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Department of the Treasury Internal Revenue Service

SCANNED JAN 05 2010

Form 990-EZ

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 and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection

| Α | For the 2008 calendar year, or tax year beginning $10/01$, 2008, and ending $9/30$ | | , 2009 |
|-----------|---|-----------------|---|
| В | | Employe | r identification number |
| | Address change Please use IRS Dakota Business Finance | 20-4 | 158141 |
| \vdash | Name change label or 500 N Western Avenue #100 | | e number |
| \vdash | Initial return type Sioux Falls, SD 57104 | 605- | 367-5390 |
| - | lermination Specific | | |
| - | tions. | | Exemption |
| ┸ | | Numbe | |
| | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting me | <u> </u> | X Cash Accrual |
| ı | Website: ► N/A required to atta | ch Sch | rganization is not edule B (Form 990, |
| <u>J_</u> | Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990 | | |
| K | Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are r | ormally | not more than |
| | \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete re | turn | |
| | Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ | ► \$ | 145,091. |
| .Pa | artil Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins | iructic | ons for Part I.) |
| | 1 Contributions, gifts, grants, and similar amounts received . | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | 142,969. |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 37. |
| | 5a Gross amount from sale of assets other than inventory 5a | | |
| _ | b Less cost or other basis and sales expenses . 5b | | a a |
| E | c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) | 5c | |
| E > E Z D | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here | | |
| Ŋ | a Gross revenue (not including \$ of contributions | , i, | ? |
| Ε | reported on line 1) 6a | $\exists z : i$ | |
| | b Less. direct expenses other than fundraising expenses 6b | _ | |
| | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6 c | |
| | 7a Gross sales of inventory, less returns and allowances 7a | 1.50 | |
| - 1 | b Less. cost of goods sold 7b | | |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 Other revenue (describe ► See Statement 1 | 8 | 2,085. |
| | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 145,091. |
| | 10 Grants and similar amounts paid (attach schedule) RECEIVED | 10 | |
| E | 11 Delients haid to or for interribers | 11 | |
| P | 12 Salaries, other compensation, and employee benefits | 12 | |
| E N | 13 Professional fees and other payments to independent confractors 5 2009 | 13 | 24,770. |
| EXPESSE | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| S | 15 Printing, publications, postage, and shipping . OGDEN, UT | 15 | |
| | | 16 | 60,251. |
| | 17 Total expenses (add lines 10 through 16) | 17 | 85,021. |
| ام | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 60,070. |
| A S E T S | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). | ır 19 | 11 024 |
| ŤĘ | 20 Other changes in net assets or fund balances (attach explanation) | | -11,934. |
| Ś | Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 | 20 | 10 126 |
| iDa | | | 48,136. |
| ir.d | | | |
| 22 | (See the instructions for Part II) Cash, savings, and investments (A) Beginning of y 6,87 | | (B) End of year 50, 803. |
| | Land and buildings | 23 | 30,003. |
| 24 | | | 1,873. |
| 25 | | | 52,676. |
| | Total liabilities (describe ► See Statement 4) 20,68 | | 4,540. |
| | Net assets or fund balances (line 27 of column (B) must agree with line 21) -11, 93 | | 48.136. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

