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Form **990-EZ** Department of the Treasury

ternal Revenue Service

Short Form
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)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

				31,	2010	
	_a _t	heck if	De C Name of organization	Employer	identification number	
		Addr	ess change THE SIOUX FALLS BUSINESS RESOURCE			
		Nam	e change NETWORK, INC.	58-2	2685646	
=	$\overline{\mathbf{x}}$	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephon	e number	
Statute clear		Term	inated 2900 W. 11TH ST SUITE 101	605-367-5260		
O O] Amer	Other and assess and assessment as a second as a s	Group Ex		
Ž		Applic	ation pending SIOUX FALLS, SD 57104	Number I	·	
Ĭ	Α	ccour		Check >		
U.	W	/ebsit		required t	to attach Schedule B	
	T	ax-ex			0, 990-EZ, or 990-PF).	
	С	heck				
	F	orm 9	190 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization cho			
			ete return.		•	
	Α	dd lın	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,			
_			column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	11,010.	
		rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ions for Pa	art I.)	
			Check if the organization used Schedule 0 to respond to any question in this Part		X	
		1	Contributions, gifts, grants, and similar amounts received	1	11,010.	
		2	Program service revenue including government fees and contracts	2		
		3	Membership dues and assessments	3		
		4	Investment income	4		
		5a	Gross amount from sale of assets other than inventory 5a			
		þ	Less: cost or other basis and sales expenses 5b			
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
		6	Gaming and fundraising events		-	
	,	а	Gross income from gaming (attach Schedule G if greater than		LISEL SILES	
į	2		\$15,000) 6a		NECEIVED	
		b	Gross income from fundraising events (not including \$ of contributions		JUN 1 3 2014	
	-		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
			gross income and contributions exceeds \$15,000) 6b		TPR BRANCH OGDEN	
		C	Less: direct expenses from gaming and fundraising events 6c	· ·		
	1	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	ļ	7a	Gross sales of inventory, less returns and allowances 7a			
			Less: cost of goods sold 7b			
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
		8	Other revenue (describe in Schedule O)	8		
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	11,010.0	
SCANNED JUL	i	10	Grants and similar amounts paid (list in Schedule 0)	10	Offe	
\$		11	Benefits paid to or for members	11	्रे तु	
Z	2	12	Salaries, other compensation, and employee benefits	12	5,445.	
		13	Professional fees and other payments to independent contractors	13		
	<u> </u>	14	Occupancy, rent, utilities, and maintenance	14	gden	
نا چے	i	15	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	15	پُ حُ	
7		16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	94.	
_	_	17	Total expenses. Add lines 10 through 16	▶ 17	5,539.	
₽===	,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,471.⊂	
2014		19	Net assets or fund balances at beginning of year (from line 27, column (A))	1.3		
2014	Ž		(must agree with end-of-year figure reported on prior year's return)	19	0. =	
~ to	į	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.0	
		21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	5,471.	
ī	HA	For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)	

5-1-8

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THE SIOUX FALLS BUSINESS RESOURCE

