MATCHING SHARE OF FEDERAL 42-1150060 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant GRANT FOR ECONOMIC or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any DEVELOPMENT 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 25,000, (d) Amount of cash grant SIOUXLAND ECONOMIC DEVELOPMENT (c) IRC section if applicable 501(C)(6) Enter total number of section 501(c)(3) and government organizations 42-1328697 Part 1 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? CORPORATION Enter total number of other organizations 1 (a) Name and address of organization THE SIOUXLAND INITIATIVE or government SIOUX CITY, IA 51101 Name of the organization 101 PIERCE STREET Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

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Schedule I (Form 990) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Page 2

42-1150060

Schedule I (Form 990) 2009 CORPORATION

Part iii Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the	de the information	n required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: SIOUXLAND	- 1	OMIC DEVEL	ECONOMIC DEVELOPMENT IS MONITORING	MONITORING	
THE USE OF THE MATCHING GRANT PROVIDED TO THE SIOUXLAND INITIATIVE	IDED TO	THE SIOUXL	AND INITIA	LIVE BY	
ASSISTING IN AND CONDUCTING PROGRAM OPERATIONS.	M OPERAT	IONS.			

932102 02-02-10

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#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SIOUXLAND ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 42-1150060

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ASSISTING THE GROWTH AND DEVELOPMENT OF BUSINESSES.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED BY
KENNETH BEEKLEY, EXECUTIVE VICE PRESIDENT, ADAM TURNER, ASSISTANT LOAN
OFFICER, AND THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE MEETS
ANNUALLY TO REVIEW THE PERFORMANCE OF THE ORGANIZATION AND APPROVES THE
EXECUTIVE VICE PRESIDENT'S SALARY AND ANY PERFORMANCE BONUS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

1

Form 88	368 (Rev. 1·2011)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	x	<b>&gt;</b>	X
-	only complete Part II if you have already been granted an a				8868.	
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple					
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies r	needed).	
Туре о	Name of exempt organization			Emp	loyer identification	number
print	BIOOYTHIN ECONOMIC DEAFTORM	ENT				
File by the	CORPORATION			4	2-1150060	
extended due date f	Number, street, and room or suite no. If a P.O. box, s					
filing your return Se	City, town or post office, state, and ZIP code. For a fo		<del></del>			
instruction	SIOUX CITY, IA 51101					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For	•••	Code	Is For			Code
Form 99	90	01			<del>/////////////////////////////////////</del>	
Form 99	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A			08
Form 99	90-EZ	03	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec 401(a) or 408(a) trust)	05_	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already granted					
	books are in the care of $ ightharpoonup$ KEN BEEKLEY $-$ .	1106	4TH STREET - SIOUX C	ITY	, IA 51101	
Tele	phone No. ► 712-279-6430		FAX No. ▶			
<ul><li>If the</li></ul>	organization does not have an office or place of business	s in the Ur	ited States, check this box		<b>&gt;</b>	
<ul><li>If the</li></ul>	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	ıs ıs fo	r the whole group, c	neck this
box 🕨	. If it is for part of the group, check this box ▶		ch a list with the names and EINs of all	memb	ers the extension is	for.
	· '		<u>r 15, 2011                                   </u>			
	or calendar year, or other tax year beginning(			SEP	30, 2010	·
6 If	the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn	
L	Change in accounting period					
	tate in detail why you need the extension	DDDD	MO ODMATNI AGGUDAME	* N N T T	COMPT FIRE	
		JRDER	TO OBTAIN ACCURATE	AND	COMPLETE	
_	MFORMATION.					
go If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	6060 -				
	onrefundable credits. See instructions.	or occs, e	mer the tentative tax, less any	8a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	ontor onv	refundable gradite and estimated	Oa	<u>э</u>	
	x payments made. Include any prior year overpayment all	-				
	reviously with Form 8868.	owed as a	credit and any amount paid	8b	\$	0.
	alance due. Subtract line 8b from line 8a. Include your pa	wment wit	h this form if required by using	00	Ψ	
	TPS (Electronic Federal Tax Payment System). See instru		ir this form, ir required, by using	8c	\$	0.
			d Verification	1 00	Ι Ψ	
Under pe it is true.	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp		best o	f my knowledge and be	elief,
Signatur	. , , ,			Date	•	
Signatul	TILLE	<del></del>	<del></del>	שופע		

Form 8868 (Rev. 1-2011)