| Form | <u>n 990-EZ (2008) Dakota Business</u> | Finance | | 20 | -415 | 8141 | Page 2 |
|------------|--|---|---|---|----------------|---|--------|
| Par | rt III 🤰 Statement of Program Se | rvice Accomplishments | (See the instruction | ons.) | | Expenses | |
| Desc | is the organization's primary exempt purpose? Secribe what was achieved in carrying out the tibe the services provided, the number or am title | e Statement 5 ne organization's exempt purp f persons benefited, or other | ooses In a clear and co relevant information for | oncise manner, reach | and (4947 | uired for 501(c)(4) organization: (a)(1) trusts, op thers.) | s and |
| 28 | See Statement 6 | | | | | | |
| 29 | (Grants \$) If the | <u> </u> | 28 a | | | | |
| 30 | (Grants \$) If the | nis amount includes foreign gr | ants, check here | <u> </u> | 29 a | | |
| | | | | | | | |
| 31 | Other program services (attach schedule | • | | • [] | 30 a | | |
| 32 Par | Total program service expenses (add II | | | <u> </u> | 31 a 32 | nted See the | |
| rar | tilV List of Officers, Directors | | | T | | | |
| | (a) Name and address | (b) Title and average hours per week devoted to position | not paid, enter -0) | (d) Contributions employee benefit plar deferred compensa | ns and tion | (e) Expense ac and other allow | vances |
| 130 | t Brost 05 W 18th Street oux Falls, SD 57117-5039 | Sec/Treasury 0 | 0. | | 0. | | 0. |
| 101 | nig Hagen N Main Avenue, Ste 213 Dux Falls, SD 57104 | President 0 | 0. | | 0. | | 0. |
| 313 | quel Blount 30 W 57th Street, Ste 112 Dux Falls, SD 57108 | Director 0 | 0. | | 0. | | 0. |
| Gre 630 | eg Jamison 00 S Grand Prairie Drive oux Falls, SD 57108-5300 | Director 0 | 0. | | 0. | | 0. |
| Dou 206 | ng Hajek West 14th Street, PO 103 Dux Falls, SD 57101-1030 | Vice President 0 0 | 0. | | 0. | | 0. |
| Kor PO | y Menken Box 1516 th Sioux City, SD 57049 | Director 0 | 0. | | 0. | | 0. |
| W. 800 | Tim Kromminga East 21st Street ux Falls, SD 57117-5045 | Director 0 | 0. | | 0. | | 0. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 33 Dut the organization engage in any activity not previously reported to the IRS? If "Yes," tatach a detailed description of a water and comments but not reported to the IRS? If "Yes," tatach a detailed description of a water and comments but not reported to the IRS? If "Yes," tatach a conformed copy of the changes at the standard of the IRS? If "Yes," the comment of the moment of the IRS? If "Yes," the comment of the moment of the IRS? If "Yes," the comment of the IRS? If "Yes," has it filled a tax return on Form 990-T, for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37 If "Yes," complete applicable parts of Schedule IN These, complete applicable parts of Schedule IN IRS. If the carroot of plated elementary discriptions are commented as the comment of the organization of the organization the Form 1120-PD. For this year? 38 If If "Yes," complete applicable parts of Schedule IN IRS. If | | | | Yes | No |
|--|----|---|--------------------|---------------|----------|
| 34 We way charge made to the arganization of covering documents but not reported to the IRS* If "exi, attach conformed copy of the charges: 35 If the organization had income from business advives, such as these reported on lene 2, fo, and 29 (among others), but not reported on from 90-7 and and a statement organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and provy tax requirements. 36 Was there a fluurdation, dissolution, termination, or substantial contraction during the year? 37 If Yes, compited a pipicable parts of Schedule N. 38 If New 19 If Yes, compited a pipicable parts of Schedule N. 39 If Yes, compited a pipicable parts of Schedule N. 30 If Yes, compited a pipicable parts of Schedule N. 30 If Yes, compited sphedule L, Part II and enter the total amount revolves and capital contributions included on line 9. 38 If Yes, compited Schedule L, Part II and enter the total amount revolves and capital contributions included on line 9. 39 If Yes, compited Schedule L, Part II and enter the total amount revolves and capital contributions included on line 9. 39 If Yes, compited Schedule L, Part II and enter the total amount revolves and capital contributions included on line 9. 39 If Yes, compited Schedule L, Part II and enter the total amount revolves and capital contributions included on line 9. 39 If Yes, compited Schedule L, Part II and enter the total amount of tax imposed on the organization during the year under section 4911 P, section 4912 P | 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of | 33 | | v |
| about the cognization had measures activates, such as those regorded on large 2, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported on large 3, st., and 74 (among others), but not reported in large 3, st., and 74 (among others), but not reported on large 3, st., and 74 (among others), but not reported on large 3, st., and 74 (among others), but not reported on large 3, st., and 74 (among others), but not reported on large 3, st., and 74 (among others), but not reported on large 3, st., and 74 (among others), and 74 (amon | 34 | | | | |
| bit 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | / h An series J | 品 デ っパ | m 1 |
| b If Yes, has it filled a tax return on Form 990-T for this year? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 16 Yes, Complete applicable parts of Schedule N 37 a litter amount of political expenditures, direct or indirect, as described in the instructions 37 b Did the organization for promit 120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, fusales, or key employee or were any such loans made in a prior year and still urpaid at the start of the period covered by this return? 38a Did the organization borrow from, or make any loans to, any officer, director, fusales, or key employee or were any such loans made in a prior year and still urpaid at the start of the period covered by this return? 38b N/A 38i N/A 39 501(c)(7) organizations. Enter 39 bill n'Yes, complete Schedule L, Part II and enter the total 39 bill n'Yes, organizations. Enter amount of tax imposed on the organization during the year under section 4911 = 0., section 4912 > 0., section 4915 > 0., 39 bill n'Yes, organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? 39 bill n'Yes, organizations. Did the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 if yes, complete Schedule L, Part I 40 c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 a 4955, and 4958 if yes, organization and the start of the propriete Schedule L, Part I 41 ust the states with which a copy of this return is filed > None 42 a Till tools are in care of > Lymne, Kell ex. Fort Des. 17 | | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and | 25.0 | | v |
| 37 a first amount of political expenditure, direct or indirect, as described in the instructions 38 a Did the organization file Form 112P-POL for this year? 38 a Did the organization file Form 112P-POL for this year? 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 in a prior year and still unpaid at the start of the period covered by this return? 38 b N/A 38 b N/A 39 501(c)(7) organizations Enter an involved a such as | | | | | |
| b Did the organization file Form 1120-POL for this year? 33a 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 unpaid at the start of the period covered by this return? 33b N/A 35b N/A 35c Did (Nors) organizations Enter 35c animount involved 35c Schedule L, Part II and enter the total 35c Bo N/A 35c Did (Nors) organizations Enter 35c animount involved 35c Bo N/A 35 | 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | Х |