For	m 990-EZ (2010) NETWORK, INC.		5	8-26856	5 46 Page 2
Р	art II Balance Sheets. (see the instructions for Part II.)	-			
	Check if the organization used Schedule O to respond to any question	n in this Part II			X
			(A) Beginning of year	(B)	End of year
22	Cash, savings, and investments		<u>0.</u>	22	7,159.
23	Land and buildings			23	
24	Other assets (describe in Schedule 0)			24	
25	Total assets		0.	25	7,159.
26			0.	26	1,688.
27			0.	27	<u>5,471.</u>
P	art III Statement of Program Service Accomplishme		· · · · · · · · · · · · · · · · · · ·	—— I /=	xpenses
	Check if the organization used Schedule O to respond to any question				for section and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE (organizat	ions and section
Des	scribe what was achieved in carrying out the organization's exempt pu	rposes. In a clear and cor	ncise manner, describ	e 4947(a)(1 for others	1) trusts; optional
	services provided, the number of persons benefited, and other releva	nt information for each pro	ogram title.	TOT OUTCOM	
28	SEE SCHEDULE O				
	(Grants \$) If this amount includes foreign	grants, check here .	▶	28a	4,986.
29				-	
				— I I	
	/One-sha ft			-	
	(Grants \$) If this amount includes foreign	grants, check here	<u>. ▶ l</u>	29a	
30				_	
				_	
	(Crosts C			-	
21	(Grants \$) If this amount includes foreign	grants, check here	. ▶ [30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign			<u> </u>	
22		grants, check here		31a	1 006
	Total program service expenses (add lines 28a through 31a)			▶ 32	<u>4,986.</u>
	art IV List of Officers. Directors. Trustees, and Key I	Employees List and and	aver if not compensated (e.g.	a the instructions	for Dort IV/
P	Check if the organization used Schedule O to respond to any question		even if not compensated (se	e the instructions	
<u> </u>	Check if the organization used Schedule O to respond to any question	n in this Part IV	 	 	<u> </u>
_	Check if the organization used Schedule 0 to respond to any question	n in this Part IV (b) Title and average hours	s (c) Compensation	(d) Contributions to employee	(e) Expense
_		n in this Part IV	 	(d) Contributions to employee benefit plans & deferred	<u> X</u>
	Check if the organization used Schedule O to respond to any question (a) Name and address	n in this Part IV (b) Title and average hours per week devoted to position	s (c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans &	(e) Expense account and
	Check if the organization used Schedule O to respond to any question (a) Name and address WN BACKER, 2900 W 11TH ST SUITE	n in this Part IV (b) Title and average hours per week devoted to position DIRECTOR	s (c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DA 10	Check if the organization used Schedule 0 to respond to any question (a) Name and address WN BACKER, 2900 W 11TH ST SUITE 1, SIOUX FALLS, SD 57104	n in this Part IV (b) Title and average hours per week devoted to position DIRECTOR 1.00	s (c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans & deferred	(e) Expense account and other allowances
DA 10 JU	Check if the organization used Schedule O to respond to any question (a) Name and address WN BACKER, 2900 W 11TH ST SUITE 11, SIOUX FALLS, SD 57104 ILIE BENZ, 2900 W 11TH ST SUITE	n in this Part IV (b) Title and average hours per week devoted to position DIRECTOR 1.00 DIRECTOR	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DA 10 JU 10	Check if the organization used Schedule O to respond to any question (a) Name and address WN BACKER, 2900 W 11TH ST SUITE 1, SIOUX FALLS, SD 57104 LIE BENZ, 2900 W 11TH ST SUITE 1, SIOUX FALLS, SD 57104	n in this Part IV (b) Title and average hours per week devoted to position DIRECTOR 1.00 DIRECTOR 2.00	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DA 10 JU 10	Check if the organization used Schedule O to respond to any question (a) Name and address WN BACKER, 2900 W 11TH ST SUITE 1, SIOUX FALLS, SD 57104 LIE BENZ, 2900 W 11TH ST SUITE 1, SIOUX FALLS, SD 57104 LIE BRIGGS, 2900 W 11TH ST SUITE	n in this Part IV (b) Title and average hours per week devoted to position DIRECTOR 1.00 DIRECTOR 2.00 EXECUTIVE DI	(c) Compensation (If not paid, enter -0) 0.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances 0.
DA 10 JU 10 JU 10	Check if the organization used Schedule O to respond to any question (a) Name and address WN BACKER, 2900 W 11TH ST SUITE 1, SIOUX FALLS, SD 57104 LIE BENZ, 2900 W 11TH ST SUITE 1, SIOUX FALLS, SD 57104 LIE BRIGGS, 2900 W 11TH ST SUITE 11, SIOUX FALLS, SD 57104	n in this Part IV (b) Title and average hours per week devoted to position DIRECTOR 1.00 DIRECTOR 2.00 EXECUTIVE DI 40.00	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances 0.
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58-2685646 NETWORK, INC. Part V Other Information (Note the statement requirements in the instructions for Part V.)