| 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 unpaid at the start of the period covered by this return? 38b N/A 48c Sol (c(s) organizations Enter a initiation fees and capital contributions included on line 9 39a N/A 48c a 50 (c(s) organizations Enter amount of tax imposed on the organization during the year under section 4911 P 0., section 4912 P 0., section 4955 P 0. 501(c(s) and (4) organizations Did the organization engage in any section 4955 P 0. 501(c(s) and (4) organizations Did the organization engage in any section 4955 P 0. 501(c(s) and (4) organizations Did the organization engage in any section 4955 P 0. 501(c(s) and (4) organizations A any time during the year under sections 4912 P 0., section 4915 P 0. 501(c(s) and organizations A tary time during the tax year, was the organization a partly to a prohibited tax sheller transaction? If Yes, complete Schedule L, Part I P 0. 40b X 41 List the states with which a copy of this return is filled P None 42a Tine books are in care of P Lynne Keller Forbes Located at P 500 N Western Avenue, Suite 100 Sloux Falls SD 7 47e 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)? 18 Yes, enter the name of the foreign country 48 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 49 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead | | | -J J | ., , | ı |
| 38a Li 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 impaid at the start of the period covered by this return? 38b N/A 39 50 (c)(7) organizations. Enter a limitation fees and capital contributions included on line 9 39 50 (c)(7) organizations. Enter a limitation fees and capital contributions included on line 9 39 50 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 > 0. section 4912 > 0. section 4915 > 0. 40a 50 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 > 0. section 4912 > 0. section 4915 > 0. 40b 50 (c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4955, and 4958 d Enter amount of tax imposed on organization impaids organization appear under sections 4912, 4955, and 4958 d Enter amount of tax imposed on organization impaids organization aparty to a prohibited tax organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8985-1 40 a The books are in care of Yes, complete Form 8985-1 41 List the states with which a copy of this return is filled > None 42 a The books are in care of Yes, complete Form 8985-1 43 Loaded at Yes, organization and filing requirements for Form 1D F 90-221, Report of a Foreign Bank and Financial accountly? 44 If Yes, enter the name of the foreign country. 45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 46 Did the organization maintain any donor advised fund | | • | | | |
| a mount involved a S 501(c)70 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 501(c)30 organizations. Enter amount of tax imposed on the organization during the year under section 4911 * 0 . , section 4912 * 0 . , section 4955 * 0 . b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did if become aware of an excess benefit transaction from a prior year? If Yes, complete Schedule I, Part I C Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax or line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8865.1 40 List the states with which a copy of this return is filed * None 42 a The books are in care of * Lynne Keller Forbes Located at * 500 N Western Avenue, Suite 100 Sioux Falls SD ZIP+4 * 57104 42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of a 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 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 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead 45 Section 4947(a)(1) nonexempt charitable trusts filing | 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 in a prior year and still unpaid at the start of the period covered by this return? | | 5 27.5 | - + 4 |
| 39 501(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 39ab N/A 40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. b 501(c)(3) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes, complete Sendedide I., Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4925 and 4935 defined are sections 4912, 4955, and 4935 defined are sections | | | | | |
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| 40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \rightarrow 0. section 4915 \rightarrow 0. section 4915 \rightarrow 0. section 4955 \rightarrow 0. b 501(c)(3) and (4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes, 'complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 and 4958 d Enter amount of tax on line 40c reimbursed by the organization 0. 0. 0. 0. 0. 0. 0. 0 | | a Initiation fees and capital contributions included on line 9 | 3 12 | 7. | |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it become aware of an excess benefit transaction from a prior year? c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 1. Ust the states with which a copy of this return is filed None A2a The books are in care of Lynne Keller Forbes Telephone no 605-367-5353 Located at 500 N Western Avenue, Suite 100 Sioux Falls SD ZIP + 4 57104 b A1 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)? 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 a 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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 A2cc X Yes No Yes No Yes No A24 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | | | ارغيادا | ž. | 1 |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 8885-T 1ust the states with which a copy of this return is filed = None 42a The books are in care of * Lynne Keller Forbes | 40 | | S. Brand | 15.53 | |
| year or did it become aware of an excess benefit transaction from a prior year? If Yes, 'complete Schedule L, Part I. List the states with which a copy of this return is filed Portaganization have an interest in or a signature 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 a Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead 40 b | | | | | _, |
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| d Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T All List the states with which a copy of this return is filed None None | | Enter amount of tax imposed on organization managers or disqualified persons during the | | | |
| List the states with which a copy of this return is filed None 42 a The books are in care of Lynne Keller Forbes Located at 500 N Western Avenue, Suite 100 Sioux Falls SD IP+4 57104 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 a 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 42 b X V 42 c X 42 c X Yes No 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 A Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | | | 1767 - 1778 - | 14. | - 1 |
| 42a The books are in care of Lynne Keller Forbes Located at 500 N Western Avenue, Suite 100 Sioux Falls SD Description of Sioux Falls SD Telephone no 605-367-5353 ZIP + 4 57104 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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: At 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 At Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | | • | 40 e | 42 일 8도명 | X |
| see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 **Total Country** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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. **Total Country** 42b | | a The books are in care of ► Lynne Keller Forbes Telephone no ► 605-36 | 6 <u>7</u> -5: | 3 <u>53</u> | |
| see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 **Total Country** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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. **Total Country** 42b | | | - - | Vac | No. |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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: 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 At Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | l | 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)? | 42 b | 162 | |
| 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 Yes No 142 | | | | 1,3-1,1 | ÷. |
| 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 Yes No 142 | | | | 1 A | |
| 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 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | (| At any time during the calendar year, did the organization maintain an office outside of the U.S ? | 42c | | <u>x</u> |
| Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | | | |
| of Form 990-EZ 44 X | | | | Yes | No |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ X | 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | | |
| | 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | Х |

| | EZ (2008) DAKOLA BUSINESS FII | | <u> </u> | 20-41581 | |
|--------------|--|--|---|--|--|
| Part VI | Section 501(c)(3) organization and complete the tables for lin | s only. All section | 501(c)(3) organiza | · · · · · · · · · · · · · · · · · · · | |
| | | | ···· | | Yes No |
| 46 Did to | the organization engage in direct or indire public office? If 'Yes,' complete Schedule | ct political campaign a | ctivities on behalf of o | r in opposition to candidates | Yes No |
| | the organization engage in lobbying activi | | | | 47 X |
| | e organization operating a school as desc | | | nplete Schedule E | 48 X |
| | the organization make any transfers to an | | | · · | 49a X |
| | es,' was the related organization(s) a sec | | • | | 49b |
| 50 Com | plete this table for the five highest compe ived more than \$100,000 of compensation | ensated employees (oth | ner than officers, direct | tors, trustees and key emplo | yees) who each |
| | n) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
| None | | devoted to position | | deterred compensation | Olifei allowances |
| | | | | | |
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| | | - | | | |
| Total number | of other employees paid over \$100,000 | | 1 | | |
| 51 Comp | plete this table for the five highest compe the organization. If there is none, enter ' | None ' | | | |
| None | (a) Name and address of each independent contr | actor paid more than \$100,000 | · · · · · · · · · · · · · · · · · · · | (b) Type of service | (c) Compensation |
| NOILE | | | | | |
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| Total numb | per of other independent contractors rece | | > | <u></u> | |
| Sign (| Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (| ined this return, including according to the than officer) is based on a | mpanying schedules and state all information of which prepai | ements, and to the best of my knowled rer has any knowledge $12 - 7 - 0$ | ge and belief, it is |
| Here | Signature of officer Ke Illy | Forbes | Executive | Director | |
| | Type or plint name and title | | 0,0000 | | |
| Paid Pre- | Preparer's Signature A | 4 | Date 12-1-09 | Check if See in Self-employed N/A | er's Identifying Number structions) |
| parer's | Firm's name (or Kinner & Company | / Ltd | | | |
| Use | yours if self- employed), address, and Propolations SD 53 | | | EIN ► N/Z | |
| Only | ZIP+4 Brookings, SD 5 | | | | 2-2515 |
| May the IR: | S discuss this return with the preparer sh | own above? See instru | ctions | ▶ | X Yes No orm 990-EZ (2008) |