Sociation of Sociation engage in any activity not previously reported to the IRSP II "Yes," provide a detailed description of each activity in Schedule O Were any significant changes made to the organization of accuments? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization in anni. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report en more one prom 990-1. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report en more one prom 990-1. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report en more one prom 990-1. If the organization had income from the schedule Owly the organization of one form 990-1. If the organization had income from 590-1 for this year? If the organization is the filled a tax return on Form 990-1 for this year? If the organization is of Schedule N If the organization had income from 1120-POL for this year? If the organization had income from 1120-POL for this year? If the organization had income from 1120-POL for this year? If the organization had not organization is the major year, that had been decided to place a promise schedule. If year If an enter the total amount involved If the organization is organization is the promise of the backless in a prior year and sall outstanding at the end of the tax year overed by this return? If the organization is an actual candidate on the organization engage in any section 495 to year. If the organization is a candidate candidate on the organization engage in any section 495 to year. If the organization is a candidate organization is engage or any section 495 to year. If the organization is a candidate organization is not an interest promise organization and any of its prior Forms 990 or		Check if the organization used Schedule 0 to respond to any question in this Part V			X
30 bd the croganization engage in any activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule C. 31		Silver in the digametation about controlled to the point to they question in the Fut V		Yes	
Schedule O Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization name, Chrewise, explain the change on Schedule O (see instructions) If the organization had morner from hissassa activities, such as those reported on fines 2, 6a, and 7a (among others), but not reported on Form 990-1, explain in Schedule O with the organization and an other growth members are such as those reported on fines 2, 6a, and 7a (among others), but not reported on Form 990-1, explain in Schedule O with the organization of on the sport of the morner of Form 990-1. If the organization subject to section 6003(9) notice, sporting, and proxy as the sections 501(e)(6), governments on the organization of one or was at a section 501(e)(4), 501(e)(5), or 501(e)(5), or 501(e)(6), governments of Schedule N organization of the section 6003(9) notice, sporting, and proxy as the requirements of Schedule N organization of the section 6003(9) notice, sporting, and proxy as the requirement of posterial expenditures, direction, trustee, or key employee or wer amy such loans made in a prior year and still outstanding at the end of the fax year covered by this return? If "Yes," complete Schedule, Part II and enter the total amount involved If "Yes," complete Schedule, Part II and enter the total amount involved Section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 P	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
34 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the ammediate documents from yellowing they reflect a change to the organization same. Otherwise, see point the change on Schedule () experimentations. 35 If the organization and income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization of not report the moorme on Form 990-T. 36 If the organization have unrelated business gors so some of \$1,000 or more or was in a scient to \$10(2/4), 501(c)(5), or \$1,000 or more or was in a scient to \$10(2/4), 501(c)(5), or \$1,000 or more or was in a scient to \$10(2/4), 501(c)(5), or \$1,000 or more or was in a scient to \$10(2/4), 501(c)(5), or \$1,000 or more or was in a scient to \$10(2/4), 501(c)(5), or \$1,000 or more or was in a scient to \$10(2/4), 501(c)(5), or \$1,000 or more or was in a scient to \$10(2/4), 501(c)(5), or \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient to \$1,000 or was in a scient to \$1,000 or more or was in a scient to \$1,000 or more or was in a scient \$1,000 or was in a scient to \$1,000 or was in a scient was in \$1,000 or was in a scient was in \$1,000 or was in a			33		X
55 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7 a gamong others), but not reported on from 990-1. a Did the organization have unrelated business gross moome of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$6,000 or more or was it as section \$01(c)(4), \$01(c)(5), or \$6,000 or was it as section \$01(c)(4), \$01(c)(5), or \$6,000 or was it as section \$6,000 or was it as s	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
Signature Sig			34		Х
reported on Form 990-T, explain in Schedule D why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross concerned 510(00 or more or was at a section 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5) or 501(c)(6) organization subject to section 8035(c) notice, reporting, and proxy tax requirements? b If Yes, 'has it flied a lax return on Form 990-T for the year? 37 a Enter amount of political expanditures, direct or indirect, as described in the instructions. □ 17 a Enter amount of political expanditures, direct or indirect, as described in the instructions. □ 18 a Did the organization before who row, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ 18 b If Yes, Complete Schedule I, Part I and enter the total amount involved Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ≥ 0 , section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization analyses. □ 18 centro 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization analyses of disqualitied persons during the year under sections 4912. 4955, and 4956 □ 3 ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization managers or disqualitied persons during the year under sections 4912. 4955, and 4956 □ 3 ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization managers or disqualitied persons during the year under sections 4912. 4955, and 4956 □ 3 ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization and year organization brokes are under sections 4912. 4955, and 4956 □ 4 control 501(c)(3) and 501(c)(4) organizations are amount of tax organization and year organization brokes are under sections 4912. 4955 and 4956 □ 5 ection 501(c)(3) and 501(c)(4) organizations are amount organization	35				
SSTEP STORY STATE AND SUPPORT TO SECTION SUPPORT SUPPOR					
SSTEP STORY STATE AND SUPPORT TO SECTION SUPPORT SUPPOR	a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
38 bill the organization undergo a liquidation, desolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 bill the organization before from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bill 11 separation before from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bill 11 separation before from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 bill 11 separation before from, or make any locans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bill 11 separation before the end of the tax year covered by this return? 39 bill reversion 501(e)(3) and 501(e)(4) organizations. Enter amount of tax imposed on the organization during the year under: 39 bill the organization should be organization. Bill the organization engage in any section 4958 excess benefit transaction during the year. 39 bill the organization is sold any locans and the organization engage in any section 4958 excess benefit transaction during the year of the section 491(e)(3) and 501(e)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualidated persons during the year endered the sections 4912 (4955, and 4956) 40 section 501(e)(3) and 501(e)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations is oboks are in care of bill 11 separations. First and t			35a		X