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 2008

Open to Public Inspection

| Department of the Treasury Internal Revenue Service | ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. | | Inspection |
|--|--|---------------------|-------------|
| Name of the organization | | Employer identifica | tion number |
| Dakota Busines | s Finance | 20-415814 | 1 |
| Part I Reason fo | r Public Charity Status (All organizations must complete this part.) | (see instruc | tions) |
| The organization is not | a private foundation because it is (Please check only one organization.) | | |

| Par | <u>til</u> | Reason for Pu | iblic Charity Statu | ıs (All organizations | must | comple | ete this | s part. |) (see | ınstruc | tions) | | |
|-----|------------|--|---|--|-------------------------|--|--------------------|----------------------------|---------------------|--|--------------|--------------|-----------------|
| The | orga | inization is not a pri | ivate foundation beca | use it is. (Please check o | only one | organiz | ation.) | | | | ** | | |
| 1 | | A church, conventi | ion of churches or ass | sociation of churches des | cribed ii | n sectio | n 170(b) |) (1)(A)(i |). | | | | |
| 2 | \Box | A school described | in section 170(b)(1)(| A)(ii). (Attach Schedule | E) | | | | | | | | |
| 3 | | A hospital or coop | erative hospital servic | e organization described | ın secti | ion 170(| b)(1)(A) | (iii) . (A | ttach Sc | hedule F | 1) | | |
| 4 | | A medical research | h organization operate | ed in conjunction with a h | nospital | describe | ed in see | ction 17 | '0(b)(1)(| A)(iii) Er | nter the ho | spital' | s |
| | _ | name, city, and sta | | | . . | | | | | | | _ _ _ | - |
| 5 | | An organization of 170(b)(1)(A)(iv). (0 | perated for the benefit Complete Part II.) | of a college or university | y owned | or oper | ated by | a gove | rnmenta | ıl unıt de | scribed in | sectio | n |
| 6 | Ш | | | governmental unit descri | | | | | | | | | |
| 7 | X | n section 170(b)(1 | (Complete F | | | _ | overnme | ntal un | ıt or fror | n the ge | neral publi | c desc | ribed |
| 8 | Ш | A community trust | $described \ in \ \textbf{section}$ | 170(b)(1)(A)(vi). (Comple | te Part | II) | | | | | | | |
| 9 | | from activities relate investment income | ed to its exempt function | more than 33-1/3 % of its ns – subject to certain excess taxable income (less complete Part III) | entions. | and (2) r | no more | than 33- | -1/3 % of | its supp | ort from aro | SS | after |
| 10 | | An organization or | ganized and operated | exclusively to test for pu | ublic saf | ety See | section | n 509(a) | (4) . (se | e instruc | tions) | | |
| 11 | | An organization or more publicly supp | ganized and operated | exclusively for the bene described in section 509(zation and complete line | fit of, to a)(1) or | perform section | the fur 509(a)(| nctions | of orca | rry out th | he nurnose | s of o | ne or x that |
| | | a Type I | b ∏Type II | | | ctionally | | ted | | d \square | Type III- | Other | r |
| е | | By checking this both than foundation ma 509(a)(2) | ox. I certify that the o | rganization is not control in one or more publicly s | led dired | ctly or in | directly | by one | or more ed in se | disqual ction 509 | ified perso | ons of | ner |
| f | | If the organization check this box | received a written de | termination from the IRS | that is | a Type I | , Type I | l or Typ | e III sup | porting | organizatio | n, | |
| g | | Since August 17, 2 | 2006, has the organiza | ition accepted any gift o | r contrib | oution fr | om any | of the f | ollowing | persons | ,7 | | |
| | | | | | | | | | | | | Yes | No |
| | | (i) a person who below, the go | directly or indirectly overning body of the s | controls, either alone or upported organization? | together | with pe | rsons d | escribe | d ın (ıı) | and (III) | 11g (i) | | |
| | | (ii) a family mem | nber of a person desc | cribed in (i) above? | | | | | | | 11 g (ii) | | |
| | | (iii) a 35% contro | lled entity of a persor | described in (i) or (ii) al | bove? | | | | | | 11 g (iii) | | |
| h | | Provide the following | ng information about t | the organizations the org | anızatıo | n suppo | rts | | | | | | |
| | (1) |) Name of Supported Organization | (II) EIN | (ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) listed | Is the tion in cold in your triing ment? | | nzation in (i) of | organizat | s the ion in col zed in the S ? | (vii) Amour | nt of Sup | port |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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)