as a prince parts of Schedule N 7a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137 a 0 7b bid the organization berom 1120-POL for this year? 8b bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 1b bid fores, complete Schedule L, Part I and enter the total amount involved Section 501(c)(7) organizations. Enter 1 indiation fees and capital contributions included on line 9 2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: 2 section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4915 ▶ 0 3 Section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualfiled persons during the year under sections 4912, 4955, and 4958 3 Section 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization solution are under sections 4912, 4955, and 4958 3 Section 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization solution are under sections 4912, 4955, and 4958 3 Section 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization solution are under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization is books are in care of ▶ JULIE BRIGGS 1 Located at ▶ 2300 W 115T ST SUITE 101, SIOUX FALLS, SD ZIP+4 ▶ 57104 3 A large transaction? If Yes, complete Form 8886-T 4 The organization is books are in care of ▶ JULIE BRIGGS 1 Located at ▶ 2300 W 115T ST SUITE 101, SIOUX FALLS, SD ZIP+4 ▶	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ □ 17a □ □ . □ Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ If Yeas, complete Schedule I. Part II and enter the total amount involved 39 Section 501(e)(7) organizations. Enter: □ Initiation fees and capital contributions included on line 9 □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts, included on line 9 ∫ for public use of club facilities □ Gross receipts of forms 990 or 990-E27 ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization lie Form 1120-PDL for this year? 8 Did the organization before in 1120-PDL for this year? 8 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 9 Did Test, complete Schedule L, Part II and enter the total amount involved 38 B N/A 388 N/A 388 N/A 389 Section 50 (10(7)) organizations. Enter: 9 Indiation fees and capital contributions included on line 9 398 N/A 398 N/A 398 N/A 398 N/A 398 N/A 398 Section 501(0(3) organizations. Enter amount of tax imposed on the organization during the year under: 9 Section 501(0(3) organizations. Did the organization engage in any section 4955 N N/A 398 N/A 40 N Section 501(0(3) and 501(0(4) organizations. Did the organization engage in any section 4955 N N/A 501(0(3) and 501(0(4)) organizations. Did the organization engage in any section 4955 N N/A 501(0(3) and 501(0(4)) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N O. 4 Section 501(0(3) and 501(0(4)) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization and 40c reimbursed by the organization. All any time during the tax year, was the organization and 40c reimbursed by the organizations. All any time during the tax year, was the organization and 40c reimbursed by the organizations. All any time during the tax year, was the organization and any of the propriet form 886-7 Section 11 Yes, complete Form 886-7			36		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved section 501(c)(7) organizations. Enter: initiation fees and capital contributions included on line 9, for public use of club facinities b Gross receipts, included on line 9, for public use of club facinities c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualfied persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the variety of the return is filed. ▶ NONE 121 List the states with which a copy of this return is filed. ▶ NONE 122 If the organization is books are in care of ▶ JULIE BRIGGS Located at ▶ 2900 W 11ST ST SUITE 101, SIOUX FALLS, SD ZIP + 4 ▶ 5710.4 b All any time during the claim are year, did the organization and interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 1 A any time during the claim are year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or m	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	,		
n a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Industion fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	b	Did the organization file Form 1120-POL for this year?	37b		X_
b If *Yes*, complete Schedule I, Part II and enter the total amount involved 3 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 5 Gross recepts, included on line 9, for public use of club facilities 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0_c. section 4912 ▶ 0_c. section 4955 ▶ 0_c. 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If *Yes*, complete Schedule I, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualfide persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualfide persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or 11 *Yes*, complete Form 8886-T 1 List the states with which a copy of this return is filled. ▶ NONE 1 The organization's books are in care of ▶ JULIE BRIGGS Telephone no. ▶ 605-367-5260 Located at ▶ 2900 W 11ST ST SUITE 101, SIOUX FALLS, SD 2 IP + 4 ▶ 571.0 4 2 A transmit 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: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. A transmit during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE 12 Telephone no. ▶ 6 0 5 – 367 – 5260 12 List the organizations books are in care of ▶ JULI IE BRIGGS Telephone no. ▶ 6 0 5 – 367 – 5260 12 Telephone no. ▶ 6 0 5 – 367 – 5260 12 Telephone no. ▶ 6 0 5 – 367 – 5260 12 Telephone no. ▶ 6 0 5 – 367 – 5260 13 Telephone no. ▶ 6 0 5 – 367 – 5260 14 Telephone no. ▶ 6 0 5 – 367 – 5260 14 Telephone no. ▶ 6 0 5 – 367 – 5260 15 Telephone no. ▶ 6 0 5 – 367 – 5260 16 Telephone no. ▶ 6 0 5 – 367 – 5260 17 Fellow no promption of the return		in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1 Yes No Yes No 1 Yes No 2 Yes No 3 Yes No 4		Located at ► 2900 W 11ST ST SUITE 101, SIOUX FALLS, SD ZIP+4 ► 5	<u>710</u>	4	
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If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1		·	42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 N/A 44 N/A 44 N/A 44 N/A 44 N/A 45 NO 46 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1					
As Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation m Schedule O 44d	C		42c		_X_
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation m Schedule O 44d 44d					
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O 44b X X X X X X X X X	43		•		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d 44d		and enter the amount of tax-exempt interest received or accrued during the tax year .	N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d 44d			ľ	16	
Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d 44d				Yes	No_
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d	44 a				
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		·	44a		X
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d	b				
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		·	44b		
ın Schedule O 44d			44c		<u> X</u>
	d				
		in Schedule O			

Forr	n 990-EZ (2010) NETWORK, INC.			<u>58-2685</u>	<u>646</u>		Page 4
45	le enverteed executation a controlled eath, afth, and a controlled		(40)0		AF	Yes	
45 a	Is any related organization a controlled entity of the organization within the Did the organization receive any payment from or engage in any transaction with the "You" Form 200 and School In Proceed to be completed instead of Form 100.	th a controlled entity within th		512(b)(13)?	45		X
46	If "Yes," Form 990 and Schedule R may need to be completed instead of Form 9 Did the organization engage, directly or indirectly, in political campaign activitie		to candidates for ni	iblic office?	45a	1	X
	If "Yes," complete Schedule C, Part I	o on bundin or or in opposition	. to surraidutes for pe		46		x
Pa	art VI Section 501(c)(3) organizations and section 49	47(a)(1) nonexempt	charitable tru	sts only. All	sectio	n 501(d	c)(3)
	organizations and section 4947(a)(1) nonexempt charitable trusts mu	•	and 52, and complete	the tables for li	nes 50	and 51	1
	Check if the organization used Schedule 0 to respond to any question	in this Part VI				Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Sched	fule C. Part II			47	103	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? if "Yes,"	•			48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization	ganization?			49a		Х
b	If "Yes," was the related organization a section 527 organization?				49b		
50	Complete this table for the organization's five highest compensated employees		, trustees and key er	nployees) who e	ach re	ceived	more
	than \$100,000 of compensation from the organization. If there is none, enter *N	(b) Title and average hours	(c) Compensation	(d) Contribution		e) Expe	
	(a) Name and address of each employee paid more than \$100,000 NONE	per week devoted to position	(c) Compensation	to employee benefit plans & deferred	a	ccount er allow	and
	NONE			compensation			
					1	_	
					+		
					_		
	Total number of other employees paid over \$100,000	· · · · · · · · · · · · · · · · · · ·					
51	Complete this table for the organization's five highest compensated independer organization. If there is none, enter "None." NONE	nt contractors who each recei	ved more than \$100,	UUU of compens	ation '	rom the	е
	(a) Name and address of each independent contractor paid more the	an \$100.000	(b) Type of ser	vice (c) Cor	npensat	tion
			, , , , , , , , , , , , , , , , , , ,				
			-				
				İ			
	Total number of other independent contractors and accommon files and						
a 52	Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organization	ations and 4947/a\/1\ noneyo				<u>.</u>	
JŁ	charitable trusts must attach a completed Schedule A		•	▶ 「	χIγ	es 🗆	□ No
	Under penetities of perjury, I declare that I have examined this return, including according correct and complete Declaration of preparer (other than officer) is based on all info	mpanying schedules and statements are statements and statements and statements are statements and statements are statements and statements and statements are statements are statements and statements are statements and statements are statements are statements and statements are statements are statements and statements are statements and statements are statements ar	ts, and to the best of my knowledge	knowledge and be	lief, it i	s true,	
					_		_