| Se | ction A. Public Support | | | | | · · · · · · · · · · · · · · · · · · · | |
|------|---|--|---|--|--|---------------------------------------|--------------------|
| beg | endar year (or fiscal year inning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') | | | 45,605. | 76,842. | 142,969. | 265,416. |
| _ | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | | 0. |
| 4 | Total. Add lines 1-3 | 0. | 0. | 45,605. | 76,842. | 142,969. | 265,416. |
| 5 | The portion of total contributions 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, column (f) | | | y | | | 0. |
| 6 | Public support. Subtract line 5 from line 4 | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 265,416. |
| Sec | tion B. Total Support | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | 200, 110. |
| Cale | endar year (or fiscal year inning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | 0. | 0. | 45,605. | 76,842. | 142,969. | 265,416. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | 126. | 44. | 37. | 207. |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) See Part IV | | | | | 2,085. | 2,085. |
| 11 | Total support. Add lines 7 through 10 | | | | | Mary Mary | 267,708. |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | 0. |
| | First five years. If the Form 990 organization, check this box and | stop here | | nd, third, fourth, c | or fifth tax year as | a section 501(c) | (3) ► X |
| | tion C. Computation of Pub | | | | | | |
| | Public support percentage for 20 | • | • | ne 11, column (f). | | 14 | <u> %</u> |
| | Public support percentage for 20 33-1/3 support test – 2008. If the | | | y on line 13 and | the line 1/1 is 22 | 1/3 % or more, cl | mack this box |
| | and stop here. The organization 33-1/3 support test – 2007. If the and stop here. The organization | qualifies as a pub e organization did | not check a box | rganization on line 13, or 16a | | | ► 📙 |
| 17 a | 10%-facts-and-circumstances termore, and if the organization in the organization meets the 'facts' | meets the 'facts-a | nd-circumstances | s' test, check this | box and stop her | e. Explain in Part | IV how |
| | 10%-facts-and-circumstances ter or more, and if the organization r organization meets the 'facts-and | meets the 'facts-a f-circumstances' | nd-circumstances test The organiz | s' test, check this zation qualifies as | box and stop her a publicly suppor | e. Explain in Part ted organization | IV how the ▶ |
| | Private foundation. If the organiz | zation did not che | ck a box on line, | 13, 16a, 16b, 17a | | | |
| BAA | | | | | Sch | nedule A (Form 99 | 90 or 990-EZ) 2008 |