d	Total num	iber of other independent contractors each	receiving over \$100,000	•	·			
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt							
		trusts must attach a completed Schedule A				► X Yes	No_	
	 ∞	nder penetties of perjury, I declare that I have exami prect and complete Declaration of preparer (other)	ned this return, including accompanying schools than officer) is based on all information of whi	edules and statements, and ich preparer has any knowle	to the best of my knowle dge	dge and belief, it is true	e, 	
Sig He		Sugnature of officer JULIE BRIGGS, DIRE Type or print name and title	erok		Date	14-13		
Pai Pre	id eparer	Print/Type preparer's name JASON FORBES	Preparer's afgnature	Date	Check if self- employed	PTIN		
Us	e Only	Firm's name ▶ THURMAN, CC	MES, FOLEY & CO.	, LLP	Firm's EIN			
			SECOND AVENUE		Phone no. (605) 331-	-2550	
		SIOUX FALL	S, SD 57104-6904					
		scuss this return with the preparer shown at	pove? See instructions			► X Yes	No	
0321 03-04						Form 990 -	EZ (2010)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

THE SIOUX FALLS BUSINESS RESOURCE

OMB No 1545-0047

Open to Public Inspection

Employer identification number

NETWORK, INC. 58-2685646 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). $\lfloor \mathbf{x} \rfloor$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box that describes the type of supporting organization and complete lines 11e through 11h _l Type I b ___ Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes **Total**

THE SIOUX FALLS BUSINESS RESOURCE

Schedule A (Form 990 or 990-EZ) 2010 NETWORK, INC. 58-2685646 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support				" 	_	
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			_			
	membership fees received. (Do not			ľ			
	include any "unusual grants.")					11,010.	11,010.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					11,010.	11,010.
	The portion of total contributions					1270200	11/010.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				1		
	column (f)				1		
6	Public support. Subtract line 5 from line 4				-		11,010.
	ction B. Total Support				1 .		11,010.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4			- 197	(4)	11,010.	11,010.
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business				·· <u> </u>		
•	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain					† · · · · · · · · · · · · · · · · · · ·	
	or loss from the sale of capital				İ		
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		-				11,010.
	Gross receipts from related activities,	etc. (see instructi	ons)	·		12	11,010.
	First five years. If the Form 990 is for	•	,	rd fourth or fifth to	ay vear as a sectio		
	organization, check this box and stop			a, roard, or mar a	an your do a coom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	►X
Sec	tion C. Computation of Publ		rcentage		*****		
	Public support percentage for 2010 (I			column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the or	rganization did no			14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			ightharpoons
b	33 1/3% support test - 2009. If the or	rganization did no	t check a box on I				box
	and stop here. The organization quali	fies as a publicly :	supported organiz	ation			. ▶□
17a	10% -facts-and-circumstances test	t - 2010. If the orga	anization did not d				r more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the organiz	zation
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances test				-	17a, and line 15 is 10)% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organizatio		-				

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		 				
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		Ì				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge .						
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						-
	Add lines 7a and 7b						<u> </u>
	Public support (Subtract line 7c from line 6) ction B. Total Support	L	!				<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(4) 2000	(8) 2007	(6) 2000	(4) 2000	(6) 2010	
_	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					ŀ	
	acquired after June 30, 1975				-	<u> </u>	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carned on Other income. Do not include gain					-	
-	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)			···			
	First five years. If the Form 990 is for	the organization's	s first second thu	d fourth or fifth to	av vear as a section	n 501(c)(3) organi	zation
•	check this box and stop here_	the organization of	s mat, accord, tim	a, rourer, or mare	ax year as a section	on so r(c)(o) organiz	Lation,
Sed	ction C. Computation of Publ	ic Support Pe	rcentage		•	·	
	Public support percentage for 2010 (I		· · · · · · · · · · · · · · · · · · ·	column (f))		15	%
	Public support percentage from 2009			.,,		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from a	2009 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the	organization did n	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	rfies as a publicly	supported organi	zation	. ▶□
b	33 1/3% support tests - 2009. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and si	top here. The orga	anızatıon qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	▶□

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SIOUX FALLS BUSINESS RESOURCE NETWORK, INC.

Employer identification number 58 – 2685646

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:	,	AMOUNT:
SUPPLIES		94.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG	OF YEAR	END OF YEAR
PAYROLL LIABILITIES	0.	1,688.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SIOUX	K FALLS BUS	INESS
RESOURCE NETWORK WAS DISGNED TO PROVIDE BUSINESSES WI	TH IN THE	LOCAL
LABOR MARKET THE FOLLOWING SERVICES: PROVIDE EDUCATION	ONAL OPPOR	<u>runities</u>
REGARDING THE EMPLOYMENT OF PERSONS WITH DIABILITIES	, CREATE A	GREATER
AWARENESS OF THE BENEFITS OF HIRING PERSONALS WITH DI	SABILITIES	WITHIN
THE COMMUNITY, AND ACT AS A RESOURCE FOR BOTH PROSPEC	CTIVE EMPLOY	YEES AND
EMPLOYERS REGARDING EMPLOYMENT OPPORTUNITIES AND WORK	KSITE	
MODIFICATIONS.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOM	MPLISHMENTS	:
PROVIDE EDUCATIONAL OPPORTUNITIES REGARDING THE EMPLO	YMENT	
OF PERSONS WITH DISABILTIES, CREATE A GREATER AWARENE	ESS OF	
THE BENEFITS OF HIRING PERSONS WITH DISABILITIES WITH	HIN	
THE COMMUNITY, ACT AS A RESOURCE FOR BOTH PROSPECTIVE	E EMPLOYEES	AND
EMPLOYERS REGARDING EMPLOYMENT OPPORTUNITIES AND WORK	KSITE	
MODIFICATIONS.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE SIOUX FALLS BUSINESS RESOURCE

Employer identification number 58-2685646

NEIWORK, INC.
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ) (2010) THE SIOUX FALLS BUSINESS RESOURCE Name of the organization **Employer identification number** NETWORK, INC. 58-2685646 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Contributions to employee benefit plans & deferred (b) Title and average hours (c) Compensation (e) Expense per week devoted to (If not paid, enter account and (a) Name and address other allowances position -0-.) compensation DAN MANDOLFO, 2900 W 11TH ST SUITE DIRECTOR 101, SIOUX FALLS, SD 57104 0. 0. 0. 1.00