Schedule A (Form 990 or 990-EZ) 2008 Dakota Business Finance 20-4158141 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 Calendar year (or fiscal yr beginning in)▶ (f) Total (a) 2004 (b) 2005 (c) 2006 (e) 2008 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 12 200 , _r 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) > (a) 2004 **(b)** 2005 (d) 2007 (e) 2008 (c) 2006 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

15

| <u>Sec</u> | tion C. | Comp | <u>outation</u> | OT P | ublic 3 | Supp | on P | erce | entage | <u> </u> |
|------------|---------|------|-----------------|------|---------|------|------|------|--------|----------|
| | | | percentag | | | | | | | |

Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 %

| 19 a 33-1/3 support tests - | 2008. If | the organization di | id not check the bo | x on line 14, and line | e 15 is more than 33-1/3° | %, and line 17 is not |
|-----------------------------|----------|---------------------|---------------------|------------------------|---------------------------|-----------------------|
| more than 33-1/3%, | check tl | his box and stop | here. The organ | zation qualifies as | a publicly supported o | rganization |

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Schedule / | 4 (F | orm 9 | 90 or | 990-E | EZ) 20 | 800 | Dal | cota | Bus | sine | ss | Fin | ance | 9 | | | 20-4 | 15814 | 1 | Page 4 |
|------------|--------------|------------|--------|----------|--------|--------------|---------|--------|--------|------|---------|------------|---------|--------------|------|-----------------------------------|------------|------------|----------------|--------------|
| Part IV | S | lqqu | emer | ntal I | nfor | mati | on. | Com | olete | this | pai | t to | prov | ide th | ne | explanation requadditional inform | ured by | / Part I | I, line 10 |); |
| | P | art II | , line | 17a | or 1 | 7b; | or P | art II | l, lın | e 12 | . Pr | ovid | e any | othe | er : | additional inform | ation. | (see in | struction | าร์) |
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| 800 | Schedule | A, Part | IV - | Supp | ole | me | ntal I | nfoi | rmatio | n | Pa | ge : |
|----------------------|--------------|------------------|------|---------|-----|----|--------|---------------|--------|----|----------|-------|
| ient 1110 | | | | Busines | | | | | | | 20-41 | |
| 19/09 | | - 200 | | | | | | | | | | 8 55A |
| Part II, Line 10 - 0 | Other Income | | | | | | | | | | | |
| Nature and Sou | urce | 2008 | | 2007 | | | 2006 | . | 200 | 5 | 2004 | |
| Other | Total \$ | 2,085. 2,085. | \$ | | 0. | \$ | | 0. | \$ | 0. | \$ | 0. |
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| 2008 | Federal Statements | • | Page 1 |
|---|-------------------------|---|---|
| Client 1110 | Dakota Business Finance | | 20-4158147 |
| 11/19/09 | | | 08:55AN |
| Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue | | | |
| Miscellaneous Revenue | | Total \$ | 2,085. 2,085. |
| Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses | | | |
| Administrative Expense Dues, Subs & Memberships Insurance Marketing Miscellaneous Exp | | \$ | 56,250. 750. 1,873. 1,231. 147. |
| nizoccizancous Bap | | Total \$ | 60,251. |
| Statement 3 Form 990-EZ, Part II, Line 24 Other Assets | | | |
| Prepaid Expenses and Defe | erred Charges | Beginning | Ending 1,873. 1,873. |
| Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities | | | |
| Accounts Payable and Accr | rued Expenses | Beginning \$ 20,685. \$ Total \$ 20,685. \$ | Ending 4,540. 4,540. |

Statement 5 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Dakota Business Finance provides financing for a wide range of businesses through the SBA 504 Loan Program. This program provides fixed rate financing for the purchase of long-term assets such as the purchase of land, purchase and construction of buildings, renovate or remodel existing facilities, and/or purchase of long-term machinery and equipment.

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Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Dakota Business Finance provides financing for a wide range of businesses through the SBA 504 Loan Program. This program provides fixed rate financing for the purchase of long-term assets such as the purchase of land, purchase and construction of buildings, renovate or remodel existing facilities, and/or purchase of long-term machinery and equipment.

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No